

RESOLUTION NO. 1920-001

East Peoria, Illinois

May 7, 2019

RESOLUTION BY COMMISSIONER _____

**RESOLUTION APPROVING AND ACCEPTING THE OFFICIAL BONDS OF THE
NEWLY ELECTED AND SWORN MAYOR AND COMMISSIONERS**

WHEREAS, Title 1, Chapter 2, Section 3.6 of the City Code and State Statute (65 ILCS 5/4-4-2 require the Mayor and each Commissioner give a bond in a sum not to be less than three thousand dollars (\$3,000.00); and

WHEREAS, the attached bonds are proper and sufficient;

NOW, THEREFORE, BE IT RESOLVED BY THE COUNCIL OF THE CITY OF EAST PEORIA, TAZEWELL COUNTY, ILLINOIS, THAT the Official Bonds of Mayor John P. Kahl and Commissioners Daniel S. Decker, Mark E. Hill, Seth D. Mingus, and Michael L. Sutherland in the amount of at least \$3,000.00 each, attached hereto and signed by proper and qualified sureties be hereby approved, and that the bonds be placed on file in the office of the City Clerk as required by law be hereby approved, and that this Resolution No. 1920-001 be adopted as presented.

APPROVED:

Mayor

ATTEST:

City Clerk

CERTIFICATE OF INSURANCE

Date: 4/26/2019

Producer:

Insurance Program Managers Group, LLC
 225 Smith Road
 St. Charles, Illinois 60174
 630-377-5845

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 below.

Insured:

City of East Peoria
 401 W. Washington St.
 East Peoria, IL 61611

Company:

Illinois Counties Risk Management Trust

Coverages

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, conditions and exclusions of such policies. Limits shown may have been reduced by paid claims.

Co. Letter	Type of Insurance	Policy Number	Policy Effective Date	Policy Expiration Date	Limits
A	COVERAGE PART IV-CRIME	P4-1000196-1819-01	12/1/2018	12/1/2019	\$500,000 Each Occurrence

Coverage is provided and applies to Loss that you sustain resulting directly from an Occurrence taking place at any time which is Discovered by you during the Policy Period shown or during the period of time provided in the Extended Period to Discover Loss subject to the policy terms, conditions and exclusions.

a. Employee Dishonesty and Faithful Performance of Duty Blanket Coverage
 (1) Employee Dishonesty Coverage is extended to include Loss resulting from the failure of any Employee to faithfully perform duties prescribed by state law, charter, ordinance or resolution of your governing body, including the an ability to faithfully perform those duties because of a criminal act committed by a person other than an Employee.

(3) We will indemnify you if any of your officials who are required by law to give bonds for the faithful performance of their service against Loss through the failure of any Employee under the supervision of that official to faithfully perform his or her duties as prescribed by law, when such failure has as its direct and immediate result a Loss of your covered property, including inability to faithfully perform those duties because of a criminal act committed by a person other than an Employee, subject to the Limit of Liability.

6. (a) Employee means:
 (1) Any person:
 a. While in your service and for the first 30 days immediately after termination of service, unless such termination is due to Theft or any other dishonest act committed by the Employee;
 b. Who you compensate directly by salary, wages or commissions; and
 c. Who you have the right to direct and control while performing services for you;
 (4) Any person who is:
 a. A trustee, elected or appointed official, officer, Employee, administrator or manager, except an administrator or manager who is an independent contractor, of any employee benefit plan; and
 b. An official of yours while that person is engaged in handling Funds or Other Property of any employee benefit plan;

Name	Position	All Entity Employees Including the Below
John P. Kahl	Mayor	
Daniel S. Decker	Commissioner	
Mark E. Hill	Commissioner	
Seth D. Mingus	Commissioner	
Michael L. Sutherland	Commissioner	

Certificate Holder:**Cancellation**

Evidence of Coverage

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

