Ordinance #O.25.07

AN ORDINANCE AUTHORIZING THE EXECUTION OF THE IMLRMA MINIMUM/MAXIMUM PREMIUM AGREEMENT

Whereas, the City Council of the City of Galena, a member in good standing of the Illinois Municipal League Risk Management Association and party to the IMLRMA Intergovernmental Cooperation Contract, has been fully apprised of the IMLRMA Minimum/Maximum Premium Agreement which amends and supplements the IMLRMA Declarations pages dated 01/01/2026 to 01/01/2027 and all endorsements thereto.

Whereas, the City Council of the City of Galena finds it to be in the best interest of the municipality to make its IMLRMA premium in accordance with the IMLRMA Minimum/Maximum Premium Agreement.

Be it ordained by the City Council of the City of Galena:

1. That the execution of the IMLRMA Minimum/Maximum Premium Agreement for a one (1) year period beginning 01/01/2026 and ending 01/01/2027 is hereby authorized.
2. That the Mayor and the Treasurer are hereby granted authority to execute the IMLRMA Minimum/Maximum Premium Agreement which amends and supplements the IMLRMA Declarations pages dated 01/01/2026 to 01/01/2027 and all endorsements thereto.
3. That this ordinance shall take effect immediately upon its passage and approval.

AYES: Johnson, Kieffer, Tegtmeyer, Westemeier, Wienen, Gates, Renner
NAYS: None
PRESENT: Gates, Johnson, Kieffer, Tegtmeyer, Westemeier, Wienen, Renner
ABSENT: None

Terry Renner

Terry Renner, Mayor

ATTEST:

Mary Beth Hyde

Mary Beth Hyde, City Clerk

Passed this 14th day of October, 2025.

Approved this 14th day of October, 2025.

I, Mary Beth Hyde, Clerk of the City of Galena, Illinois, do hereby Certify that the foregoing is a true and correct copy of Ordinance No. O.25.07 as adopted the 14th day of October, 2025.

Mary Beth Hyde, City Clerk

Illinois Municipal League

RMA Risk Management Association

INVOICE

2026 Min/Max Premium

The signed Min/Max Agreement must be returned with your payment.

PO Box 5180, Springfield, IL 62705-5180 | Ph: (217) 525-1220 | Fax: (217) 525-7438

Please return this agreement with payment after completing the information below and on the reverse side.

Date: October 1, 2025
Member: City of Galena
Account #: 0206
Indicate Payment Option (from list below): 1
Amount Enclosed: $ 207,443.16

MAKE CHECK PAYABLE TO RMA

BILLING DETAIL

2026 IML RISK MANAGEMENT ASSOCIATION ANNUAL PREMIUM	
Work Comp	$76,682
Auto Liability & Comprehensive General Liability	$51,391
Portable Equipment	$3,951
Auto Physical Damage	$15,141
Property	$61,919
	$209,084
2026 ILLINOIS MUNICIPAL LEAGUE MEMBERSHIP DUES*	$ 450
INVOICE TOTAL	**$209,534**

PLEASE CHOOSE ONE OF THE FOLLOWING PAYMENT OPTIONS and enter it in the space provided above:

OPTION #1 – Early Pay 1% Discount

Initial Premium	$209,084.00
Minus 1% Discount	$2,090.84
Premium Total	$206,993.16
Illinois Municipal League Dues	$ 450.00
Total Amount Due By 11/14/25	**$207,443.16**

OPTION #2 – Pay Annual Amount

Premium Total	$209,084.00
Illinois Municipal League Dues	$ 450.00
Total Amount Due By 12/12/25	**$209,534.00**

OPTION #3 – Pay in two installments
Includes 1% Processing Charge

Initial Premium	$209,084.00
Plus 1% Processing Charge	$2,090.84
Premium Total	$211,174.84
Illinois Municipal League Dues	$ 450.00
Total Amount Due	**$211,624.84**

MUST BE RECEIVED BY 12/12/25
$105,812.42 Due by 12/12/25
$105,812.42 Due by 5/15/26

Payments received after 12/12/25 will be charged the Total Amount Due in Option 3, whether paying in full or by installments.

**Membership with the Illinois Municipal League (IML) is a requirement to remain a member of the IML Risk Management Association.*

On behalf of the municipality named above ("Member"), I hereby warrant that I have the authority to sign this agreement on the Member's behalf. (If choosing the installment option, I acknowledge and understand that it 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 no less than 120 days prior to the first day of January of any given year. Per Article 5, I warrant that the Member will adhere to the Contract and pay all amounts when due.

All agreements must be returned to RMA by 12/12/2025.

