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May 19, 2025

Pana CUSD #8  
14 E. Main  
P.O. Box 377  
Pana, IL. 62557  
Attention: Dr. David Lett and/or Dr. Gregory Fuerstenau

Dear Dr. Lett and/or Dr. Fuerstenau,

**RE: PROPERTY/CASUALTY/LIABILITY INSURANCE RENEWALS**

The attached summary illustrates the expiring and renewal coverages with the current Insurance Carriers, Illinois County Risk Management Trust (ICRMT) through Dimond Bros. from Litchfield, IL., CFC through Ramza Insurance Group from Streator, IL., and Guarantee Trust Life through Church Insurance Agency from Chicago, IL.

Our attached Renewal Worksheet Forms show the expiring and renewal coverage from ICRMT, CFC, and Guarantee Trust Life. The first column of each page is the expiring insurance coverage for the District. The second column is the renewal coverage as presented by the current Insurance Carrier and Agent.

**Following are some changes from the expiring:**

- The Blanket Limit and Statement of Values (SOV) have been amended due to the Elementary School addition, changing Washington Elementary School & Lincoln School from Actual Cash Value (ACV) to Liability Only, and the Appraisal that was completed by Kroll for ICRMT. Due to these changes, the Total Loss Limit Per Occurrence decreased from \$90,954,399 to \$88,266,331 for the renewal.
- The number of insured automobiles decreased from thirty-four (34) to twenty-eight (28), per the District's request.

This renewal reflects an increase in premium in the amount of \$5,655.80; which is an increase of 3.38% over the expiring. The rates for Property, Sexual Abuse, Umbrella, and Cyber Liability coverages contributed to the overall increase.

We appreciate the opportunity to serve the District. If you have any questions, please feel free to contact our office.

Respectfully,

A handwritten signature in black ink, appearing to read "Tyler J. Ervin".

Tyler J. Ervin  
Client Program Manager, Bushue HR, Inc.

VSS

**Pana CUSD #8 - Renewal Date: 07/01/2025**

**Totals**

<b>Insurance Agency Name</b>	<b>Dimond Bros. / Ramza Insurance Group / Church Insurance Agency</b>	<b>Dimond Bros. / Ramza Insurance Group / Church Insurance Agency</b>
<b>Insurance Carrier Name</b>	<b>ICRMT / CFC / Guarantee Trust Life</b>	<b>ICRMT / CFC / Guarantee Trust Life</b>
<b>Coverage</b>	<b>Current</b>	<b>Renewal</b>
Total Property Premium	148,908.00	153,027.00
Total Liability Premium	Included	Included
Total Crime Premium	Included	Included
Total Boiler & Machinery Premium	Included	Included
Total Inland Marine Premium	Included	Included
<b>Commercial Auto</b>	Included	Included
<b>Umbrella</b>	Included	Included
<b>School Board Legal Liability</b>	Included	Included
<b>Cyber Liability</b>	7,780.00	9,224.00
<b>Blanket Student Accident</b>	8,471.00	8,471.00
<b>Catastrophic Student Accident</b>	2,158.76	2,251.56
<b>Terrorism (All Lines)</b>	Included	Included
<b>Total Premium</b>	<b>\$167,317.76</b>	<b>\$172,973.56</b>
<b>Savings</b>		<b>(\$5,655.80)</b>
<b>Percentage of Increase</b>		<b>3.38%</b>

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For your review, we have prepared an illustrative summary which provides a brief outline of coverages provided. This summary is for illustrative purposes only, and does not provide a comprehensive overview of your complete policies, please refer to your complete policy for review of all endorsements, limitations, and exclusions. If you feel that any of these coverages or limits are not correct, inadequate, please let us know.

