

ACCEPTANCE FORM

Named Insured: Prospect Heights CUSD #23
Quote Number: R5-1000567-2122-01
Policy Year: JUL 01, 2021 - JUL 01, 2022

Total Annual Premium	\$74,414
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Total Amount Due	\$72,471
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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.
- The following must be received prior to binding:
 - Signed Acceptance Form
 - Intials Cancellation Clause
 - Insured's Contact Information
 - Insured's FEIN
 - Requested Payment Plan Annual 50/50 25/5

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 07/01/2021.

Signature of Official

Date

