

ORDINANCE NUMBER 13 - 41

**ORDINANCE AUTHORIZING THE EXECUTION OF THE ILLINOIS
MUNICIPAL LEAGUE RISK MANAGEMENT ASSOCIATION NORMAL
CONTRIBUTION AGREEMENT**

WHEREAS, the Village Board of the Village of East Dundee, a member in good standing of the Illinois Municipal League Risk Management Association and party to the IMLRMA Intergovernmental Cooperation Contract, has been fully apprised of the IMLRMA Normal Contribution Agreement which amends and supplements the IMLRMA Declarations pages and all endorsements thereto.

WHEREAS, the Village Board of the Village of East Dundee finds it to be in the best interest of the municipality to make its IMLRMA contribution in accordance with the IMLRMA Normal Contribution Agreement.

NOW THEREFORE BE IT ORDAINED BY THE PRESIDENT AND BOARD OF TRUSTEES OF THE VILLAGE OF EAST DUNDEE, COOK AND KANE COUNTIES, ILLINOIS, AS FOLLOWS:

Section One. That the execution of the IMLRMA Normal Contribution Agreement for a one (1) year period beginning 1/1/2014 and ending 12/31/2014 is hereby authorized.

Section Two. That the Village President/Mayor and the Treasurer/Comptroller are hereby granted authority to execute the IMLRMA Normal Agreement which amends and supplements the IMLRMA Declarations pages and all endorsements thereto.

Section Three. Severability. If any section, paragraph or provision of this ordinance shall be held to be invalid or unenforceable for any reason, the invalidity or unenforceability of such section, paragraph or provision shall not affect any of the remaining provisions of this ordinance.

Section Four. Repeal. If any section, paragraph, clause, or provision of this Ordinance shall for any reason be held to be invalid or unenforceable, the invalidity or unenforceability of such section, paragraph, clause, or provision shall not affect any of the remaining provisions of this Ordinance.


Section Five. Publication. This ordinance shall be in full force and effect forthwith upon its adoption, approval and publication in pamphlet form as provided by law.

Adopted this 18 day of November, 2013, pursuant to a roll call vote as follows:

AYES: Trustees Gorman, Lynam, Skillicorn, Selep and Wood
NAYES: Ø

ABSENT: Trustee Ruffalo

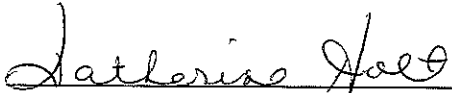
Approved by me this 18 day of November 2013.



Lael Miller, Village President

Published in pamphlet form this 19 day of November 2013, under the authority of the President and Board of Trustees.

ATTEST:


~~Heather Maieritsch, Village Clerk~~
Deputy Village Clerk

Recorded in the Village Records on November 19, 2013.



120 Barrington Ave - East Dundee, IL 60118

Phone: 847-426-2822 Fax 847-426-2956

Memorandum

Date: November 1, 2013

To: Robert Skurla and Village Board

From: Linda Blackerby

Re: Illinois Municipal League Risk Management Association Insurance Renewal

The Illinois Municipal League Risk Management Association renewal information is attached for your review and approval. Given constrained economic times and our claims history, it is the Administration's recommendation to pay the \$162,103.42 premium and opt out of the Min-Max program. At the time the budget was adopted, the premium was estimated at \$150,296. The potential exposure to the village could be as high as \$199,873 if we opt in to the Min-Max program. Please let me know if you have any questions or concerns. A copy of the renewal policy is attached.



ILLINOIS MUNICIPAL LEAGUE RISK MANAGEMENT ASSOCIATION
 PO BOX 5180, SPRINGFIELD, IL 62705-5180
 Ph: 217-525-1220 Fax: 217-525-7428

2014 ANNUAL CONTRIBUTION: \$164,572

Date: 10/29/2013

Included	Work Comp
Included	Auto Liability & Comprehensive General Liability
Included	Portable Equipment
Included	Auto Physical Damage
Included	Property
\$164,572	TOTAL

MEMBER:
VILLAGE OF EAST DUNDEE
 120 Barrington Avenue
 East Dundee, IL 60118-1311

