



COLLINSVILLE HIGH SCHOOL

Collinsville Community Unit District No. 10

2201 S. Morrison Avenue
Collinsville, Illinois 62234

(618) 346-6320

FAX (618) 346-6341

Collinsville High School
Office of The Student Council
2201 South Morrison Avenue
Collinsville, Illinois 62234

May 16, 2017

Dear Members of the Collinsville City Council,

Collinsville High School will celebrate homecoming this year during the week of September 25 – September 30, 2017. With the Council's approval, we will hold the annual Homecoming Parade downtown on Thursday, September 28, 2017. The parade participants will start lining up around 3:30pm in the alley between Clay and Main Street at Hesperia. The parade will start at 4:30pm. We will travel east on Main Street, north onto Center Street, turn west on Clay Street and end on Hesperia.

Thank you for your time and consideration in this matter. If you have any questions, please contact me at the e-mail address or telephone number listed below.

Sincerely,

Kyle L. Gordon

Mr. Kyle L. Gordon
Collinsville High School Student Council Advisor
618-670-3915
kgordon@kahoks.org



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/6/2017

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 Arthur J. Gallagher Risk Management Services, Inc. 12444 Powerscourt Drive St. Louis MO 63131	CONTACT NAME: Katie Hebson PHONE (A/C, No, Ext): 314-800-2292 FAX (A/C, No): E-MAIL ADDRESS: Katie_hebson@ajg.com														
INSURED Collinsville Unit #10 School District as a Member of Miss VIC 201 West Clay Collinsville IL 62234-3219	<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A: Mississippi Valley Inter Governmental</td><td></td></tr><tr><td>INSURER B: United Educators Ins</td><td>10020</td></tr><tr><td>INSURER C: Genesis Insurance Company</td><td>38962</td></tr><tr><td>INSURER D: Safety National Casualty Corporation</td><td>15105</td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Mississippi Valley Inter Governmental		INSURER B: United Educators Ins	10020	INSURER C: Genesis Insurance Company	38962	INSURER D: Safety National Casualty Corporation	15105	INSURER E:		INSURER F:	
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COVERAGES

CERTIFICATE NUMBER: 482566016

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 B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		MISSVIC-2017-01 X2678Z	7/1/2017 7/1/2017	7/1/2018 7/1/2018	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000** MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			MISSVIC-2017-01 X2678Z	7/1/2017 7/1/2017	7/1/2018 7/1/2018	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		N	YUB301244	7/1/2017	7/1/2018	EACH OCCURRENCE \$9,000,000 AGGREGATE \$9,000,000 \$
A D	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	MISSVIC-2016-01 AGC4057130	7/1/2017 7/1/2017	7/1/2018 7/1/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

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

\$250,000 Self-Insured Retention is in addition to General & Auto Liability Limits.

* Safety National provides Excess WC to MISSVIC above a Specific and Aggregate Retention *

**Per form PSLO03C (04/01/2011) Amended Fire Legal Liability, This limit shall apply to damage by fire or by water to premises rented by, loaned to or temporarily occupied by the Included Entity with the permission of the owner, subject to a limit of \$1,000,000 for all damages arising out of any one occurrence, which amount is part of and not in addition to the limit of liability

See Attached...

CERTIFICATE HOLDER**CANCELLATION**

City of Collinsville Illinois Department of Transportation 125 S. Center Collinsville IL 62234 USA	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 REPRESENTATIVE
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AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Arthur J. Gallagher Risk Management Services, Inc.		NAMED INSURED Collinsville Unit #10 School District as a Member of Miss VIC 201 West Clay Collinsville IL 62234-3219
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

City of Collinsville and the Illinois Department of Transportation shown as an additional insured solely with the respect to general liability coverage as evidenced herein as required by written contract.
RE: Homecoming Parade September 28, 2017