**Pana CUSD #8 - Renewal Date: 07/01/2025**  
**Student Accident Renewal Form**

<b>Insurance Agency Name</b>	<b>Church Insurance Agency</b>	<b>Church Insurance Agency</b>
<b>Insurance Carrier Name</b>	<b>Guarantee Trust Life</b>	<b>Guarantee Trust Life</b>
<b>Blanket Student Accident Insurance Coverage</b>	<b>Current</b>	<b>Renewal</b>
Limit of Insurance	25,000	25,000
Coinurance	100%	100%
Deductible Per Occurrence	0	0
<b>Total Blanket Student Accident Premium</b>	<b>\$8,471.00</b>	<b>\$8,471.00</b>

Is this Insurance Primary?	No	No
Is the Student Accident Insurance School Time Coverage Only?	Yes	Yes
<i>If no, please explain the coverage time.</i>	-	-
<i>If School Time Coverage Only, please define School Time.</i>	School Sponsored Events	School Sponsored Events
Does this Insurance cover Student Athletes for Football?	Yes	Yes
Does this Insurance cover Summer Sports Activities?	Yes	Yes
Does this Insurance cover Student Athletes for activities that start before the actual School year begins?	School Sponsored Events	School Sponsored Events

<b>Insurance Agency Name</b>	<b>Church Insurance Agency</b>	<b>Church Insurance Agency</b>
<b>Insurance Carrier Name</b>	<b>Guarantee Trust Life</b>	<b>Guarantee Trust Life</b>
<b>Catastrophic Student Accident Insurance Coverage</b>	<b>Current</b>	<b>Renewal</b>
Limit of Insurance	5,000,000	5,000,000
Deductible Per Occurrence	25,000	25,000
Benefit Period	Ten (10) Years	Ten (10) Years
<b>Total Catastrophic Student Accident Premium</b>	<b>\$2,158.76</b>	<b>\$2,251.56</b>

Is this Insurance Primary?	No	No
Is the Student Accident Insurance School Time Coverage Only?	Yes	Yes
<i>If no, please explain the coverage time.</i>	-	-
<i>If School Time Coverage Only, please define School Time.</i>	School Sponsored Events	School Sponsored Events
Does this Insurance cover Student Athletes for Football?	Yes	Yes
Does this Insurance cover Summer Sports Activities?	Yes	Yes
Does this Insurance cover Student Athletes for activities that start before the actual School year begins?	School Sponsored Events	School Sponsored Events

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**Pana CUSD #8 - Renewal Date: 07/01/2025**  
**School Board Legal Liability Renewal Form**

<b>Insurance Agency Name</b>	<b>Dimond Bros.</b>	<b>Dimond Bros.</b>
<b>Insurance Carrier Name</b>	<b>ICRMT</b>	<b>ICRMT</b>
<b>Limits of Liability - School Board Legal Liability (SBLI)</b>	<b>Current</b>	<b>Renewal</b>
Aggregate Limit	1,000,000	1,000,000
Each Claim Limit	1,000,000	1,000,000
Deductible Per Occurrence	2,500	2,500
Employment Practices Liability Insurance (EPLI) Deductible Per Occurrence	2,500	2,500
Non-Monetary Legal Defense	-	-
Aggregate Limit	100,000	100,000
Each Occurrence Limit	100,000	100,000
<b>Total School Board Legal Liability (SBLI) Premium</b>	<b>Included</b>	<b>Included</b>

\* All taxes, surplus line charges, fees, etc. must be included in the Annual Premium.

Does the coverage and premium include Terrorism Risk Insurance Act (TRIA) coverage?	Yes	Yes
Does a Retroactive Date apply? <i>If yes, please specify the date.</i>	Yes 7/1/2014	Yes 7/1/2014
Please indicate whether coverage is on Claims Made or Occurrence Basis.	Claims Made	Claims Made
For Claims Made policies, is Prior Acts coverage available? <i>If yes, please indicate the additional cost.</i>	Full Prior Acts - Up to the Retroactive Date Included	Full Prior Acts - Up to the Retroactive Date Included
If additional requirements must be met prior to binding please indicate.	N/A	None
Does the above proposal provide full coverage for Sexual Misconduct/Abuse/Molestation/Harassment?	Included in General Liability	Included in General Liability
Does the policy provide coverage for Defense Costs, even if not successful?	Yes	Yes
Does the policy provide coverage for Due Process? <i>State Sub-Limit for this, if any. (Non-Monetary / Monetary)</i>	Yes 100,000 / No Sub-Limit	Yes 100,000 / No Sub-Limit
Does the policy provide a Consent to Settle Provision?	Yes	Yes
Are Defense Expenses within the Limit of Liability? <i>State Sub-Limit for Defense Expenses, if any.</i>	Yes 100,000	Yes 100,000
<b>Please Describe any policy Sub-Limits: (Please list other Sub-Limits not included in this list below)</b>		
Limit/Sub-Limit for Special Education.	No Sub-Limit	No Sub-Limit
Limit/Sub-Limit for Breach of Contract.	No Sub-Limit	No Sub-Limit
Limit/Sub-Limit for Sexual Abuse/Molestation.	Included in General Liability	Included in General Liability

