

# ILLINOIS COUNTIES RISK MANAGEMENT TRUST

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## INSURANCE PROGRAM RENEWAL PROPOSAL



### Joliet Township HSD #204

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**PRESENTED BY:**

L. DeGeus & Associates, Inc.

**POLICY YEAR:**

7/1/2026 - 7/1/2027

**QUOTE NUMBER:**

ICRMT-001000435-R-2627-01

**ADMINISTERED BY:**



# COVERAGE SUMMARY: WORKERS COMPENSATION

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## COVERAGE

Effective Dates: 7/1/2026 - 7/1/2027

## LIMIT

Workers' Compensation

Statutory

Employer's Liability Limit

Each Accident

\$2,500,000 / \$2,500,000 / \$2,500,000

Each Employee for Disease

\$2,500,000 / \$2,500,000 / \$2,500,000

**Deductible: \$ 0**

## ICRMT FEATURES AND BENEFITS

- Volunteers Covered
- Payrolls are subject to an annual audit
- Enhanced Case Management
- Tailored Risk Management Services
- Online Claims Reporting
- Crisis Management Assistance
- Terrorism Coverage Included
- ICRMT Trust Agreement contains a resolution making the program non-assessable



**ILLINOIS COUNTIES RISK MANAGEMENT TRUST**

225 Smith Road, St. Charles, IL 60174

## COVERAGE SUMMARY: WC PREMIUM CALCULATION

CODE	CLASSIFICATION	ANNUAL ESTIMATED PAYROLL	RATE	MANUAL PREMIUM
8868	Teachers/College/Professional	\$67,059,200	0.27	\$181,060
9101	Schools - All Other Employees	\$6,814,080	6.56	\$447,004
7380	School Bus Drivers	\$4,337,819	5.07	\$219,927
	<b>TOTALS</b>	<b>\$78,211,099</b>		<b>\$847,991</b>

Gross Annual Premium		\$847,991
Increased Limit Multiplier	1.02	\$864,951
Minimum Premium	\$1,000	\$864,951
Experience Modifier	1.48	\$1,280,127
Schedule Modifier	1.35	\$1,728,171
Expense Modifier		\$1,728,171
Subtotal		\$1,728,171
Premium Discount	0.137	\$236,759
<b>Total Annual Premium</b>		<b>\$1,491,412</b>



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# ACCEPTANCE STATEMENT

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**Named Insured:** Joliet Township HSD #204  
**Quote Number:** ICRMT-001000435-R-2627-01  
**Policy Year:** 7/1/2026- 7/1/2027

<b>Total Annual Premium:</b>	<b>\$1,491,412</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:

- |                          |        |                          |      |
|--------------------------|--------|--------------------------|------|
| <input type="checkbox"/> | Annual | <input type="checkbox"/> | 25/6 |
| <input type="checkbox"/> | 25/3   | <input type="checkbox"/> | 25/9 |
| <input type="checkbox"/> | 50/50  |                          |      |

**FEIN:** 366005690

## 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 7/1/2026.

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Signature of Official \_\_\_\_\_ Date \_\_\_\_\_



# INVOICE

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**PRESENTED BY: ILLINOIS COUNTIES RISK MANAGEMENT TRUST**

**Named Insured:** Joliet Township HSD #204

**Quote Number:** ICRMT-001000435-R-2627-01

**Policy Year:** 7/1/2026 - 7/1/2027

**Requested Effective Date:** 7/1/2026

<b>Total Annual Premium</b>	<b>\$1,491,412</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	\$1,491,412	25/6	\$372,853
25/3	\$372,853	25/9	\$372,853
50/50	\$745,706		

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Please Make Checks Payable to:

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

<b>Named Insured:</b>	Joliet Township HSD #204
<b>Quote Number:</b>	ICRMT-001000435-R-2627-01
<b>Package Premium Remitted:</b>	



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