

**Information:**

**Drawer:** Accounts Payable - Invoices

**Vendor Number:** 1086218

**Vendor Name:** Illinois Community College Risk Management Consortium, ICCRMC

**Check Details:**

**Check Number:** 0342336

**Check Amount:** \$ 2,569,949.00

**Check Date:** 9/3/2025

**Invoice Details:**

**Invoice Number:** 362

**Invoice Date:** 9/2/2025

**PO Number:** NULL

**Voucher Number:** V0899093

**Document Type:** AP Invoice

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**Document Below**

## Check Request Form

This form may be used to request check payments only for those items for which the issuance of a purchase order would not be appropriate. Attach supporting documentation (e.g., invoice or agreement). Please refer to Administrative Procedure 2.21, Vendor Payment.

Date: \_\_\_\_\_ Vendor ID: \_\_\_\_\_ Vendor Name: \_\_\_\_\_

Payee Address: \_\_\_\_\_ Payment Due Date: \_\_\_\_\_

Invoice Number	GL Account number(s) e.g. 01-80-00757-5401001	GL Account Name e.g. Office Supplies	Amount
<b>Total</b>			<b>\$</b>

Check the appropriate box below:

- ☐ We, the undersigned, hereby certify that the goods/services, for which payment is herein requested, have been provided in a satisfactory condition/manner. Consequently, payment is appropriate at this time.
- ☐ We, the undersigned, hereby certify that the goods/services, for which payment is herein requested, have not yet been provided. The first approver indicated below will notify the Accounts Payable Office in writing when the goods/services have been delivered in a satisfactory condition/manner.

Description on Check:

Other Instructions:

### All requests will require the following approvals:

Requester: \_\_\_\_\_ Print Name: \_\_\_\_\_

Budget Officer: \_\_\_\_\_ Print Name: \_\_\_\_\_

Requests \$10,000 and over will require the additional approvals below:

Next Level Supervisor (if applicable): \_\_\_\_\_ Print Name: \_\_\_\_\_

Next Level Supervisor (if applicable): \_\_\_\_\_ Print Name: \_\_\_\_\_

Next Level Supervisor (if applicable): \_\_\_\_\_ Print Name: \_\_\_\_\_

Area Administrator (only required if request is \$10,000 and over): \_\_\_\_\_ Print Name: \_\_\_\_\_

Area Cabinet Officer (only required if request is \$25,000 and over): \_\_\_\_\_ Print Name: \_\_\_\_\_

Board Approval Date (only required if request is \$25,000 and over): \_\_\_\_\_

**Return approved request and all supporting documentation to Accounts Payable (SRC 2132A), [invoicing@cod.edu](mailto:invoicing@cod.edu)**

## Check Request Form

This form may be used to request check payments only for those items for which the issuance of a purchase order would not be appropriate. Attach supporting documentation (e.g., invoice or agreement). Please refer to Administrative Procedure 2.21, Vendor Payment.

Date: 9/2/2025 Vendor ID: 1086218 Vendor Name: ICCRMC c/o Nugent Consulting Group

Payee Address: 2409 Peachtree Lane Payment Due Date: Upon receipt

Invoice Number	GL Account number(s) e.g. 01-80-00757-5401001	GL Account Name e.g. Office Supplies	Amount
362 (Athletic Accident and Catastrophic Athletic Accident)	01-30-17100-5605001	Athletics	94,455.00
362 (Cyber)	01-90-00762-5605011	Ed	31,243.00
	(Check Request Page 2 of 2)		
Total			\$ 125,698.00

Check the appropriate box below:

- ☐ We, the undersigned, hereby certify that the goods/services, for which payment is herein requested, have been provided in a satisfactory condition/manner. Consequently, payment is appropriate at this time.
- ☐ We, the undersigned, hereby certify that the goods/services, for which payment is herein requested, have not yet been provided. The first approver indicated below will notify the Accounts Payable Office in writing when the goods/services have been delivered in a satisfactory condition/manner.