Account #: 0163

PAYMENT OPTIONS – Please Check One Box

<input checked="" type="checkbox"/>	<p>OPTION #1 – BEST VALUE! Early Pay 1.5% Discount</p> <table> <tr> <td>Invoice Amt</td> <td align="right">\$164,572.00</td> </tr> <tr> <td>Minus 1.5%</td> <td align="right">\$2,468.58</td> </tr> <tr> <td>Total due</td> <td align="right">\$162,103.42</td> </tr> </table> <p>Total due by: 11/25/13</p>	Invoice Amt	\$164,572.00	Minus 1.5%	\$2,468.58	Total due	\$162,103.42	<input type="checkbox"/>	<p>OPTION #3 PAY FULL AMOUNT</p> <table> <tr> <td>Invoice Amt</td> <td align="right">\$164,572.00</td> </tr> </table> <p>Total due by: 12/13/13</p>	Invoice Amt	\$164,572.00								
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PAYMENT ENCLOSED: \$ _____

Please return this invoice with payment.

* If you select Option 2 or Option 4 for Pay in Two Installments, please read and sign Acknowledgement below before returning invoice.

Make Check Payable To:

IML Risk Management Association
 PO Box 5180
 Springfield, IL 62705-5180

On behalf of the city/town/village named above ("Member"), I hereby warrant that I have the authority to sign this agreement on the Member's behalf. I acknowledge and understand that the installment option is afforded only as a benefit for budgeting purposes and is not meant to allow for mid-term withdrawal. I acknowledge and understand that Article 5 of the Intergovernmental Cooperation Contract ("Contract") prohibits termination of the Intergovernmental Cooperation Contract prior to the last day of December of any given year. Per Article 5, I warrant that the Member will adhere to the Contract and pay the second installment when due.

[Signature]
 Mayor/Village President or Other Municipal Officer (Please Sign)

Village President Title
11/18/13 Date



ILLINOIS MUNICIPAL LEAGUE RISK MANAGEMENT ASSOCIATION
 PO BOX 5180, SPRINGFIELD, IL 62705-5180
 Ph: 217-525-1220 Fax: 217-525-7428

2014 ANNUAL CONTRIBUTION: \$164,572

Date: 10/29/2013

Included	Work Comp
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VILLAGE OF EAST DUNDEE
 120 Barrington Avenue
 East Dundee, IL 60118-1311
 Account #: 0163

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[Signature]
 Mayor/Village President or Other Municipal Officer (Please Sign)

Village President 11/18/13
 Title Date

MINIMUM – MAXIMUM OPTION

December 31, 2013 – December 30, 2014

Many of our members have found the Minimum - Maximum (Min-Max) program to be very successful and we are pleased to continue it in the year 2014. The Min-Max option provides an incentive for members to control and reduce losses through effective accident prevention and claims management efforts. If losses and claim costs are lower than anticipated, you may realize an overall savings. However, if losses and claim costs are greater than anticipated, you may be penalized and have to pay additional contributions. Please call us if you would like additional information about the program or to confirm if the Min-Max option meets your municipality's needs.

If your municipality wishes to participate in this optional program for this renewal period, the enclosed Minimum-Maximum Agreement ***must*** be signed and returned with **your initial renewal payment**. A final copy will be returned to your municipality. If the agreement has not been received by February 1, 2014 your municipality will be billed for the full 100% contribution and such contribution will be due upon receipt.

If you have any questions, please contact Julia Reynolds at 1-800-252-5051, ext. 1199.

East Dundee

NOT Recommended

IMLRMA MINIMUM/MAXIMUM CONTRIBUTION AGREEMENT

This Agreement is between the Illinois Municipal League Risk Management Association (IMLRMA), an intergovernmental association formed pursuant to Article VII, Section 10 of the Illinois Constitution of 1970 and the VILLAGE OF EAST DUNDEE, a member of the IMLRMA. This Agreement amends and supplements the Declarations Pages dated December 31, 2013 to December 31, 2014 and all endorsements thereto.

1. DEFINITIONS

The following definitions shall apply for purposes of this Agreement:

"Loss Fund" -- Those dollars set aside for the payment of claims excluding reinsurance and excess premiums and administrative costs.

