**Section 485.EXHIBIT B Verification of Malpractice Insurance**

**STATE OF ILLINOIS**

**OFFICE OF THE ATTORNEY GENERAL**

**CONSUMER FRAUD BUREAU**

**100 WEST RANDOLPH STREET - FLOOR 12**

**CHICAGO, ILLINOIS 60601**

**VERIFICATION OF MALPRACTICE INSURANCE**

**BY IMMIGRATION SERVICE PROVIDER**

 NOTE: The Registrant shall not, by completing this form, construe such action as an approval or sanction of the business practices of the Registrant by the State of Illinois or Office of the Attorney General.

 Today's Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Carrier:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address, City, Zip Code

Policy No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Coverage Amount: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**KNOW ALL PERSONS BY THESE PRESENTS:**

 That \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (Name of Insured) providing immigration services as defined by Section 2AA of the Illinois Consumer Fraud and Deceptive Business Practices Act [815 ILCS 505/2AA] (hereinafter, "the Act") and located at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (address), as insured, and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of Insurer), are held firmly bound unto the People of the State of Illinois in the penal sum of $100,000, for the payment of which, we bind ourselves, our heirs, executors, successors and assigns, jointly and severally, firmly by these presents.

 The insured is engaged in the business of providing immigration services within the meaning of the Act and is required to furnish verification of malpractice insurance coverage.

 Violation of the Act by the insured shall constitute malpractice notwithstanding any exclusionary clauses in the policy statement of said malpractice insurance coverage, a copy of which is attached hereto and incorporated herein as Exhibit A.

 The Attorney General or State's Attorney of any County may bring an action against the insured for violations of the Act, and the insured shall be obligated for any and all judgments entered against the insured.

 The liability of insurer for indemnifying any claim shall be limited to actual damages arising from insured's violation of the Act.

 The aggregate liability of the insurer on all claims whatsoever shall not exceed the amount of this policy.

 This policy is executed by the insurer to comply with the provisions of the Act, and the policy shall be subject to all of the terms and provisions thereof.

 IN WITNESS WHEREOF, the named insured, by a duly authorized officer or representative, has hereunto set its seal, and the named insurer has caused these presents to be signed by its duly authorized officer this \_\_\_\_\_ day of\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Insured |  | Insurer |
|  |  |  |
| By: |  |  | By: |  |
| Signature of officer  |  | Signature of officer |
| or agent |  | or agent |
|  |  |  |
| Address |  | Address |
|  |  |  |
| City, State, Zip Code |  | City, State, Zip Code |
|  |  |  |
|  |  | Notary Public |
| (Seal) |  |  |

\* \* \*

**AN IMMIGRATION SERVICE PROVIDER IS REQUIRED TO CONTINUOUSLY MAINTAIN MALPRACTICE INSURANCE WITH MINIMUM COVERAGE OF $100,000, OR A SURETY BOND IN THE AMOUNT OF $100,000. THE PROVIDER SHALL ALSO MAINTAIN A SURETY BOND FOR A PERIOD OF 2 YEARS FOLLOWING THE DATE ON WHICH IT CEASES OPERATIONS.**