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**Pana CUSD #8 - Renewal Date: 07/01/2025**  
**Cyber Liability Renewal Form**

<b>Insurance Agency Name</b>	<b>Ramza Insurance Group</b>	<b>Ramza Insurance Group</b>
<b>Insurance Carrier Name</b>	<b>CFC</b>	<b>CFC</b>
<b>Cyber Liability</b>	<b>Current</b>	<b>Renewal</b>
Aggregate Limit	1,000,000	1,000,000
Occurrence Limit	1,000,000	1,000,000
Deductible Per Occurrence	5,000	5,000
<b>Total Cyber Liability Premium</b>	<b>\$7,780.00</b>	<b>\$9,224.00</b>

*\* All taxes, surplus line charges, fees, etc. must be included in the Annual Premium.*

Does the coverage and premium include Terrorism Risk Insurance Act (TRIA) coverage?	Yes	Yes
Does a Retroactive Date apply? <i>If yes, please specify the date.</i>	No -	No -
Please indicate whether coverage is on Claims Made or Occurrence Basis.	Claims Made	Claims Made
For Claims Made policies, is Prior Acts coverage available? <i>If yes, please indicate the additional cost.</i>	Full Prior Acts Included	Full Prior Acts Included
If additional requirements must be met prior to binding please indicate.	N/A	None
Does the policy provide coverage for Ransom Demand Payments?	Yes	Yes

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**Pana CUSD #8 - Renewal Date: 07/01/2025**  
**Property & General Liability Renewal Form**

Insurance Agency Name	Dimond Bros.	
Insurance Carrier Name	ICRMT	ICRMT
Property	Current	Renewal
Total Loss Limit Per Occurrence	90,954,399	88,266,331
Building Value	84,077,658	81,008,795
Business Personal Property Including Stationary Electronic Data Processing (EDP)	6,876,741	7,257,536
Washington Elementary School	4,559,243 (Actual Cash Value)	0 - Liability Only
Lincoln School	4,518,643 (Actual Cash Value)	0 - Liability Only
Personal Property of Others	100,000	100,000
Replacement Cost/ACV	RC	RC
Deductible Per Occurrence	5,000	5,000
Coinurance %	None	None
Earthquake Coverage Limit	5,000,000	5,000,000
Earthquake Deductible Per Occurrence	50,000 or 5% of the Damaged Location; Whichever is Greater	50,000 or 5% of the Damaged Location; Whichever is Greater
Rate Level Guaranteed (If yes, how long)	-	One (1) Year
<b>Total Property Premium</b>	<b>\$148,908.00</b>	<b>\$153,027.00</b>