"Minimum Loss Fund" -- 85 percent of those dollars set aside for the payment of claims excluding reinsurance and excess premiums and administrative costs.

"Maximum Loss Fund" -- 130 percent of those dollars set aside for the payment of claims excluding reinsurance and excess premiums and administrative costs.

"Paid Claim Dollars" -- Those payments made by IMLRMA on claims including defense costs against the VILLAGE OF EAST DUNDEE minus recovery from subrogation, deductible or salvage credited against those claim payments.

"Minimum Contribution" -- Minimum Loss Fund including reinsurance and excess premiums and administrative costs.

"Maximum Contribution" -- Maximum Loss Fund including reinsurance and excess premiums and administrative costs.

2. MINIMUM/MAXIMUM CONTRIBUTION BREAKDOWN

The VILLAGE OF EAST DUNDEE hereby agrees to the following schedule of contributions:

	<u>Minimum Contribution</u>		<u>Maximum Contribution</u>
Reinsurance and Excess Premiums and Administrative Costs	\$ 46,903		\$ 46,903
Loss Fund Contribution	@ 85% \$ 100,019	@130%	\$ 152,970
	\$ 146,922		\$ 199,873

3. Based upon a comparison of paid claim dollars against the Loss Fund, IMLRMA will determine whether additional contributions beyond the minimum contribution will be required up to the maximum contribution.

4. For purposes of determining paid claims, IMLRMA will complete a semi-annual review of paid claim dollars.



5. NOTICE

IMLRMA hereby agrees to send, through its agents, written notice when paid claim dollars are equal to or greater than 60 percent of the Minimum Loss Fund.

IMLRMA agrees, through its agents, to send a second written notice when paid claim dollars equal or exceed 85 percent of the Minimum Loss Fund.

6. BILLING/PAYMENT -- The parties to this Agreement hereby agree to the following terms:

When paid claim dollars reach or exceed 100 percent of the Minimum Loss Fund, billing will be instituted on a yearly basis for those paid claim dollars in excess of the Minimum Loss Fund and billing will continue on a yearly basis until the Maximum Loss Fund limit is attained or all claims initiated during the coverage period are closed. Billings will be completed in July of each year for paid claim dollars through June 30.

The **VILLAGE OF EAST DUNDEE** hereby agrees to make payment within 30 days of its receipt of billing.

7. All other definitions, conditions and coverages of the IMLRMA remain the same under this Agreement, including the handling of all claims.

8. This Agreement is to be interpreted and construed in accordance with the laws of the State of Illinois.

9. If any one portion or portions of this Agreement is found to be invalid or unenforceable, the remainder shall remain valid and binding on the parties.

The undersigned hereby affirm that they are duly authorized as agents to bind the parties to this Agreement.

Mayor/Village President

Date

Treasurer/Comptroller/RMC

Date

IMLRMA, Managing Director

Date

VOLUNTEER PARTICIPANT ACCIDENT INSURANCE COVERAGE PROGRAM – Available for 2014

Volunteers are one of the greatest assets that municipalities possess. We know that many Illinois Municipal League Risk Management Association (IMLRMA) Members must rely more and more on volunteers to help with your municipal activities and operations.

Under the Illinois Workers' Compensation Act, municipalities aren't required to cover the injuries of volunteers because volunteers are not "employees" (with the exception of volunteer firefighters, auxiliary police and Emergency Service Disaster Agency workers).

However, we've had inquiries from Members asking how they can provide accident coverage for their volunteers if they're injured while performing volunteer work the municipality.

In response to your needs, we worked with Old National Insurance and AIG to provide IMLRMA Members with a Volunteer Accident Insurance program!

Eligibility. Illinois municipalities who are IMLRMA Members as of 12/31/13 are eligible to enroll in the Volunteer Accident Insurance Coverage program.

Benefits*. Benefits include accidental medical expense benefits delivered either on a primary or excess basis, accidental death and dismemberment benefits, weekly accident indemnity benefits and a catastrophic cash benefit for paralysis or coma.

Cost. Priced at \$5.00 per volunteer per year for excess coverage (subject to a \$500 minimum premium), or \$25.00 per volunteer for primary coverage (subject to a \$500 minimum premium), the Volunteer Participant Accident Insurance program is an extremely cost effective coverage.

