



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/25/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Illinois Municipal League Risk Management Association c/o Cannon Cochran Management Services, Inc. Towne Centre Building 2 East Main Street Danville, IL 61832	CONTACT NAME: Julia Reynolds PHONE (A/C, No. Ext): (217) 444-1199 E-MAIL ADDRESS: jreynolds@ccmsi.com FAX (A/C, No): (217) 477-6799														
INSURED CITY OF PERU ATTN: DAVE BARTLEY PO BOX 299 PERU IL 61354-0299	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: Illinois Municipal League Risk Management Association</td><td></td></tr><tr><td>INSURER B:</td><td></td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Illinois Municipal League Risk Management Association		INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER F:															

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			1220C0466	1/1/2024	1/1/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			1220C0466	1/1/2024	1/1/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			1220C0466	1/1/2024	1/1/2025	EACH OCCURRENCE \$ 7,000,000 AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		1220C0466	1/1/2024	1/1/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 3,000,000 E.L. DISEASE - EA EMPLOYEE \$ 3,000,000 E.L. DISEASE - POLICY LIMIT \$ 3,000,000
A	PROP / IM / APD			1220C0466	1/1/2024	1/1/2025	per occurrence 250,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

THE ILLINOIS VALLEY REGIONAL DISPATCH AND THE ILLINOIS VALLEY REGIONAL DISPATCH JOINT EMERGENCY TELEPHONE SYSTEM BOARD AND ALL OF THE IVRD'S OFFICIALS, OFFICERS, EMPLOYEES, AGENTS AND VOLUNTEERS, ADDITIONAL INSUREDS, ONLY AS RESPECTS THE CITY OF PERU'S PARTICIPATION IN ALL ASPECTS OF THE IVRD AND THE IVRD JETSB INCLUDING ALL CITY OFFICIALS, OFFICERS, EMPLOYEES, AGENTS AND VOLUNTEERS WHO PERFORM SERVICES, DIRECTLY OR INDIRECTLY, FOR THE IVRD AND THE IVRD JETSB, INCLUDING ALL PERSONS WHO ARE APPOINTED TO SERVE ON THE BOARD, COMMITTEE OR ANY SUBCOMMITTEE. COVERAGE DOES NOT APPLY TO BI/PD CAUSED BY SOLE NEGLIGENCE OF ADDITIONAL INSURED.

CERTIFICATE HOLDER

CANCELLATION

THE ILLINOIS VALLEY REGIONAL DISPATCH (IVRD) AND THE ILLINOIS VALLEY REGIONAL DISPATCH JOINT EMERGENCY TELEPHONE SYSTEM BOARD (IVRD JETSB)	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED RE
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ILLINOIS MUNICIPAL LEAGUE RISK MANAGEMENT ASSOCIATION

**ENDORSEMENT #56
GENERAL PURPOSE ENDORSEMENT
ADDITIONAL COVERED PARTIES
COVERAGE ENDORSEMENT**

Member: **CITY OF PERU**

Agreement No. **1220C0466**

Effective Date: **01/01/2024 - 01/01/2025**

Named Additional Protected Party or Entity: ***The Illinois Valley Regional Dispatch (IVRD) and the Illinois Valley Regional Dispatch Joint Emergency Telephone System Board (IVRD JETSB)***

Name of Protected Subject Matter: **Intergovernmental Agreement Entered into by the City of LaSalle, the City of Mendota, the City of Oglesby, and the City of Peru to Establish an Intergovernmental Cooperative Venture Known as The “Illinois Valley Regional Dispatch” For the Operation and Maintenance of a Combined Dispatch And Communication System**

With Respect to Contract or Agreement Titled (if applicable): **Intergovernmental Agreement Entered into by the City of LaSalle, the City of Mendota, the City of Oglesby, and the City of Peru to Establish an Intergovernmental Cooperative Venture Known as the “Illinois Valley Regional Dispatch” for the Operation and Maintenance of a Combined Dispatch and Communication System**

Protection extends to the additional protected party or entity, and its employees, and agents.

COVERAGE EXTENSION. The coverages afforded by forms RMA L, RMA 1, RMA 2, RMA 4, RMA 5, and RMA 6, including all terms, conditions, limitations, exclusions and provisions contained therein, are extended to include the coverage afforded hereunder subject to the following additional limitations:

A. The coverage provided to the additional protected party or entity applies only to “bodily injury”, “property damage”, “personal injury”, “advertising injury”, or “wrongful act”, but only with respect to liability for "bodily injury", "property damage", "personal injury" and “advertising injury” or “wrongful act” caused, in whole or in part, by:

The negligent acts or omissions of the Member, its employees, elected or appointed officials, volunteers, service contractors, or consultants engaged or authorized by the Member to act on its behalf, in the performance of the Member’s ongoing operations while acting on behalf of the above-mentioned subject matter.

Coverage does not apply to “bodily injury” or “property damage” if the acts or omissions of the Member or those acting on behalf of the Member in conjunction with the above-

mentioned subject matter did not directly cause the “occurrence”, “wrongful act” or other incident that results in a claim against the additional protected party or entity.

The coverage provided to the additional protected party or entity is subject to all other terms, conditions, and exclusions of the Association’s coverage grant(s).

B. However, regardless of the provisions of paragraph A above:

1. The Association will not extend any coverage to any additional protected party or entity:

- a. That is not provided to the Member in the underlying coverage grant;
- b. That is any broader coverage than the Member is required to provide to the additional protected party or entity in any written contract or written agreement; and

2. The Association will not provide limits of coverage to any additional protected party or entity that exceed the lower of:

- a. The limits of coverage provided to the Member in the coverage grants; or
- b. The limits of coverage the Member is required to provide in any written contract or written agreement.

All other terms, conditions, limitations, exclusions and provisions of forms RMA L, RMA 1, RMA 2, RMA 4, RMA 5, and RMA 6 remain unchanged.