STEP 1: LOG IN

- If you do not already have an account, select "Sign Up for Access Indiana" to create one
- If you already have a log-in for INBiz, you can use that same log-in information here

STEP 2: SELECT "ONLINE SERVICES"

STEP 3: SELECT DEALER LICENSE

ONLINE SERVICES

MY DASHBOARD

ONLINE SERVICES

MY PROFILE

FIND MY DEALER LICENSES

FORMS

LICENSE

Dealer Name: ---Select--- **Dealer #:**

Plates on Demand

Manage Users

Self Service

Hey there! How can I help you today?

STEP 4: CLICK "SELF SERVICE" AND SELECT "INSURANCE UPDATE"*

*Only the following users will be able to proceed: Primary, Administrator, Finance/Sales, General Office, or General Plates and Office

STEP 5: REVIEW INSTRUCTIONS AND KEY INFO

0   LOGOUT

Dealer Name: ▮▮▮▮▮▮▮▮▮▮▮▮   Dealer #: ▮▮▮▮▮

PLEASE READ BEFORE YOU CONTINUE

Indiana law requires dealers to maintain proof of current insurance with the Auto Dealer Services Division. By completing this transaction, you are requesting the Division to update your insurance information. You will be required to upload a copy of your current proof of insurance.

Proof of Insurance must:

- Reflect the minimum amounts of coverage, as required by Indiana Code 9-32-11-14.
- Specify the name of the dealership as it appears on the license. For example, if your business also has a Doing Business as Name, it must be included on the document.
- Specify the correct physical address for the established place of business of the dealership, not the dealer's offsite corporate office.
- Specify the Indiana Secretary of State as the certificate holder.

If you are updating your insurance in response to a license suspension, please note the following:

- After submission, your insurance must still be reviewed and approved by Division staff before your license can be reinstated.
- The first and second days of each month are typically our heaviest suspension days, so processing and reinstatement may take longer on those days than on a more typical day.
- Once your license is reinstated, it may take an additional 10-30 minutes for your license to show as reinstated on your dealer dashboard.

We understand that license reinstatement is an immediate concern, but we ask for your patience as we process your insurance update. We recommend tracking the status of your insurance update in the "Recent Transactions" widget on your dashboard for real-time updates so you can be back up and running as soon as possible.

Cancel   Continue

STEP 6: COMPLETE ALL REQUIRED FIELDS AND SELECT "ADD"

- Only select "is active" if the policy is currently in effect.

- Only one policy can be "active" at a time, but multiple bonds can be added to the table. Policies added with a date set in the future will automatically become "active" on the effective date listed here with no further action required by the dealer.

STEP 7: COMPLETE THE AFFIRMATION AND CONTINUE

INSURANCE DETAILS

* Name of Insurance Carrier:	-SELECT- ⌄
* Policy Number:	
* Effective Date:	MM/DD/YYYY 📅
* Date of Expiration:	MM/DD/YYYY 📅
Is Active:	☐

Enter the requested information exactly as it appears on your insurance documentation.

If you are adding a new insurance record, and it is currently in effect, you must click on the "Edit" button next to the row that is currently marked "YES" under the "Active" column. You will need to change the record to "NO," and mark the new record you are entering as Active.

If the coverage provided by the new insurance record you are adding has not yet taken effect, do not change the Active indicator on the current record.

Save **Cancel**

INSURANCE CARRIER	POLICY NUMBER	EFFECTIVE DATE	DATE OF EXPIRATION	IS NEW	IS ACTIVE	ACTION
SCOTTSDALE INSURANCE COMPANY	CGS0101985	9/5/2020	9/5/2021	NO	YES	📝 🗑
1ST SOURCE INSURANCE INC	123456789	12/1/2020	12/1/2021	YES	NO	📝 🗑

AFFIRMATION

☑ I hereby certify, under the penalty of perjury, that I am authorized to make this application and that the answers and information contained in this application are true and correct.

Application prepared by *:	JOHN DOE	Title *:	MANAGER

Cancel   **Save as Draft**   **Save and Continue**

STEP 8: ADD THE REQUIRED DOCUMENTS AND SUBMIT

Dealer Name: ▉▉▉▉▉▉▉   **Dealer #** ▉▉▉▉

DOCUMENT TYPE	DOCUMENT	ACTIONS
CERTIFICATE OF INSURANCE : 123456789	COI EXAMPLE.PDF	📄 🗑

Proof of Insurance must:

- Reflect the minimum amounts of coverage, as required by Indiana Code 9-32-11-14.
- Specify the name of the dealership as it appears on the license. For example, if your business also has a Doing Business as Name, it must be included on the document.
- Specify the correct physical address for the established place of business of the dealership, not the dealer's offsite corporate office.
- Specify the Indiana Secretary of State as the certificate holder.

OTHER DOCUMENTS

Choose File | No file chosen   **Upload**

DOCUMENT TYPE	DOCUMENT	ACTIONS
	NO RECORDS TO VIEW.	

Cancel   Save as Draft   Submit

Troubleshooting:

- **Do you have the appropriate role to complete the transaction?**

  You must have one of the following roles: Primary, Administrator, Finance/Sales, General Office, or General Plates and Office

- **Does your dealer license have the right status?**
  Your dealer license status must be Valid, Expired, Probation, or Suspended

- **Is your license renewal currently being processed by our office?**
  If yes, please submit new bond or insurance information directly to the licensing clerk handling your renewal or to dealers@sos.in.gov.