Description on Check:

Invoice #362 - FY26 Insurance Premiums

Other Instructions:

Total amount of check: \$2,569,949

### All requests will require the following approvals:

Requester: \_\_\_\_\_ Print Name: \_\_\_\_\_

Budget Officer: \_\_\_\_\_ Print Name: \_\_\_\_\_

Requests \$10,000 and over will require the additional approvals below:

Next Level Supervisor (if applicable): \_\_\_\_\_ Print Name: \_\_\_\_\_

Next Level Supervisor (if applicable): \_\_\_\_\_ Print Name: \_\_\_\_\_

Next Level Supervisor (if applicable): \_\_\_\_\_ Print Name: \_\_\_\_\_

Area Administrator (only required if request is \$10,000 and over): \_\_\_\_\_ Print Name: \_\_\_\_\_

Area Cabinet Officer (only required if request is \$25,000 and over): \_\_\_\_\_ Print Name: \_\_\_\_\_

Board Approval Date (only required if request is \$25,000 and over): \_\_\_\_\_

**Return approved request and all supporting documentation to Accounts Payable (SRC 2132A), [invoicing@cod.edu](mailto:invoicing@cod.edu)**

## Check Request Form (*cont.*)

### Processing a Check Request:

To expedite the processing of a check request, or other non-purchase order disbursement, the requesting department should:

1. Verify that the vendor intake process has been completed by the Procurement Office.  
Payment cannot be made to a vendor until this process has been completed.
2. Complete and review this check request form and confirm that all relevant supporting documentation is attached including fully executed contracts, if applicable.
3. Ensure the payee information is complete and includes the vendor's Colleague ID number.
4. Ensure that the general ledger account number is included and correct.
5. Maintain a copy of the approved check request form for department records.
6. Submit the completed check request form to the Accounts Payable Office.

The check request form will be returned to the budget officer if the information is incomplete, not in compliance with College Policy, or if budget is not available.

ICCRMC

c/o Nugent Consulting Group  
2409 Peachtree Lane  
IL 60062

# Invoice

Date	Invoice #
7/2/2025	362

Bill To
College of DuPage Ellen Roberts 425 22nd Street Glen Ellyn, IL 60137

P.O. No.	Terms	Project
	Due on receipt	

Quantity	Description	Rate	Amount
	2025/2026 ICCRMC Property Allocation	513,513.00	513,513.00
	Liability	916,861.00	916,861.00
	Educators Legal Liability	615,459.00	615,459.00
	Workers Compensation	560,830.00	560,830.00
	Basic Athletic Accident	74,194.00	74,194.00
	Catastrophic Athletic Accident	19,861.00	19,861.00
	Cyber Premium	30,175.00	30,175.00
	Cyber SLT	1,068.00	1,068.00
	Athletic Accident ID card	400.00	400.00
	Annual Dividend	-162,412.00	-162,412.00
		<b>Total</b>	\$2,569,949.00

**AUGUST 28, 2025**

**BOARD APPROVAL**

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**SUBJECT**

Renewal of Property, General Liability, Educators Legal Liability, Worker's Compensation, Cyber, Athletic Accident and Athletic Catastrophic Insurance for FY26 in the amount of \$2,569,949 through the Illinois Community College Risk Management Consortium.

**PROPOSED ACTION**

That the Board of Trustees approves the payment of premiums for the College for FY2026 Property, General Liability, Educators Legal Liability, Worker's Compensation, Cyber, Athletic Accident and Athletic Catastrophic Insurance renewal through the Illinois Community College Risk Management Consortium, for the period of July 1, 2025, through June 30, 2026, at a total premium cost of \$2,569,949.

**REASON FOR CONSIDERATION**

Contracts exceeding the statutory limit of \$25,000.00 must be approved by the Board of Trustees.

