## Resolution # 42-1

WHEREAS, County policies and procedures require both the assigned oversight committee and the County Board to approve all requests to procure goods and/or services costing \$30,000 or more; and,

WHEREAS, the Department of Auditor	wishes
to procure goods and/or services from Illinois C	Counties Risk Management Trust (ICRMT)
for the purpose of worker's compensation insurance	in the
amount of approximately \$1,244,000 ;	and
WHEREAS, this purchase will allow ICRMT	to
provide worker's compensation insurance	;
and	
WHEDEAS as documented by	the emercial of this marshitism
·	the approval of this resolution, amittee has approved the
Auditor	Department's request to procure the
items specified and the committee recor	* * *
procurement of the same, and;	
NOW, THEREFORE, BE IT RESOLVED to this 10th day of December, 2024, appeared detailed above. The Elected Office required documents to execute the provision of the second detailed above.	proves the procurement of the goods and/or cial/Department Head is authorized to sign
quarter de construir de concessor une pre-ressor e	y was production.
	Chairman, Sangamon County Board
ATTEST:	
County Clerk	
County Clerk	
Approved by the Employee Services	Committee December 2, 2024
	Jim E. Bull, Chairman
DEC 03 2024	

Attachment: Purchase Order form

Total Purchase Orders: 1

\$1,244,000.00



## LIVE \*\* Sangamon County \*\* LIVE

## **Purchase Order Edit Listing**

Department	P.O.	Number	Туре	Vendor/Vendor Address	Descripti	on/Bill to Addre	ess
AUD.EESV Auditor,Employee Services		*Standard	150568-Illinois Counties Risk Management	workers compensation insurance			
	<b>G/L Date:</b> 12/0	1/2024		Illinois Counties Risk Management	Auditor		
	<b>Deliver By Date:</b> 12/10/2024			225 Smith Road	200 S Ninth St, Room 204		4
	Expiration Date:			SAINT CHARLES, IL 60174	Springfield, IL 62701		
	Form Type: STN	D					
	Resolution Number: None Assigned to: None						
Detail: Descrip	otion		Vendor Part Number	Qu	antity U/M	Amount/Unit	Total Amount
	ce Premium; Insurance Prem nsation - workers compensati			1	.0000 EA	1,244,000.0000	1,244,000.00
Cor	ntract Number:	Confirming: No	Ordered For:	Ship To: Auditor			
List l	Price Per Unit: 1,244,000.00	1099 Item: Yes	Ship Via:	200 S Ninth St, Room 204			
Discou	int Percentage: 0%	Taxable Item: No	Freight Terms:	Springfield, IL 62701			
		Create Asset: No	Associate To Asset:	. •			
Total Purchase Order Items: 1	se Order Amount: \$1,244,000	.00	Purchase Order Encur	mbrances: \$1,244,000.00			
Total Purchase Orders: 1 Purchase Order Amount: \$1,244.			.000.00	Purchase Order Encumbrances:			

Purchase Order Amount: \$1,244,000.00