

## COVERAGE SUMMARY: WC PREMIUM CALCULATION

CODE	CLASSIFICATION	ANNUAL ESTIMATED PAYROLL	RATE	MANUAL PREMIUM
7380	School Bus Drivers	\$4,170,980	5.57	\$232,324
8868	Teachers/College/Professional	\$64,480,000	0.37	\$238,576
9101	Schools - All Other Employees	\$6,552,000	6.91	\$452,743
	TOTALS	<b>\$75,202,980</b>		<b>\$923,643</b>

Gross Annual Premium		\$923,643
Increased Limit Multiplier	1.02	\$942,116
Minimum Premium	\$1,000	\$942,116
Experience Modifier	1.39	\$1,309,541
Schedule Modifier	1.10	\$1,440,495
Expense Modifier		\$1,440,495
Subtotal		\$1,440,495
Premium Discount	13.60%	\$1,244,588
<b>Total Annual Premium</b>		<b>\$1,244,588</b>



## REQUIREMENTS TO BIND

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The following must be received prior to binding:

- Signed Acceptance Statement
- Requested Payment Plan (if annual policy)
- Insured's Contact Information (space below)

### PRIMARY CONTACT

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Name

Title

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Phone

Email

Role: (check the role that applies)

☐ Accounting/Invoices

☐ Claims

☐ Loss Control

### ADDITIONAL CONTACTS

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Name

Title

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Phone

Email

Role: (enter one person per role)

☐ Accounting/Invoices

☐ Claims

☐ Loss Control



## ACCEPTANCE STATEMENT

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**Named Insured:** Joliet Township HSD #204  
**Quote Number:** R5-1000435-2526-01  
**Policy Year:** JUL 01, 2025 - JUL 01, 2026

<b>Total Annual Premium</b>	<b>\$1,244,588</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                      ☐ 5 Equal Installments

**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 07/01/2025.

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Signature of Official

Date



ILLINOIS COUNTIES RISK MANAGEMENT TRUST

# INVOICE

PRESENTED BY: ILLINOIS COUNTIES RISK MANAGEMENT TRUST

**Named Insured:** Joliet Township HSD #204  
**Quote Number:** R5-1000435-2526-01  
**Policy Year:** JUL 01, 2025 - JUL 01, 2026

<b>Total Annual Premium</b>	<b>\$1,244,588</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	\$622,294
5 Equal Installments	\$248,918

Please Make Checks Payable to:

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

Named Insured:	Joliet Township HSD #204
Quote Number:	R5-1000435-2526-01
Package Premium Remitted:	



ILLINOIS COUNTIES RISK MANAGEMENT TRUST