



Illinois Counties Risk Management Trust

225 Smith Road, St. Charles, Illinois 60174

COMMON POLICY DECLARATIONS

Policy Number: ICRMT2017460

Form of Business: School

Named Insured and Address:

SPEED SEJA SD #802
1125 Division Street
Chicago Heights, IL 60411

Agency Name and Address:

Mesirow Insurance Services, Inc.
353 N. Clark Street
10th Floor
Chicago, IL 60654

Policy Period: 07/01/2016 to 07/01/2017

At 12:01 A.M., Standard Time at your mailing address shown above.

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy. This Policy consists of the following sections. Please refer to the Schedule of Coverage Declarations for applicability. This premium may be subject to adjustment.

Coverage Part I:	Liability	
	General Liability Coverage	Not Covered
	Law Enforcement Coverage	Not Covered
	Automobile Coverage	
	Automobile Liability Coverage Including Medical Payments	Not Covered
	Automobile Uninsured & Underinsured	Not Covered
	Automobile Physical Damage	Not Covered
	Public Officials Liability Coverage	Not Covered
	Excess Liability Coverage	Not Covered
Coverage Part II:	Property Coverage	Not Covered
	Mobile Equipment & Miscellaneous Articles	Not Covered
Coverage Part III:	Equipment Breakdown Coverage	Not Covered
Coverage Part IV:	Comprehensive Crime Coverage	Not Covered
Coverage Part V:	Workers' Compensation and Employers' Liability	Included

Total Policy Premium: \$89,075

Form(s) and Endorsement(s) made a part of this policy at time of issue: SEE FORMS AND ENDORSEMENTS SCHEDULE

Date: 07/01/2016

By:

Authorized Signature

Insurance Program Managers Group, Trust Administrator

THIS COMMON POLICY DECLARATION AND THE SCHEDULE OF COVERAGE DECLARATION, TOGETHER WITH THE POLICY, COVERAGE FORMS AND ENDORSEMENTS, IF ANY, COMPLETE THE ABOVE NUMBERED POLICY.

ILLINOIS COUNTIES RISK MANAGEMENT TRUST

Schedule of Coverage Declarations

Named Insured: SPEED SEJA SD #802
1125 Division Street
Chicago Heights, IL 60411

Program Year: 07/01/2016 - 07/01/2017
Effective Date: 07/01/2016 - 07/01/2017
Policy Number: ICRMT2017460

Workers' Compensation Limit: Statutory

Employers' Liability Limit: \$2,500,000 Each Accident and \$2,500,000 Each Employee for Disease

Self-Insured Retention: \$300,000 Each Accident

Extensions of Coverage: Volunteers

ICRMT Features and Benefits:

- Payrolls are subject to an annual audit
- Policy is only cancellable at program anniversary and after 30 days written notice 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.