

***PREMIUM SUMMARY***

***NAMED INSURED:***     *Village of Poplar Grove*

***EFFECTIVE DATE:***    *12/01/23-12/01/24*

***CARRIER:***             *Illinois Counties Risk Management Trust*

<b><i>Coverage</i></b>	<b><i>2022-2023</i></b>	<b><i>2023-2024</i></b>
<i>Package &amp; Umbrella</i>	<i>\$68,440.00</i>	<i>\$76,407.00</i>
<i>Workers Compensation</i>	<i>\$14,473.00</i>	<i>\$15,312.00</i>
<b><i>TOTAL</i></b>	<b><i>\$82,913.00</i></b>	<b><i>\$91,719.00</i></b>

***POINTS OF INTEREST:***

***Annual payments and first installment payments are due before 12/1/23.***

***PAYMENT PLANS:***

<i>Annual</i>	<i>\$91,719.00</i>
<i>50/50</i>	<i>\$45,860.00 due by 12/1/2023</i>
<i>25/6</i>	<i>\$22,930.00 due 12/1/22 6 Installments of \$11,464.83</i>

# ACCEPTANCE STATEMENT

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Named Insured: Poplar Grove, Village of  
Quote Number: R2-1001282-2324-01  
Policy Year: DEC 01, 2023 - DEC 01, 2024

<b>Total Annual Premium</b>	<b>\$91,719</b>
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### Terms and Conditions

- The Named Insured can only cancel the Policy at program anniversary and only if 90-day prior written notice of cancellation is given. If required notice is not given, full estimated premium is earned, due and payable.
- All terms and conditions of membership in the Illinois Counties Risk Management Trust are set forth in the Trust by-laws. A copy of this document is available for your review
- Per the Membership Agreement, the member must be with the Trust for 12 months prior to withdrawing and can only withdraw at anniversary date of effective date.

### REQUESTED PAYMENT PLAN:

Annual       50/50       25/6

FEIN: \_\_\_\_\_

### Acceptance Statement:

Please accept this as a formal confirmation that all terms and conditions, attached scheduled items, and premiums proposed by the Illinois Counties Risk Management Trust are accepted effective 12/01/2023.

\_\_\_\_\_  
Signature of Official

\_\_\_\_\_  
Date



# INVOICE

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PRESENTED BY: ILLINOIS COUNTIES RISK MANAGEMENT TRUST

Named Insured: Poplar Grove, Village of  
Quote Number: R2-1001282-2324-01  
Policy Year: DEC 01, 2023 - DEC 01, 2024

<b>Total Annual Premium</b>	<b>\$91,719</b>
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Premium Due by Effective Date of Coverage.

Based upon the payment plan you select, the following down payment is due:

Annual	
50/50	\$45,860
25/6	\$22,930

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Please Make Checks Payable to:

Illinois Counties Risk Management Trust  
PO Box 8291  
Carol Stream, IL 60197-8291

Named Insured:	Poplar Grove, Village of
Quote Number:	R2-1001282-2324-01
Package Premium Remitted:	

