

**EXHIBIT D**

**Authorization for Acceptance of Electronically Filed Insurance Forms**

To: Illinois Commerce Commission

From: \_\_\_\_\_  
Name of Company

\_\_\_\_\_  
Address of Company

The undersigned insurance company agrees that all motor carrier insurance filings transmitted to the Illinois Commerce Commission by National Online Registries, LLC (“NOR”) on our behalf are binding on us and have the same force and effect as if we had made those motor carrier insurance filings directly with the Illinois Commerce Commission.

Furthermore, we agree that this authorization may be cancelled only after a 90 days written notice of cancellation has been received by the Illinois Commerce Commission.

Signed at:

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ .

\_\_\_\_\_  
Authorized Company Representative

\_\_\_\_\_  
Title

**Completed forms are sent to:**

Illinois Commerce Commission  
527 East Capitol Avenue  
Springfield, IL 62701