



Illinois Public Risk Fund

Workers' Compensation Information Page

Policy Number: P1233-2023

Named Insured and Mailing Address:

Village of Long Grove
3110 Old McHenry Road
Long Grove, IL 60047

The policy period is from: **01/01/2023 to 01/01/2024**
12:01 a.m. Standard Time of the Insured's mailing address

Coverage:

Part One of the policy applies to the Workers Compensation Law of the State of Illinois.

Part Two of the policy applies to Employers Liability in the State of Illinois: The limits of our Liability under Part Two are:

Bodily Injury by Accident	\$3,000,000 each accident
Bodily Injury by Disease	\$3,000,000 policy limit
Bodily Injury by Disease	\$3,000,000 each employee

This Policy includes these endorsements and schedules:

See listing of endorsements – Extension of Information Page

Broker Name and Address:

Stolarick & Company Inc.
4673 Grand Avenue
Gurnee, IL 60031

Total Estimated Premium:	\$5,244.00
Administrative Fee:	\$157.00
Total Estimated Cost:	\$5,401.00

Cancellation: In the event that the Policy is Cancelled prior to the expiration date, then the total annual premium stated on page 2 will be 100% fully earned

Terms and Conditions: The premium for this policy will be determined by our rules, classifications, rates and rating plans. All required information is subject to verification and change by audit at policy expiration.

As per Safety National Casualty Corp. Excess policy, and Illinois Public Risk Fund's By-Laws and Pooling Agreement.



<p style="text-align: center;">EXTENSION OF INFORMATION PAGE ENDORSEMENT SCHEDULE</p>
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IPRF WC 00 001 18	Broad Form All States for Employee Travel
IPRF WC 00 002 18	Federal Employers' Liability Act Coverage
IPRF WC 00 003 18	Foreign Voluntary Workers' Compensation and Employers' Liability For Traveling Employees
IPRF WC 00 004 18	Longshoremen's and Harbor Workers' Compensation Act Coverage
IPRF WC 00 005 18	Maritime Coverage
IPRF WC 00 006 18	Voluntary Compensation



ILLINOIS PUBLIC RISK FUND

Cost Control Through Cooperation Since 1985

1233
Village of Long Grove
3110 Old McHenry Road
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The premium for this policy will be determined by Illinois Public Risk Fund rules, classifications, rates and rating plans. All information required is subject to verification and change by Audit.

<u>Class Code</u>	<u>Description</u>		<u>Payroll</u>		<u>Rate/100</u>		<u>Premium</u>
8810	Clerical	\$	315,176	\$	0.130	\$	410
9410	Municipal Employees	\$	139,725	\$	3.460	\$	4,834
					Subtotal:	\$	5,244
					3% Administrative Fee:	\$	157
					TOTAL:	\$	5,401

Selected payment plan: 4 Equal Quarterly Installments

Prepared on: Tue October 18 12:47:49 2022



ILLINOIS PUBLIC RISK FUND

Cost Control Through Cooperation Since 1985

Installment Schedule

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4 Equal Quarterly Installments

Due Date	Amount Due
01/01/2023	\$1,351
04/01/2023	\$1,350
07/01/2023	\$1,350
10/01/2023	\$1,350