Will the policy provide full coverage, up to maximum policy Limits, for Backup of Sewer/Surface Water coverage?	No	No
<i>If no, please state the Limit.</i>	250,000	250,000
Does the policy provide coverage for Flood Coverage?	Yes	Yes
<i>If yes, please state the Limit.</i>	5,000,000	5,000,000
<i>If yes, please state the Flood Coverage Deductible Per Occurrence.</i>	50,000	50,000
Does the policy provide coverage for Mine Subsidence?	Yes	Yes
<i>If yes, please state the Limit.</i>	Included in Earthquake	Included in Earthquake
<i>Blanket Limit, If Applicable.</i>	-	-
Does the policy provide Ordinance or Law coverage?	Yes	Yes
<i>Limit Per Coverage A.</i>	Combined Limit	Combined Limit
<i>Limit Per Coverage B.</i>	of 10,000,000	of 10,000,000
<i>Limit Per Coverage C.</i>	-	-
<i>Limit Per Building, If Applicable.</i>	-	-
<i>Blanket Limit, If Applicable.</i>	-	-
Does the policy have Time Element (Extra Expense) Coverage, if so please state the Limit(s)?	Yes	Yes
<i>Blanket Limit, If Applicable.</i>	1,000,000	1,000,000
<i>Per Location Limit, If Applicable.</i>	-	-
Does the policy have Business Income Coverage, if so please state the Limit(s)?	Yes	Yes
<i>Blanket Limit, If Applicable.</i>	Included	Included
<i>Per Location Limit, If Applicable.</i>	-	-

Insurance Carrier Name	ICRMT	ICRMT
General Liability	Current	Renewal
General Aggregate	3,000,000	3,000,000
Products Completed Ops.	1,000,000	1,000,000
Personal & Advertising Injury	1,000,000	1,000,000
Each Occurrence Limit	1,000,000	1,000,000
Fire Damage Limit	Included	Included
Medical Expense Limit	5,000	5,000
Deductible Per Occurrence	1,000	1,000
Employee Benefits Liability	-	-
Aggregate Limit	Included in SBLL	Included in SBLL
Occurrence Limit	Included in SBLL	Included in SBLL
Deductible Per Occurrence	2,500	2,500
Retroactive Date	7/1/2006	7/1/2006
Sexual Abuse and Molestation	-	-
Aggregate Limit	10,000,000	10,000,000
Occurrence Limit	10,000,000	10,000,000
Innocent Party Defense Coverage Limit	Included	Included
Deductible Per Occurrence	2,500	2,500
Policy Form: Claims Made or Occurrence	Occurrence	Occurrence
Violent Event Response Coverage (VERC)	-	-
Aggregate Limit	500,000	500,000
Per Event Limit	500,000	500,000
Deductible Per Occurrence	1,000	1,000
<b>Total Liability Premium</b>	<b>Included</b>	<b>Included</b>

**Pana CUSD #8 - Renewal Date: 07/01/2025**  
**Property & General Liability Renewal Form**

Insurance Carrier Name	ICRMT	ICRMT
Crime	Current	Renewal
Blanket Employee Dishonesty	500,000	500,000
Loss Inside the Premises - Money & Securities	500,000	500,000
Loss Outside the Premises	500,000	500,000
Money Orders and Counterfeit Currency	500,000	500,000
Depositors Forgery or Alterations	500,000	500,000
Computer Fraud Coverage	500,000	500,000
Funds Transfer Fraud	500,000	500,000
Social Engineering/False Pretenses	50,000	50,000
Deductible Per Occurrence	1,000	1,000
<b>Total Crime Premium</b>	<b>Included</b>	<b>Included</b>

Insurance Carrier Name	ICRMT	ICRMT
Boiler & Machinery	Current	Renewal
Per Accident	90,954,399	88,266,331
Deductible Per Occurrence	5,000	5,000
Extra Expense	Included	Included
<b>Total Boiler &amp; Machinery Premium</b>	<b>Included</b>	<b>Included</b>

Insurance Carrier Name	ICRMT	ICRMT
Inland Marine	Current	Renewal
Audio/Visual (A/V) Equipment	600,000	600,000
Electronic Data Processing (EDP) Equipment/Media (Including Software)	475,000	475,000
EDP Extra Expense	10,000	10,000
Mobile Equipment Greater Than or Equal to \$10,000 Per Item (Digital Scoreboard)	90,000	90,000
Musical Instruments, Athletic Equipment, & Uniforms	680,000	680,000
Deductible Per Occurrence	1,000	1,000
<b>Total Inland Marine Premium</b>	<b>Included</b>	<b>Included</b>

Insurance Carrier Name	ICRMT	ICRMT
Premium	Current	Renewal
Total Property Premium	148,908.00	153,027.00
Total Liability Premium	Included	Included
Total Crime Premium	Included	Included
Total Boiler & Machinery Premium	Included	Included
Total Inland Marine Premium	Included	Included
<b>Total Premium</b>	<b>\$148,908.00</b>	<b>\$153,027.00</b>

Does the coverage & premiums include Terrorism Risk Insurance Act (TRIA) coverage?

