Approval of the Directors and Officers Insurance Renewal

The D & O Insurance Policy renews on January 9, 2025. The premium for one year is \$6,751.00. Last year's premium was \$6819.00.

THEREFORE BE IT RESOLVED that the Directors and Officers Insurance Renewal for the period of 1/9/2025 - 1/9/2026 is approved for \$6,751.00.



A Member of the Tokio Marine Group

One Bala Plaza, Suite 100 Bala Cynwyd, Pennsylvania 19004 610.617.7900 Fax 610.617.7940 PHLY.com

# **PROPOSAL FOR INSURANCE**

Proposal Date: 12/09/2024

Named Insured and Mailing Address:

Elmhurst Public Library 125 S Prospect Ave Elmhurst, IL 60126-3245

Quotation Number: 17830591

Producer: 887 Relation Insurance Services Great Lakes, PO Box 129 7N024 Medinah Rd Medinah, IL 60157

Contact: Amanda Randle Phone: (630)980-5000 Fax: (630)980-9311

**Insurer:** Philadelphia Indemnity Insurance Company

Policy Period From:	01/09/2025	To: 01/09/2026
Proposal Valid Until:	01/09/2025	at 12:01 A.M. Standard Time at your mailing address shown above.

Product: Flexi Plus Five

PHLY Representative:Maxwell, Katherine M.PHLY Representative Phone:(630) 328-2275Underwriter:Harrell, Nia I.Underwriter Phone:(630) 328-2295

Submission Type: Renewal Business

Email: Katherine.Maxwell@phly.com

Email: Nia.Harrell@phly.com

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO EXTEND INSURANCE AS STATED IN THIS PROPOSAL.

THIS PROPOSAL CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

Flexi Plus Five

PREMIUM

\$ 6,751.00

The premium shown is subject to the following terms and conditions:

TOTAL \$ 6,751.00

SEE ATTACHED PROPOSAL SUM MESS EXT PAGE



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## Named Insured: Elmhurst Public Library

One Bala Plaza, Suite 100 Bala Cynwyd, Pennsylvania 19004 610.617.7900 Fax 610.617.7940 PHLY.com

> Proposal Date: 12/09/2024 Quotation Number: 17830591

## The premium shown is subject to the following terms and conditions:

Any taxes, fees or surcharges included in the total premium shown on the proposal are not subject to installment billing.

A maximum per installment fee of \$5.00 may be included (some states may vary)

### **Binding Conditions:**

### \*PRIOR TO BINDING\*

1. Please provide an answer for Question 7 in Section 1 of the renewal application.

2. Please provide an answer for Question 3 in Section 3 of the renewal.