**ILLINOIS MOTOR VEHICLE THEFT PREVENTION COUNCIL**

300 West Adams Street, Suite 200 Chicago, Illinois 60606-3997 (312) 793-8550 FAX: (312) 793-8422

**MOTOR VEHICLE THEFT PREVENTION TRUST FUND**

**INSURER WORKSHEET**

**INSTRUCTIONS:**  Payment for calendar year 2011 must be received by the Council by **April 1, 2012**. Complete the following information even if no fee is due. Please type or print and follow the instructions presented on the reverse side of this form.

|  |  |
| --- | --- |
| **INSURANCE COMPANY NAME** | **FEIN NUMBER** |
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| --- |
| **STREET ADDRESS** |
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| --- | --- | --- |
| **CITY** | **STATE** | **ZIP CODE** |
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| **TOTAL EARNED CAR YEARS** | **x $1.00** | **TOTAL FEE DUE**  **(*round to nearest whole dollar*)** |
|  | **x $1.00** |  |

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| --- | --- |
| **NAME OF OFFICIAL COMPLETING WORKSHEET** | **TITLE** |
|  |  |

|  |  |
| --- | --- |
| **SIGNATURE OF OFFICIAL COMPLETING WORKSHEET** | **DATE** |
|  |  |

|  |  |
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| **TELEPHONE NUMBER** | **EMAIL ADDRESS** |
|  |  |

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