Yes

Yes

*If yes, please advise the total dollar amount.*

Included

Included

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**Pana CUSD #8 - Renewal Date: 07/01/2025**  
**Umbrella Renewal Form**

<b>Insurance Agency Name</b>	<b>Dimond Bros.</b>	<b>Dimond Bros.</b>
<b>Insurance Carrier Name</b>	<b>ICRMT</b>	<b>ICRMT</b>
<b>Limits of Liability - Umbrella</b>	<b>Current</b>	<b>Renewal</b>
General Aggregate Limit	10,000,000	10,000,000
Self-Insured Retention (SIR)	0	0
	<b>The Occurrence Limit is stated for each of the Underlying Coverages</b>	
General Liability	1,000,000	1,000,000
Employee Benefits Liability	Included in SBLL	Included in SBLL
Sexual Misconduct & Molestation	Excluded	Excluded
Automotive Liability	1,000,000	1,000,000
School Board Legal Liability (SBLL)	1,000,000	1,000,000
Employers Liability (Worker's Compensation)	Excluded	Excluded
<b>Total Umbrella Premium</b>	Included	Included

**Does the coverage & premiums include TRIA  
(Terrorism Risk Insurance Act) coverage?**

Yes

Yes

*If yes, please advise the total dollar amount.*

Included

Included

**Notes:**

**Illinois Counties Risk Management Trust (ICRMT)**

ICRMT excludes Sexual Misconduct & Molestation and Employers Liability (Worker's Compensation) as underlying coverages under the Umbrella Policy.

ICRMT provides a \$10,000,000 Aggregate Limit per underlying line of coverage, for a total of \$11,000,000 per line of underlying coverage.

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**Pana CUSD #8 - Renewal Date: 07/01/2025**

**Automobile Renewal Form**

<b>Insurance Agency Name</b>	<b>Dimond Bros.</b>	<b>Dimond Bros.</b>
<b>Insurance Carrier Name</b>	<b>ICRMT</b>	<b>ICRMT</b>
<b>Auto Liability</b>	<b>Current</b>	<b>Renewal</b>
Number of Vehicles	34	28
Bodily Injury and Property Damage Liability	1,000,000	1,000,000
Medical Payments (Each Person / Each Occurrence)	5,000 / 25,000	5,000 / 25,000
Uninsured Motorist	1,000,000	1,000,000
Underinsured Motorists	1,000,000	1,000,000
Hired Auto	Included	Included
Non-Owned Auto	Included	Included
Garage Liability	Included	Included
Garage Keepers Legal Liability	100,000	100,000
Deductible Per Occurrence	-	-
Comprehensive	1,000	1,000
Collision	1,000	1,000
<b>Total Automobile Premium</b>	<b>Included</b>	<b>Included</b>

Does the coverage & premiums include Terrorism Risk Insurance Act (TRIA) coverage?	Yes	Yes
Will the insurance carrier grant permission to operate the buses under conditions where a charge would be made to the students?	Yes	Yes
Will the insurer provide coverage for all additional insured's, including coverage for Board of Education Members, Employees, and Volunteers while using their own vehicles on behalf of the School District?	Yes - Excess Basis	Yes - Excess Basis
Does the medical payments coverage include students as passengers in vehicles?	Yes	Yes
Will the company accept this coverage without other lines?	No	No
Will the insurer furnish "special trips" coverage for tours, outings, picnics, games, and similar activities? Also, the use of the buses by the elderly as permitted by law shall be included. The carrier will confirm that coverage shall be available for these activities and indicate the audit charge per trip in the proposal.	No	No
Will the insurance carrier provide coverage for rental vehicles?	Yes	Yes
Does the policy include Replacement Cost on Buses?	No	No
<i>If yes, please provide details.</i>	N/A	N/A

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