

COMMERCIAL DRIVER TRAINING SECTION
650 ROPPOLO DR.
ELK GROVE VILLAGE, IL 60007
847-981-7455
www.cyberdriveillinois.com

Enhanced Skills Driving School Insurance Certificate

(Please print or type.)

This fo	rm must be	completed and att	tached to Schedule II — S	Safety Insp	spection, Enha	,	ng School Motor	Vehicle Fleet and	l all supplements.
Policy	holder's Name	ue			- HCymotuei				
Policyholder's Street Address					City	City Sta		ZIP Code	
	_		r Company certifies that:					ny person taking f \$500,000 for boo	
1.			' - +- C+o+o of Illin	•_				one accident and,	
2.			iness in the State of Illing		L	limit for one p	erson, \$1,000,0	000 for bodily inju	ury to or death of
3.			and described herein are nsurance designated.	3 COVereu	by			one accident, and	
4.	-		insurance listed herein pro	rovide bod	tilv 5			erty of others in a	=
	injury an of vehicl	injury and property damage liability insurance on the (number of vehicles) motor vehicle listed below while used for driving instruction, insuring the liability of the above-named driving							
			Ir	nsurance (Carrier or Co	mpany			
Insurance Carrier or Company's Name						Telephone Numl	ber	Certificatio Month Da	
Street	Address of Ir	nsurance Carrier or C	Company	ſ	City		State	ZIP Code	Zone
				Inst	ured Vehicles	1 S			
	i	<u> </u>	i	Owned	Leased			Expiration	n Date
	Year	Make	Serial Number	(x)	(x)	Policy No	umber	Month Day	
1		i							
2	ı	i							
3		i							
4		i							
5		i							
6		i							
7	,	i							
		t he/she has read th	t he/she is an authorized a the foregoing certificate; a uthorized Agent			and matters conta		re true in substanc	
		-	-					• -	
Street Address Telephone Number				e Number	Address				
	City State				City				State
				A Notary	y Must Compl	lete.			
	Subscribe/	ed and sworn to bef		20	ງ				

Notary Public_____

SEAL

Notary's Address_