Municipal Official (please sign): Terry Renner

Title: Mayor

Date: 10/15/2025

ILLINOIS MUNICIPAL LEAGUE

Municipality City of Galena Population 3308 as of 2020

County of Jo Daviess Home Rule Municipality ____yes X no

City Hall Address 101 Green St Galena IL 61036

City Hall Phone Number 815 777 1050 Website cityofgalena.org

Municipal Official Information

TITLE	NAME	EMAIL ADDRESS
Mayor, Village or Town President (please indicate appropriate title)		
Mayor	Terry Renner	galenamayor@cityofgalena.org
Alderperson, Village or Town Trustee, Councilman, Commissioner (please indicate appropriate title)		
Alderperson	Cindy Teatmeyer	cteatmeyer@cityofgalena.org
	Jerry Kieffer	kieffjerome@yahoo.com
	Cindy Johnson	cjohnson@cityofgalena.org
	Jerry Westemeier	jerrywestemeier@icloud.com
	Katie Wienen	kwienen@cityofgalena.org
	Roger Gates	rgates@cityofgalena.org
Manager/Administrator	Matt Oldenburg	mjoldenburg@cityofgalena.org
Clerk	Mary Beth Hyde	mbhyde@cityofgalena.org
Treasurer	Jennifer Schmidt	jschmidt@cityofgalena.org
Attorney	Joe Nack	jnack@cityofgalena.org

Membership Rates

From Population	To Population	Rate
1	999	$150.00
1000	1999	$250.00
2000	2999	$350.00
3000	3999	$450.00
4000	4999	$575.00
5000	5999	$675.00

From Population	To Population	Rate
6000	6999	$775.00
7000	7999	$825.00
8000	8999	$925.00
9000	9999	$1,000.00
10000	14999	$1,250.00
15000	19999	$1,500.00
20000	24999	$1,750.00

From Population	To Population	Rate
25000	34999	$2,000.00
35000	49999	$2,500.00
50000	74999	$3,500.00
75000	99999	$5,000.00
100000	149999	$7,000.00
150000	174999	$8,500.00
175000	249999	$10,000.00
>250000	250000	$25,000.00

Rates as of 1/2026

Membership shall be on a calendar year basis beginning January 1 and ending December 31 of each year.

Please return this completed form with payment. ***Thank you for your Membership!***

Illinois Municipal League | 500 East Capitol Avenue | P.O. Box 5180 | Springfield, IL 62705-5180 | Phone: 217.525.1220 | Fax: 217.525.7438 | iml.org

Illinois Municipal League
RMA Risk Management Association

Minimum/Maximum Premium Agreement

This Agreement is between the Illinois Municipal League Risk Management Association (RMA), an intergovernmental association formed pursuant to Article VII, Section 10 of the Illinois Constitution of 1970 and the **CITY OF GALENA**, a member of RMA. This Agreement amends and supplements the declarations pages dated January 01, 2025 to January 01, 2026 and all endorsements thereto.

1. **DEFINITIONS**

The following definitions shall apply for purposes of this Agreement:

- Loss Fund – Those dollars set aside for the payment of claims excluding reinsurance and excess premiums and administrative costs.
- Minimum Loss Fund – 85% of those dollars set aside for the payment of claims excluding reinsurance and excess premiums and administrative costs.
- Maximum Loss Fund – 130% of those dollars set aside for the payment of claims excluding reinsurance and excess premiums and administrative costs.
- Paid Claim Dollars – Those payments made by RMA on claims including defense costs against the **CITY OF GALENA** minus recovery from subrogation, deductible or salvage credited against those claim payments.
- Minimum Premium – Minimum Loss Fund including reinsurance and excess premiums and administrative costs.
- Maximum Premium – Maximum Loss Fund including reinsurance and excess premiums and administrative costs.

2. **MINIMUM/MAXIMUM PREMIUM BREAKDOWN**

The **CITY OF GALENA** hereby agrees to the following schedule of premium:

		Minimum Premium		Maximum Premium
Reinsurance and Excess Premiums and Administrative Costs		$ 66,748		$ 66,748
Loss Fund	@ 85%	$ 142,336	@ 130%	$ 217,690
Premium		$ 209,084		$ 284,438

3. Based upon a comparison of paid claim dollars against the loss fund, RMA will determine whether additional premiums beyond the minimum premium will be required up to the maximum premium.

4. For purposes of determining paid claims, RMA will complete a semi-annual review of paid claim dollars.



5. **NOTICE**

RMA hereby agrees to send, through its agents, written notice when paid claim dollars are equal to or greater than 60% of the Minimum Loss Fund.

RMA agrees, through its agents, to send a second written notice when paid claim dollars equal or exceed 85% of the Minimum Loss Fund.

6. **BILLING/PAYMENT** – The parties to this Agreement hereby agree to the following terms:

When paid claim dollars reach or exceed 100 percent of the Minimum Loss Fund, billing will be instituted on a yearly basis for those paid claim dollars in excess of the Minimum Loss Fund and billing will continue on a yearly basis until the Maximum Loss Fund limit is attained or all claims initiated during the coverage period are closed. Billings will be completed in July of each year for paid claim dollars through June 30.

The **CITY OF GALENA** hereby agrees to make payment within 30 days of its receipt of billing.

7. All other definitions, conditions and coverages of RMA remain the same under this Agreement, including the handling of all claims and member premium payment schedules.

8. This Agreement is to be interpreted and construed in accordance with the laws of the State of Illinois.

9. If any one portion or portions of this Agreement is found to be invalid or unenforceable, the remainder shall remain valid and binding on the parties.

The undersigned hereby affirm that they are duly authorized as agents to bind the parties to this Agreement.

Terry Renner — 10/16/2025
Mayor/Village President/Town President — Date

Jennifer K Schmidt — 10/15/2025
Treasurer/Comptroller/Risk Management Coordinator — Date

Reserved for RMA use only

RMA Chief Executive Officer — **Date**