



**DEPARTMENT OF
CENTRAL MANAGEMENT SERVICES**

CERTIFICATE OF COVERAGE

ISSUE DATE
Aug. 7, 1996

PRODUCER
State of Illinois
Department of Central Management Services
Bureau of Benefits
Risk Management Division
604 Stratton Office Building
Springfield, IL 62706

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES OR PLANS BELOW.

COMPANIES AFFORDING COVERAGE

- COMPANY LETTER **A** State of Illinois - Self-Insured Plan
- COMPANY LETTER **B** State of Illinois - Self-Insured Plan
- COMPANY LETTER **C** State of Illinois - Self-Insured Plan
- COMPANY LETTER **D** State of Illinois - Self-Insured Plan
- COMPANY LETTER **E**

INSURED
State of Illinois
Board of Trustees
Northern Illinois University
Dekalb, IL 60115

COVERAGES This is to certify that the policies of insurance and/or self-insured plans listed below have been issued to the insured named above for the policy period indicated, notwithstanding any requirement, terms 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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	ALL LIMITS IN THOUSANDS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR. <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT. <input type="checkbox"/> _____	State of Illinois Self-Insured Plan	5/18/81	Until Repealed	GENERAL AGGREGATE \$ 100	
					PRODUCTS-COMPPOPS AGGREGATE \$	
					PERSONAL & ADVERTISING INJURY \$	
					EACH OCCURENCE \$ 100	
					FIRE DAMAGE (any one fire) \$	
					MEDICAL EXP. (any one person) \$	
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> _____	State of Illinois Self-Insured Plan	5/24/88	Until Repealed	COMBINED SINGLE LIMIT \$ 2,000	
					BODILY INJURY (per person) \$	
					BODILY INJURY (per accident) \$	
					PROPERTY DAMAGE \$	
	EXCESS LIABILITY <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURENCE \$	AGGREGATE \$
C	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	State of Illinois Self-Insured Plan	7/1/75	Until Repealed	STATUTORY	
					\$ (EACH ACCIDENT)	
					\$ (DISEASE - POLICY LIMIT)	
					\$ (DISEASE - EACH EMPLOYEE)	
D	OTHER Employee Indemnity Plan	State of Illinois Self-Insured Plan	12/3/77	Until Repealed		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / RESTRICTIONS / SPECIAL ITEMS Northern Illinois University is requesting proof of coverage for the State of Illinois Self-Insured Plans outlined above.

CERTIFICATE HOLDER
Northern Illinois University
Board of Trustees
Dekalb, IL 60115

Wm G. Passault
Authorized Representative

CANCELLATION

Should any of the above described policies or coverages be cancelled before the expiration date thereof, the State of Illinois will endeavor to mail 45 days written notice to the certificate holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the State of Illinois; commercial company or its agents.