

CERTIFICATE OF COVERAGE

ISSUE DATE

7/16/2019

PRODUCER
State of Illinois
Department of Central Management Services
Bureau of Benefits
Risk Management Division
801 S. 7th Street, Fl. 6-M
Springfield, IL 62703

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** State of Illinois - Self-Insured Plan

COMPANY LETTER **F**

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 LT	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFF. DATE	POLICY EXP. DATE	ALL LIMITS IN THOUSANDS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GEN. LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR. <input type="checkbox"/> OWNER CONTRACTOR PROT <input type="checkbox"/> _____	State of Illinois Self-Insured Plan	5/18/81	Per Person/Per Occurrence As Defined By Statute	\$2,000
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 NON-OWNED AUTOS	State of Illinois Self-Insured Plan	8/7/76	Until Repealed	COMBINED SINGLE LIMIT As Defined By Statute \$ 2,000
C	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY	State of Illinois Self-Insured Plan	7/1/75	Until Repealed	As Defined By Statute
D	FIDELITY AND SURETY BOND PLAN	State of Illinois Self-Insured Plan	6/30/89	Until Repealed	As Defined By Statute
E	EMPLOYEE REPRESENTATION AND INDEMNIFICATION PLAN	State of Illinois Self-Insured Plan	12/3/77	Until Repealed	As Defined By Statute
F	OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / RESTRICTIONS / SPECIAL ITEMS:

This certificate is provided as evidence of coverage, pursuant to 20 ILCS 405-105(7), for public liability exposure of the State of Illinois and its employees acting within the scope of their employment. This certificate is for the coverage of Northern Illinois University for the State of Illinois Self-Insured Plans outlined above.

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

CANCELLATION

Should any of the above described policies or coverages be cancelled before the expiration date thereof, the State of Illinois will endeavour 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 property or its agents.

Authorized Representative