**BACKGROUND INFORMATION**

College of DuPage has been a member of the Illinois Community College Risk Management Consortium (ICCRMC) since 1981. The Consortium was formed for the cooperative purchase of property, liability, workers' compensation and other insurance coverage on a self-insured basis. The current members of ICCRMC include: College of DuPage, Harper College, John Wood Community College, Joliet Junior College, Lincoln Land College, Moraine Valley Community College, Morton College, Oakton Community College, Prairie State Community College, Blackhawk College, Triton College, Waubensee Community College, McHenry County College, Sauk Valley College and Rock Valley College. ICCRMC members may withdraw from the consortium with no less than one (1) year notice prior to the date on which the Member intends to withdraw.

ICCRMC self-insures a substantial amount of the risk of its members and purchases reinsurance to reduce risk exposure and protect from catastrophic losses. ICCRMC annually secures competing reinsurance proposals from other companies providing reinsurance to higher education insurance consortiums. ICCRMC invoices each member once the policies

are finalized. Invoices are routinely delivered after the policy effective date, which is retroactive to July 1<sup>st</sup> upon payment.

The majority of lines of coverage have seen improvement year over year. The exception is the liability and excess liability market that continues to be a challenge for education risks, driven by the large settlements and verdicts in sexual abuse/assault cases at institutions nationwide. While COD and ICCRMC experience in that area continues to be very favorable, reinsurers are raising rates on all education liability buyers to cover their losses.

#### **FY25 vs. FY26 comparison**

<b>Description</b>	<b>FY2025</b>	<b>FY2026</b>	<b>% Difference</b>
Property	509,209	513,513	0.85%
Liability	763,946	916,861	20.02%
Educators Legal	636,736	615,459	-3.34%
Workers Comp	578,254	398,418	-31.10%
Athletics	111,659	94,455	-15.41%
Cyber	31,352	31,243	-0.35%
Dividend	(\$145,598)	(\$162,412)	11.55%
Total	2,485,558	2,569,949	3.40%

Previously, cyber coverage was purchased as a group policy through the consortium. However, in the past three (3) years the market for cyber insurance has become extremely challenging and costs have risen significantly. After considering market factors, past claims, and the various levels of cyber controls in place at member institutions, it was decided to disband the group placement and approach the market based on individual institutional risks. As the College maintains a high level of internal cyber control and minimal past claims, this is advantageous to the College.

Cooperative purchasing is "Procurement conducted by, or on behalf of, one or more Public Procurement Units" as defined by the American Bar Association Model Procurement Code for State and Local Governments. In accordance with the College of DuPage Administrative

Procedure 2.20 Procurement (formerly 10-60) section 2. E. Governmental Consortium/Cooperative Agreements, the insurance will be purchased through the Illinois Community College Risk Management Consortium, which the College of DuPage has been a member of since 1981.

This purchase complies with State Statute, Board Policy and Administrative Procedures. The Board of Trustees has delegated authority to Procurement Services to purchase from governmental contracts or cooperative/consortium agreements that have been competitively solicited by the contracting entity and fully meet the requirements of Illinois Law, in lieu of competitive bidding.

FY2026

\$513,513 Property (GL # 02-90-00763-5607001)  
\$916,861 General Liability (GL# 02-90-00763-5605001)  
\$615,459 Educators Legal Liability (GL # 01-90-00762-5605001)  
\$398,418 Workers Compensation (GL# 01-90-00762-5202001)  
\$94,455 Athletic Accident and Catastrophic Athletic Accident (GL# 01-30-17100-5605001)  
\$31,243 Cyber (GL# 01-90-00762-5605011)  
\$2,569,949 Total Request

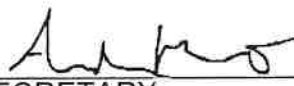
Primary Strategic Long Range Plan Goal: Organizational Culture. To accomplish this, we will: Integrate practices for workforce equity and inclusion. Define and implement a culture of service excellence and collaboration. Empower employees through high impact professional development and growth opportunities. Improve and enhance work systems and technology to support employees and deliver operational efficiencies.

STAFF CONTACT

Ellen M. Roberts, Vice President, Administrative Affairs

Approved and signed this 28th day of August 2025

  
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CHAIR

  
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SECRETARY