

**INVOICE****2027 Min/Max Premium**

The signed Min/Max Agreement
must be returned with your payment.

PO Box 5180, Springfield, IL 62705-5180 | Ph: (217) 525-1220 | Fax: (217) 525-7438

Please return this form with payment
after completing the information
on the reverse side.

Date: October 1, 2026

Member: City of Rochelle

Account #: 0501

Indicate Payment Option (from list below): _____

Amount Enclosed: \$ _____

MAKE CHECK PAYABLE TO RMA

BILLING DETAIL**2027 IML RISK MANAGEMENT ASSOCIATION ANNUAL PREMIUM**

Work Comp	\$309,267
Auto Liability & Comprehensive General Liability	\$262,476
Portable Equipment	\$6,234
Auto Physical Damage	\$25,423
Property	\$286,011
	<u>\$889,411</u>
2027 ILLINOIS MUNICIPAL LEAGUE MEMBERSHIP DUES*	<u>\$1,000</u>

INVOICE TOTAL

\$890,411

PLEASE CHOOSE ONE OF THE FOLLOWING
PAYMENT OPTIONS and enter it in the space
provided above:

OPTION #1 – Pay Full Amount

Premium Amount	\$889,411.00
Minus 1% Savings	\$8,894.11
	<u>\$880,516.89</u>
Illinois Municipal League Dues	\$1,000.00
Total due by 11/13/26	\$881,516.89

OPTION #2 – Pay Full Amount

Premium Amount	\$889,411.00
Illinois Municipal League Dues	\$1,000.00
Total due by 12/11/26	\$890,411.00

OPTION #3 – Pay in two installments
Includes 1% installment fee

Premium Amount	\$889,411.00
Plus 1% fee	\$8,894.11
	<u>\$898,305.11</u>
Illinois Municipal League Dues	\$1,000.00
	<u>\$899,305.11</u>

\$449,652.56 Due by 12/11/26

\$449,652.55 Due by 5/14/27

*Membership with the Illinois Municipal League (IML) is a requirement to remain a member of the IML Risk Management Association.

On behalf of the municipality named above ("Member"), I hereby warrant that I have the authority to sign this agreement on the Member's behalf. (If choosing the installment option, I acknowledge and understand that it is afforded only as a benefit for budgeting purposes and is not meant to allow for mid-term withdrawal.) I acknowledge and understand that Article 5 of the Intergovernmental Cooperation Contract ("Contract") prohibits termination of the Intergovernmental Cooperation Contract no less than 120 days prior to the first day of January of any given year. Per Article 5, I warrant that the Member will adhere to the Contract and pay all premiums when due.

Municipal Official (please sign):

Title: _____

Date: _____