

**State of Illinois  
Office of Secretary of State  
Safety Responsibility Section  
Springfield, Illinois 62723**

Dr. License No. \_\_\_\_\_  
Party Paying Money

Accident No. \_\_\_\_\_

## INSTALLMENT AGREEMENT

As a result of a motor vehicle accident which occurred at \_\_\_\_\_, Illinois, on \_\_\_\_\_, 19 \_\_\_\_, I do hereby agree to effect a settlement of claims for property damage , personal injuries , or both , suffered by \_\_\_\_\_ on the following terms:

I, \_\_\_\_\_, agree to pay the sum of \_\_\_\_\_ (\$ \_\_\_\_\_) to \_\_\_\_\_ or to his/her personal representative at a rate of \$ \_\_\_\_\_ or more per \_\_\_\_\_; first payment in the amount of \$ \_\_\_\_\_ is due \_\_\_\_\_, 19\_\_ with subsequent payments being due on the \_\_\_\_\_ day of every \_\_\_\_\_ until the total sum has been paid in full.

By execution and acceptance of this installment agreement, I agree that the same may be used by the Illinois Secretary of State in the administration of the Illinois Safety Responsibility Law.

STATE OF \_\_\_\_\_ Date \_\_\_\_\_, 19 \_\_\_\_  
County of \_\_\_\_\_ ss. \_\_\_\_\_  
(Party Paying Money)

\_\_\_\_\_, personally appeared before me, a Notary Public in and for said County, and acknowledged the execution of the above installment agreement.

My commission expires: \_\_\_\_\_ (Notary Public)

### ACCEPTANCE

I accept the foregoing agreement and upon completion of its terms, I promise to execute and deliver to \_\_\_\_\_ a complete and unconditional release from all claims and causes of action I now or hereafter may have against \_\_\_\_\_, on account of property damage , personal injury , or both , resulting from the above referenced accident.

By execution and acceptance of this installment agreement, I agree that the same may be used by the Illinois Secretary of State in the administration of the Illinois Safety Responsibility Law.

STATE OF \_\_\_\_\_ Dated \_\_\_\_\_, 19 \_\_\_\_  
County of \_\_\_\_\_ ss. \_\_\_\_\_  
(Party Receiving Money)

\_\_\_\_\_, personally appeared before me, a Notary Public in and for said County, and acknowledged the acceptance of the above installment agreement.

My commission expires: \_\_\_\_\_ (Notary Public)