

ILLINOIS MUNICIPAL LEAGUE RISK MANAGEMENT ASSOCIATION



P.O. Box 5180, Springfield, Illinois 62705-5180
Phone: 217/525-1220 Fax: 217/525-7438

2013 CONTRIBUTION INVOICE/RENEWAL

MEMBER INFORMATION:
Long Grove
3110 RFD
Long Grove, IL 60047-9635

DATE: 10/26/2012
ACCOUNT #: 0328

2013 ANNUAL CONTRIBUTION: \$38,761

CONTRIBUTION BREAKDOWN

Effective Dates: 12/31/2012 TO 12/30/2013

Work Comp	Auto Liability and Comprehensive General Liability	Portable Equipment	Auto Physical Damage	Property	TOTAL
\$14,647	\$12,949	\$ 13	\$ 179	\$10,973	\$38,761

You can send this entire page, or cut at the line below and just send the bottom portion of this invoice, to submit when making payment.

PAYMENT OPTIONS

1.5% EARLY PAY DISCOUNT		NO EARLY PAY DISCOUNT	
Option #1 (pay in full)	Option #2 (pay in two installments)	Option #3 (pay in full)	Option #4 (pay in two installments)
Invoice Amt: \$38,761.00 Minus 1.5% \$ 581.42 Total Invoice \$38,179.58 Pay by: 11/30/2012	Invoice Amt: \$38,761.00 Minus 1.5% \$ 581.42 \$38,179.58 ½% Installment Fee: \$ 190.90 Total Invoice: \$38,370.48 1 st Installment \$19,185.24 Pay by 11/30/2012 2 nd Installment \$19,185.24 Pay by 5/17/2013	Invoice Amount \$38,761.00 Pay by 12/21/2012	Invoice Amt: \$38,761.00 1/2 % installment fee: \$ 193.81 Total Invoice: \$38,954.81 1 st Installment \$19,477.41 Pay by 12/21/2012 2 nd installment \$19,477.40 Pay by 5/17/2013
<input checked="" type="checkbox"/> BEST VALUE!!!!			

CHECK ONE:

- Option #1 or Option #3 (pay in full)
 Option #2 or Option #4 (pay in installments) * If you select Option 2 or Option 4, please make sure to sign the acknowledgement below before returning this invoice.

Make check payable to:
IML Risk Management Association
P.O. Box 5180
Springfield, Illinois 62705-5180

Long Grove
3110 RFD
Long Grove, IL 60047-9635
ACCOUNT# 0328

VILLAGE OF LONG GROVE

ACCOUNT # 5330 - 0A

DATE 10 - 30 - 12

INITIALS DAZ

TOTAL PAYMENT ENCLOSED: \$ _____

*On behalf of the city/town/village named above ("Member"), I hereby warrant that I have the authority to sign this agreement on the Member's behalf. I acknowledge and understand that the installment option is afforded only as a benefit for budgeting purposes and is not meant to allow for mid-term withdrawal. I acknowledge and understand that Article 5 of the Intergovernmental Cooperation Contract ("Contract") prohibits termination of the Intergovernmental Cooperation Contract prior to the last day of December of any given year. Per Article 5, I warrant that the Member will adhere to the Contract and pay the second installment when due.

Mayor/Village President or other Municipal Officer Name (please sign)

Title

Date