

---

## General Information

### Proposed Insured Information

**Named Insured:** CITY OF PEORIA  
**Address:** 419 FULTON ST RM 200  
PEORIA, IL 61602  
**Contact at Named Insured:**

### Agency Information

**Agency Name:** ARTHUR J GALLAGHER RISK MANAGEMENT SERVICES INC  
**Agency Code:** 1304060  
**Contact:** Catreena Maglio

### Insurer Information

**Underwriter Contact Information:** Dana Carter  
daecarter@hanover.com  
484-567-8625  
**Inception of Binder:** 06/02/2023  
**Expiration of Binder:** 07/02/2023  
This binder shall terminate on the earlier of the date above or upon issuance of the policy.  
**Policy Number:** BDC - 1849258 - 04  
**Writing Company:** Allmerica Financial Benefit Company  
**A.M. Bests Rating:** A

**Government Crime Coverage Summary**

**Coverage Option 1**

**Policy Period:** Inception Date: 06/01/2023 Expiration Date: 06/01/2026

**Insuring Agreements / Limits of Insurance / Deductible:**

<u>Insuring Agreement:</u>	<u>Limits of Insurance</u>	<u>Deductibles</u>
1. Employee Theft – Per Loss Coverage	\$1,000,000	\$10,000
2. Employee Theft – Per Employee Coverage	N/A	N/A
3. Forgery Or Alteration	\$1,000,000	\$10,000
4. Inside The Premises – Theft Of Money And Securities	\$1,000,000	\$10,000
5. Inside The Premises – Robbery Or Safe Burglary Of Other Property	\$1,000,000	\$10,000
6. Outside The Premises	\$1,000,000	\$10,000
7. Computer And Funds Transfer Fraud	\$1,000,000	\$10,000
8. Money Orders And Counterfeit Money	\$50,000	\$250

**Insuring Agreements / Limits of Insurance / Deductible added by endorsement:**

<u>Insuring Agreement:</u>	<u>Limits of Insurance</u>	<u>Deductibles</u>
False Pretenses	\$25,000	\$10,000

<b>Premium and Tax Year 1:</b>	Premium:	\$2,778.00
	Surcharges/Taxes:	
	Total:	\$2,778.00
<b>Premium and Tax Year 2:</b>	Premium:	\$2,778.00
	Total:	\$2,778.00
<b>Premium and Tax Year 3:</b>	Premium:	\$2,778.00
	Total:	\$2,778.00

**Forms and Endorsements Applicable to this Government Crime Policy:**

<u>Form No.</u>	<u>Ed. Date</u>	<u>Title</u>
CR DS 04	08 13	Government Crime Declarations
SIG-1100	11 17	Signature Page
CR 00 26	11 15	Government Crime Policy (Discovery Form)
CR 02 02	01 18	Illinois Changes
CR 20 22	10 10	Include Designated Person Required to Have Knowledge of Loss (Discovery Form)
CR 25 12	10 10	Include Treasurers or Tax Collectors as Employees
CR 25 19	08 13	Faithful Performance of Duty
CR 25 32	10 10	Provide Employee Theft Coverage Excess over A Statutory Bond Requirement
CR 25 40	08 13	Include Expense Incurred to Establish Amount of Loss
181-1826	10 20	False Pretenses Coverage
181-1836	10 20	Delete Exclusions for Bonded Employee, Treasurer And Tax Collector
181-1839	10 20	Government Crime Advantage
MAN-2900	05 21	Difference In Conditions

Titles and headings in this proposal are solely for convenience and form no part of the terms and conditions of coverage. Please read all forms and endorsements carefully.

## Terms And Conditions

This binder is expressly subject to the conditions listed below. If such conditions are not met or the information is not received, reviewed and accepted prior to the binder expiration date, we fully reserve the right to amend the terms above and we may take any and all action appropriate and allowed under state law, including but not limited to voiding *ab initio* and/or canceling this temporary and conditional binder and any Policy issued pursuant hereto.

This binder is valid for 30 days from the binder inception date. Please be aware that if prior to the inception date of the policy there is: a) any material change in the information requested and/or submitted, or b) any material change in the hazard or risk contemplated in this binder, you must advise us immediately and prior to the inception date of the policy. We fully reserve our rights with respect to the acceptance or denial of this risk in the event of any of the above. Additionally, please be aware that that if prior to the inception date of the policy there is any claim made against any insured or any notice of a potential claim given under the expiring policy (if applicable), then we will take any and all action appropriate and allowed under state law, including but not limited to voiding *ab initio* and/or canceling this temporary and conditional binder and any policy issued pursuant hereto. In the event of any conflict or ambiguity between the proposed policy and any statements made concerning this coverage, the proposed policy shall control.

[www.hanover.com](http://www.hanover.com)  
Allmerica Financial Benefit Company  
440 Lincoln Street, Worcester, MA 01653