

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 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		CONTACT NAME:	
Zevitz Student Accident Insurance Services Inc 1055 Main St Ste 101 Stevens Point, WI 54481		PHONE	800-727-7642
		(A/C, No, Ext):	FAX (A/C, No): 715-344-6216
		E-MAIL ADDRESS: policy.zevitzstudentinsurance@amwins.com	
		PRODUCER CUSTOMER ID #:	
INSURED:		INSURER(S) AFFORDING COVERAGE	
Pleasant Hill CUSD #3 501 E Quincy Street Pleasant Hill, IL 62366		INSURER A: Gerber Life Insurance Company	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	
		NAIC #	

COVERAGES

CERTIFICATE

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY						EACH OCCURRENCE \$	
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$	
	CLAIMS-MADE ☐ OCCUR ☐						MED EXP (Any one person) \$	
							PERSONAL & ADV INJURY \$	
							GENERAL AGGREGATE \$	
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS-COMP/OP AGG \$	
	☒ POLICY ☐ PROJECT ☐ LOC							
	ANY AUTO						COMBINED SINGLE LIMIT (Ea Accident) \$	
	ALL OWNED AUTOS						BODILY INJURY (Per person)	
	SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	HIRED AUTOS						PROPERTY DAMAGE (Per accident)	
	NON-OWNED AUTOS							
	UMBRELLA LIAB ☐ OCCUR ☐						EACH OCCURRENCE	
	EXCESS LIAB ☐ CLAIMS-MADE ☐						AGGREGATE	
	DEDUCTIBLE							
	RETENTION							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS	
	ANY PROPRIETORSHIP/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐						OTHER	
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				E.L. EACH ACCIDENT	
							E.L. DISEASE - EA EMPLOYEE	
							E.L. DISEASE - POLICY LIMIT	
A	Catastrophic Medical			13-060690-26	9/14/2026	9/13/2027	Medical Expense Deductible Benefit Period	\$3,000,000 \$25,000 5 Years
	Accident Medical Coverage			13-3311-26	7/1/2026	6/30/2027	Medical Expense	\$25,000

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

CERTIFICATE HOLDER

CANCELLATION

Illinois High School Association
2715 McGraw Drive
Bloomington, IL 61704

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, 30 DAYS NOTICE WILL BE GIVEN TO THE CERTIFICATE HOLDER SHOWN ON THE LEFT.

AUTHORIZED REPRESENTATIVE

Nate Walker