



**MEMBER CERTIFICATE OF INSURANCE**

03/06/2025

Thank you for purchasing your insurance from AIM. This is your Member Certificate and should be kept with your permanent records.

**Named Insured Member (mailing address):**

Riverside Brookfield High School Educational Foundation  
 David Monti or Current Officer  
 160 Ridgewood Road  
 Riverside, IL 60546

**Named Insured & Mailing Address**

Education Support Purchasing Group  
 c/o AIM  
 P.O. Box 742946  
 Dallas, TX 75374-2946

**Producer Name**

AIM Association Insurance  
 Management, Inc.  
 P.O. Box 742946  
 Dallas, TX 75374-2946

**Named Insured Member (physical address):**

160 Ridgewood Road  
 Riverside, IL 60546

**Insured #:** IL235725

Coverage	Policy #	Effective Dates	Deductible	Limits of Insurance
General Liability Concert Specialty Insurance Company	GL2025AIM29353	02/14/25 - 02/14/26	\$0	Per Occurrence \$1,000,000
		02/14/25 - 02/14/26		Damage to Rented Premises \$50,000
		02/14/25 - 02/14/26		Extended Medical \$25,000
		02/14/25 - 02/14/26		Media Liability \$25,000
		02/14/25 - 02/14/26		Hired & Non-owned Auto (HNOA) \$1,000,000
		02/14/25 - 02/14/26		Personal & Advertising Injury \$1,000,000
		02/14/25 - 02/14/26		Abuse & Molestation \$1,000,000
Fidelity Bond (Crime) Concert Specialty Insurance Company	CR2025AIM22038	02/14/25 - 02/14/26	\$250	General Aggregate \$2,000,000
				Products - Comp/Ops \$2,000,000
Directors and Officers Concert Specialty Insurance Company	DO2025AIM24819	02/14/25 - 02/14/26	\$0	Per Occurrence / Aggregate \$50,000
				Per Occurrence / Aggregate \$1,000,000

Retroactive Date: 02/14/2023

**Certificate Holder:**

Proof of Insurance

This member certificate, together with the common policy conditions, coverage part(s), coverage form(s), and endorsements, if any complete the above numbered policy. Copies of the Master Policies are available upon request.

**AUTHORIZED REPRESENTATIVE**





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				Per Occurrence / Aggregate	\$1,000,000

Retroactive Date: 02/14/2023

Riverside Brookfield High School District #208 is added as an additional insured under the General Liability policy only.

**Certificate Holder:**

Riverside Brookfield High School District  
#208  
160 Ridgewood Road Riverside  
Riverside, IL 60546

This member certificate, together with the common policy conditions, coverage part(s), coverage form(s), and endorsements, if any complete the above numbered policy. Copies of the Master Policies are available upon request.

**AUTHORIZED REPRESENTATIVE**

A handwritten signature in black ink, appearing to read "EB Allen". The signature is written in a cursive style with a large, stylized "E" and "A".

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### **SCHEDULE**

**Name Of Additional Insured Person(s) Or Organization(s):**

Riverside Brookfield High School District #208  
160 Ridgewood Road Riverside  
Riverside, IL 60546

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B.** With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable limits of insurance;

whichever is less.

This endorsement shall not increase the applicable limits of insurance.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
LIQUOR LIABILITY COVERAGE PART  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

### **Primary And Noncontributory Insurance**

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

- (1) The additional insured is a Named Insured under such other insurance; and

- (2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.