SAFETY NATIONAL CASUALTY CORPORATION
1832 SCHUETZ ROAD
ST. LOUIS, MO 63146

DECLARATIONS – SPECIFIC EXCESS **SP 4046431**

Item 1. **Employer:** SECONDARY SCHOOL COOPERATIVE RISK MANAGEMENT PROGRAM (SSCRMP) INCLUDING ONLY THE INSURED MEMBERS OF THE PROGRAM (PER ENDORSEMENT 0217)

Address: C/O NUGENT CONSULTING GROUP, 2409 PEACHTREE LANE, NORTHBROOK, IL 60062

Item 2. **This Agreement covers all business operations of the EMPLOYER as a Self-Insurer in the following State(s):** ILLINOIS

Item 3. **Effective Date: 12:01 A.M.** July 01, 2012

Item 4. **Anniversary Date: 12:01 A.M.** July 01, 2013

Item 5. **The Service Company shall be** ALTERNATIVE SERVICE CONCEPTS LLC

Item 6.	CLASSIFICATIONS OF OPERATIONS	Code Number	Estimated Total Annual Remuneration/Manhours	Rate Per $ 100 Remuneration/Manhours
	See Attached			
			Total Estimated Manual Premium	N/A
			SNCC Experience Modification Factor	N/A
			Total Estimated Standard Premium	N/A

Item 7. **Self-Insured Retention Per Occurrence** $ 500,000

Item 8. **(a) Maximum Limit of Indemnity Per Occurrence** Statutory
(b) Employers' Liability Maximum Limit of Indemnity Per Occurrence $ 1,000,000

Item 9. **Premium Rate** $ 0.0632 per $100 of Payroll

Item 10. **Minimum Premium for the Liability Period** $ 242,847

Item 11. **Deposit Premium for the Payroll Reporting Period** $ 255,628

Item 12. **Payroll Reporting Period** Annually as of July 01

Item 13. **Endorsements** See Endorsement Schedule

Signed at St. Louis, Missouri on September 07, 2012

Secretary

Countersigned this day of

By: N/A

DSP-0195

1005 00 1101 (XWC)

ITEM 6

RE: SECONDARY SCHOOL COOPERATIVE RISK MANAGEMENT PROGRAM (SSCRMP), ET AL

Policy No: SP 4046431
Effective Date: 12:01 A.M. July 01, 2012

Declarations:

Item 6.

St	Classifications of Operations	Code No.	Estimated Total Annual Remuneration/ Manhours	Rate per $100 Remuneration/ Manhours	Estimated Premium
IL					
	Drivers, Chauffeurs and Their Helpers NOC-Commercial	7380	$ 5,450,000	N/A	N/A
	College : Professional Employees & Clerical	8868	$ 360,518,466		
	College or School: All Other Employees	9101	$ 38,505,653		
			$ 404,474,119		
	Total Payroll		$ 404,474,119		

1004 00 1101 (XWC)

Endorsement Schedule

RE: SECONDARY SCHOOL COOPERATIVE RISK MANAGEMENT PROGRAM (SSCRMP), ET AL

Policy No: SP 4046431

Effective Date: 12:01 A.M. July 01, 2012

Number	Title
0217 00 1293 (XWC)	EMPLOYER DELINEATION OF INSURED MEMBERS
0009 00 1291 (XWC)	ILLINOIS CANCELLATION ENDORSEMENT (NON-PAYMENT OF PREMIUM)
0276 02 0408 (XWC)	BROAD FORM ALL STATES FOR EMPLOYEE TRAVEL
0291 00 0708 (XWC)	VOLUNTARY COMPENSATION ENDORSEMENT-PREMIUM DELINEATION
0293 11 1007 (XWC)	FOREIGN VOLUNTARY WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY FOR TRAVELING EMPLOYEES
1061 10 1207 (XWC)	POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE
1254 00 1008 (XWC)	ILLINOIS CANCELLATION ENDORSEMENT
1255 00 0908 (XWC)	ILLINOIS NON-RENEWAL NOTICE ENDORSEMENT

0217 00 1293 (XWC)

ENDORSEMENT

EMPLOYER DELINEATION OF INSURED MEMBERS

Effective 12:01 A.M., Local Time, July 01, 2012

In consideration of the payment of premium and adherence by both parties to the terms of this Agreement, it is hereby understood and agreed that Item 1 of the Declarations, EMPLOYER, shall include only the following Insured Members:

INSURED MEMBER
GLENBROOK HIGH SCHOOL DISTRICT #225
MAINE TOWNSHIP HIGH SCHOOL DISTRICT #207
TOWNSHIP HIGH SCHOOL DISTRICT #211
TOWNSHIP HIGH SCHOOL DISTRICT #214

No other members shall be considered Insured members unless approved by the CORPORATION and added by endorsement to this Agreement. The effective date of coverage of additional Insured members shall be the effective date of the endorsement. Regardless of the effective date of coverage of an Insured Member, all coverage for all Insured Members shall terminate concurrent with the expiration of the final Liability period. And, further, provided that stipulations by and notices, billings and payments to or by any EMPLOYER shall be binding upon all other EMPLOYERS and Insured Members named herein; providing further, that the inclusion herein of more than one EMPLOYER or Insured Members shall not operate to increase or multiply the Maximum Limit(s) of Indemnity.

All other terms, conditions, agreements and stipulations remain unchanged.

Attached to and forming a part of Excess Workers' Compensation and Employers' Liability Insurance Agreement No. SP 4046431, issued by SAFETY NATIONAL CASUALTY CORPORATION of St. Louis, Missouri to SECONDARY SCHOOL COOPERATIVE RISK MANAGEMENT PROGRAM (SSCRMP), ET AL, dated July 01, 2012.

SAFETY NATIONAL CASUALTY CORPORATION

Secretary

President

0009 00 1291 (XWC)

ENDORSEMENT

ILLINOIS CANCELLATION ENDORSEMENT (NON-PAYMENT OF PREMIUM)

Effective 12:01 A.M., Local Time, July 01, 2012

In consideration of the payment of premium and adherence by both parties to the terms of this Agreement, it is hereby understood and agreed that wherever the phrase,

"the cancellation shall become effective five (5) days after dispatch of notice by the CORPORATION."

appears in the first paragraph of the Agreement's CANCELLATION Section, it shall be amended to read:

"...the cancellation shall become effective ten (10) days after receipt by the EMPLOYER, of the CORPORATION'S written notice of cancellation for non-payment of premium, sent by registered mail."

All other terms, conditions, agreements and stipulations remain unchanged.

Attached to and forming a part of Excess Workers' Compensation and Employers' Liability Insurance Agreement No. SP 4046431, issued by SAFETY NATIONAL CASUALTY CORPORATION of St. Louis, Missouri to SECONDARY SCHOOL COOPERATIVE RISK MANAGEMENT PROGRAM (SSCRMP), ET AL, dated July 01, 2012.

SAFETY NATIONAL CASUALTY CORPORATION

Secretary

President