Below are two Sample Quote Options:**

1. Excess Basis Quote. Based on 100 volunteers – would pay after the volunteer's health insurance or would pay deductibles/copays, etc. If there is no health insurance in place, the excess coverage would drop down and be Primary.
2. Primary Basis Quote – based on 25 volunteers – would pay first before a volunteer's health insurance.

The potential for a volunteer to be injured while performing duties for your municipality is real. Obtaining accident coverage for your municipal volunteers sends a message that their services are valued. Additionally, the coverage benefits your municipality since it reduces the risk that a volunteer's activity-related injury will result in adversarial action against you.

To Learn More or to Apply for Coverage. The coverage, which is not part of the IMLRMA, is written through Old National Insurance (ONB) and underwritten by National Union Fire Insurance Company of Pittsburgh, Pa. which is an AIG company. To learn more about the program or to apply for coverage, please contact:

Old National Team Member	Name	Office Phone	E-mail Address
Risk Consultant	Scott A. Reed	(217) 477-5383	Scott.reed@oldnationalins.com
Account Assistant	Myrna Poggendorf	(217) 477-5389	Myrna.poggendorf@oldnationalins.com

Even if you decide to buy Volunteer Participant Accident Insurance Coverage, you should still implement appropriate risk management activities regarding use of volunteers. Contact your IMLRMA Loss Control Specialist for a copy of our "Volunteer Risk Management Tips."

This is only a brief description of the coverage(s) available. The Policy will contain reductions, limitations, exclusions and termination provisions. Full details of coverage are contained in the Policy. If there are any conflicts between the contents of this document and the Policy, the Policy will govern in all cases. Insurance is underwritten by National Union Fire Insurance Company of Pittsburgh, Pa., with its principal place of business in New York, NY. NAIC No. 19445. Coverage may not be available in all states. For additional information, please visit AIG's website at www.aig.com.



Accident & Health (U.S.)

* This information is a general description – please refer to the actual policy language for specific details.

**The sample quotations are for illustration purposes only and are subject to a completed, signed and dated application, as well as underwriting approval of the volunteer activities. Higher limits are available upon request.

OPTIONAL EQUIPMENT BREAKDOWN COVERAGE

Available 2014

When unexpected mechanical, electrical or pressure failures occur, it can be costly to repair or replace the damaged equipment.

Starting in 2014, IMLRMA is happy to provide you with the option to buy Equipment Breakdown Coverage (aka Boiler & Machinery coverage)

In response to your requests for Equipment Breakdown coverage, we worked with Old National Insurance to provide IMLRMA Members with a very competitively-priced program!

Eligibility

Illinois municipalities who are IMLRMA Members as of 12/31/13 are eligible to buy Equipment Breakdown coverage.

Examples of covered causes of loss include*:

- Mechanical breakdown
- Electrical arcing
- Artificially generated electrical currents
- Bulging, cracking or collapse of pressure vessels

Examples of covered equipment include*:

Air conditioning units	Heating and cooling systems
Boilers (inspections included for no additional cost)	High-efficiency lighting systems
Communication systems	Mechanical equipment
Computers and telecommunications	Motors
Electrical distribution systems	Piping (steam, air, etc.)
Electrical equipment	Pumps
Emergency generators	Refrigeration units
Engines	Security systems
Fans	Switchboards
Fired/unfired pressure vessels	Transformers
Fired water heaters	Turbines
Generators	Vacuum systems
	Ventilation systems



* This information is a general description – please refer to the actual policy language for specific details.

In the next two weeks, you will receive a separate quotation invoice showing you the exact cost of the optional 2014 Equipment Breakdown coverage.

**If you have questions about the Equipment Breakdown coverage, please contact:
Myrna Poggendorf at Old National Insurance at (217) 477-5389**



ILLINOIS MUNICIPAL LEAGUE RISK MANAGEMENT ASSOCIATION
 PO BOX 5180, SPRINGFIELD, IL 62705-5180
 Ph: 217-525-1220 Fax: 217-525-7428

2014 MIN/MAX CONTRIBUTION: \$146,922

Date: 10/4/2013

Included	Work Comp
Included	Auto Liability & Comprehensive General Liability
Included	Portable Equipment
Included	Auto Physical Damage
Included	Property
\$146,922	TOTAL MIN/MAX CONTRIBUTION

MEMBER:
VILLAGE OF EAST DUNDEE
 120 Barrington Avenue
 East Dundee, IL 60118-1311
 Account #: 0163

PAYMENT OPTIONS – Please Check One Box

The signed MIN/MAX agreement must be returned with your payment.

