

AUTO BOND CERTIFICATE – COMMUNICATION INFORMATION

Name of Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Name of Registered Agent in Illinois: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Bond Certificate Department Head: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Fax Number: _____

Assistant to Bond Certificate Department Head: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Fax Number: _____

Name to which correspondence should be directed: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Fax Number: _____

Name of attorney authorized to examine files in bond court: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Fax Number: _____

Signature: _____ Date: _____

***** Please attach copies of both sides of bond certificate membership card(s).**