



COMPUTER DATA REQUEST FORM

Mail To:
Public Sales Coordinator
Illinois Department of Insurance 320 West
Washington Street,
4th Floor Springfield, Illinois 62767-0001

The information available from the Illinois Department of Insurance, pursuant to 215 ILCS 5/408.2, is listed below.

For assistance E-mail DOI.PublicSales@illinois.gov See also the Department's website at <http://www.insurance.illinois.gov>

Instructions:

- ◆ All sales are final. The Department does not have refund authority.
- ◆ This form must be completed entirely before requests can be processed or mailed.
- ◆ Payment must be received before requests can be processed or mailed.
- ◆ The Department of Insurance will supply CD for any data set requested.
- ◆ Return completed request form with your check/money order made payable to **Director of Insurance/SSRF** at the above address.

Requested Data:		Amount Enclosed:
<input type="checkbox"/> CD <input type="checkbox"/> Email Please include email address.		Data Type: <input type="checkbox"/> Comma delimited
<p>The undersigned hereby agrees that any data received as a result of this request will not be resold, reconveyed or otherwise transferred — for cash, merchandise or any consideration or thing of value — to any individual, corporation, association or other third party.</p>		
Requestor's Signature:	Date Signed:	(Area Code) Phone:
Mail Request To:		
Street:	City & State:	Zip:

PRICE SCHEDULE - Effective May 6, 2016

Licensee Data

Business Entity Licenses.....	\$600/CD/Email
Business Entities from Upstate (zips 60000-60844).....	\$300/CD/Email
Business Entities from Downstate (zips 60845-62999).....	\$300/CD/Email
Applications Passing Exams.....	\$100/CD/Email
All Producers or Producers with Specific Authority.....	\$600/CD/Email
Producers from Upstate (zips 60000-60844).....	\$300/CD/Email
Producers from Downstate (zips 60845-62999).....	\$300/CD/Email
Producers from 10 zip codes.....	\$150/CD/Email
Premium Finance, Public Adjuster <u>OR</u> Surplus Lines Licenses.....	\$100/CD/Email
Third Party Administrators and Third party Prescription Program Licensees/Registrants...	\$100/CD/Email

Insurer Data

Company Name, President, Address, Phone and Authority (All Companies).....	\$100/CD/Email
HMO Company Name, Address, Phone and County Service Area.....	\$25/CD/Email
A&H Company FEINs, Address and Phone for Worker's Compensation.....	\$100/CD/Email
Licensed Insurers and Accredited/Approved Reinsurers (Available Only to Companies)..	\$100/CD/Email

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