

Workers' Compensation Information Page

Policy Number: P1074-2024

Named Insured and Mailing Address:

Town of Cortland P. O. Box 519 Cortland, IL 60112

The policy period is from: 01/01/2024 to 01/01/2025

12:01 a.m. Standard Time of the Insured's mailing address

Coverage:

Part One of the policy applies to the Workers Compensation Law of the State of Illinois.

Part Two of the policy applies to Employers Liability in the State of Illinois: The limits of our Liability under Part Two are:

Bodily Injury by Accident \$3,000,000 each accident
Bodily Injury by Disease \$3,000,000 policy limit
Bodily Injury by Disease \$3,000,000 each employee

This Policy includes these endorsements and schedules:

See listing of endorsements – Extension of Information Page

Broker Name and Address:

Marsh & McLennan Agency LLC 20 N. Martingale Road, Suite 100 Schaumburg, IL 60173

Total Estimated Premium: \$34,259.00
Administrative Fee: \$1,028.00
Total Estimated Cost: \$35,287.00

Cancellation: In the event that the Policy is Cancelled prior to the expiration date, then the total annual premium stated on page 2 will be 100% fully earned

Terms and Conditions: The premium for this policy will be determined by our rules, classifications, rates and rating plans. All required information is subject to verification and change by audit at policy expiration.

As per Safety National Casualty Corp. Excess policy, and Illinois Public Risk Fund's By-Laws and Pooling Agreement.



EXTENSION OF INFORMATION PAGE ENDORSEMENT SCHEDULE

IPRF WC 00 001 18	Broad Form All States for Employee Travel
IPRF WC 00 002 18	Federal Employers' Liability Act Coverage
IPRF WC 00 003 18	Foreign Voluntary Workers' Compensation and Employers' Liability
	For Traveling Employees
IPRF WC 00 004 18	Longshoremen's and Harbor Workers' Compensation Act Coverage
IPRF WC 00 005 18	Maritime Coverage
IPRF WC 00 006 18	Voluntary Compensation



Cost Control Through Cooperation Since 1985

1074 Town of Cortland P. O. Box 519 Cortland, IL 60112

The premium for this policy will be determined by Illinois Public Risk Fund rules, classifications, rates and rating plans. All information required is subject to verification and change by Audit.

Class					
<u>Code</u>	Description	<u>Payroll</u>		Rate/100	<u>Premium</u>
5506	Street Maintenance	\$ 151,500	\$	8.888	\$ 13,465
7520	Waterworks	\$ 136,800	\$	2.814	\$ 3,850
7580	Sewage Disposal	\$ 91,200	\$	3.581	\$ 3,266
7720	Policeman	\$ 490,000	\$	2.153	\$ 10,550
8601	Engineers	\$ 117,000	\$	0.373	\$ 436
8810	Clerical	\$ 192,000	\$	0.117	\$ 225
9015	Building NOC	\$ 40,000	\$	3.037	\$ 1,215
9410	Municipal Employees	\$ 44,500	\$	2.814	\$ 1,252
				Subtotal:	\$ 34,259
		3% Ad	lminis	trative Fee:	\$ 1,028
				TOTAL:	\$ 35,287

Selected payment plan: 4 Equal Quarterly Installments Prepared on: Fri October 13 15:19:24 2023



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Installment Schedule

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4 Equal Quarterly Installments

Due Date	Amount Due
01/01/2024	\$8,821
04/01/2024	\$8,822
07/01/2024	\$8,822
10/01/2024	\$8,822