



## AFFIDAVIT IN LIEU OF CERTIFICATE OF TITLE FOR A SALVAGE OR JUNK VEHICLE

This form is *only* to be used by insurers who are licensed under the Illinois Insurance Code who have made full payment on a total loss claim to either an owner or lien holder, or both, of the vehicle listed below pursuant to Section 3-117.3 of the Illinois Vehicle Code (625 ILCS 5/3-117.3(b)). Registration *is not* to be issued to the vehicle below.

In addition to this affirmation, the applicant **shall submit** (i) a paper application for title (VSD 190 form) for a salvage or junk title (**ERT applications will not be accepted at this time**); (ii) proof of paid claim to either/both the owner/lien holder of record (a copy of the payment document indicating the insurance company has made payment of claim involving the vehicle below including proof of an electronic deposit, canceled check or release from owner/lien holder that payment was accepted in lieu of ownership of the vehicle); (iii) any applicable fees and/or taxes; and (iv) written notice, including proof of service (certified mail, service process), to the owner and/or lien holder, that an application for title will be made on the insurance companies behalf based on the acceptance of payment of the total loss claim at least 30 days prior to the date of the application for title, along with proof of service.

The office of the Secretary of State reserves the right to request additional documentation to ensure that any owner/lien holder is made whole prior to processing the application for a certificate of title pursuant to Section 3-117.3 of the Illinois Vehicle Code.

### APPLICANT INFORMATION

Applicant's name (name of insurance company)		IL insurance #
Applicant's address		IL
Applicant's phone	Applicant's email address	Applicant's authorized representative

### VEHICLE INFORMATION

Year	Make	Model	Color	Vehicle Identification Number (VIN)
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Name and registered address of current owner of vehicle

Was vehicle model 10-years-old or less at time of total loss? (check one):  Yes  No

### CERTIFICATION

I, \_\_\_\_\_(please print), am authorized to sign this document on behalf of the applicant insurance company identified above and I certify and affirm that all the information presented in this form, and any accompanying documents, are true, correct and genuine. I certify and affirm that: (1) I have provided documentary evidence indicating the insurer has paid a total-loss claim to the former owner of the vehicle; (2) the insurer has satisfied any existing lienholder, if any; (3) the company has not been able to obtain the Certificate of Title from the owner; and (4) I have provided legible copies of written attempts to contact the vehicle's owner at the owner's last known address at least 30 days ago, based on both the insurer's records and the Illinois Secretary of State's vehicle records.

I understand that this affirmation is only to be used when a motor vehicle has been issued title in Illinois, the owner and/or lien holder has received compensation from the insurer in exchange for relinquishing ownership rights, the insurer is licensed under the Illinois Insurance Code, the insurer is unable to obtain the certificate of title from either the owner or lien holder, and neither the vehicle owner or lien holder has sent notice of dispute within 30 days after the notice of transfer was sent.

**I understand that I am making this affirmation under the penalty of perjury and that knowingly making a false representation on this form is punishable by law.**

Signature of authorized agent of the insurer	Position	Date
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