<input type="checkbox"/>	<p>OPTION #1 – BEST VALUE! Early Pay 1.5% Discount</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Invoice Amt:</td> <td style="text-align: right;">\$146,922.00</td> </tr> <tr> <td>Minus 1.5%</td> <td style="text-align: right;">\$2,203.83</td> </tr> <tr> <td>Total due</td> <td style="text-align: right; border-top: 1px solid black;">\$144,718.17</td> </tr> </table> <p>Total due by: 11/25/13</p>	Invoice Amt:	\$146,922.00	Minus 1.5%	\$2,203.83	Total due	\$144,718.17	<input type="checkbox"/>	<p>OPTION #3 PAY FULL AMOUNT</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Invoice Amt:</td> <td style="text-align: right;">\$146,922.00</td> </tr> </table> <p>Total due by: 12/13/13</p>	Invoice Amt:	\$146,922.00								
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<input type="checkbox"/>	<p>OPTION #2 – Pay in Two Installments Early Pay 1.5% Discount (Includes ½ % Installment Fee)</p> <table style="width: 100%;"> <tr> <td>Invoice Amt</td> <td align="right">\$146,922.00</td> </tr> <tr> <td>Minus 1.5 %</td> <td align="right"><u>\$2,203.83</u></td> </tr> <tr> <td></td> <td align="right">\$144,718.17</td> </tr> <tr> <td>½ % installment fee</td> <td align="right"><u>\$ 723.59</u></td> </tr> <tr> <td>Total Invoice</td> <td align="right">\$145,441.76</td> </tr> </table> <p align="right"> <u>\$72,720.88</u> due by : 11/25/13, and <u>\$72,720.88</u> due by : 5/16/14 </p>	Invoice Amt	\$146,922.00	Minus 1.5 %	<u>\$2,203.83</u>		\$144,718.17	½ % installment fee	<u>\$ 723.59</u>	Total Invoice	\$145,441.76	<input type="checkbox"/>	<p>OPTION #4 – Pay in Two Installments (Includes ½ % Installment Fee)</p> <table style="width: 100%;"> <tr> <td>Invoice Amt</td> <td align="right">\$146,922.00</td> </tr> <tr> <td>½ % Installment Fee</td> <td align="right"><u>\$ 734.61</u></td> </tr> <tr> <td></td> <td align="right">\$147,656.61</td> </tr> </table> <p align="right"> <u>\$73,828.31</u> due by : 12/13/13, and <u>\$73,828.30</u> due by : 5/16/14 </p>	Invoice Amt	\$146,922.00	½ % Installment Fee	<u>\$ 734.61</u>		\$147,656.61
Invoice Amt	\$146,922.00																		
Minus 1.5 %	<u>\$2,203.83</u>																		
	\$144,718.17																		
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Invoice Amt	\$146,922.00																		
½ % Installment Fee	<u>\$ 734.61</u>																		
	\$147,656.61																		

PAYMENT ENCLOSED: \$ _____

Please return this invoice with payment.

*** If you select Option 2 or Option 4 for Pay in Two Installments, please read and sign Acknowledgement below before returning invoice.**

Make Check Payable To:
 IML Risk Management Association
 PO Box 5180
 Springfield, IL 62705-5180

On behalf of the city/town/village named above ("Member"), I hereby warrant that I have the authority to sign this agreement on the Member's behalf. I acknowledge and understand that the installment option is afforded only as a benefit for budgeting purposes and is not meant to allow for mid-term withdrawal. I acknowledge and understand that Article 5 of the Intergovernmental Cooperation Contract ("Contract") prohibits termination of the Intergovernmental Cooperation Contract prior to the last day of December of any given year. Per Article 5, I warrant that the Member will adhere to the Contract and pay the second installment when due.

 Mayor/Village President or Other Municipal Officer (Please Sign) Title Date