



**ILLINOIS WORKERS' COMPENSATION COMMISSION
CERTIFICATE OF EXCESS INSURANCE**

This certifies that a Workers' Compensation and Workers' Occupational Diseases Excess Insurance Policy has been issued and delivered to the Employer named below, and that by issuance and delivery of the said policy and the filing of the Certificate of Insurance, it is admitted that said excess policy was effective on the date stated below and that the coverage provided therein is applicable to benefits under the Workers' Compensation and Workers' Occupational Diseases Acts of the State of Illinois and that said policy shall remain in full force and effect until receipt by the Illinois Workers' Compensation Commission of notice of its' cancellation, expiration, or material alteration in accordance with the provisions of Chapter 820, Illinois Compiled Statutes.

Name of Illinois Insured Employer: _____

Name of Illinois Subsidiaries and Affiliates covered under this policy: _____

Name of Insurer: _____

Address of Insurer: _____

Policy No.: _____ Effective Date: _____ Expiration Date: _____

Does this Policy apply to coverages other than workers' compensation? Yes _____ No _____

If yes, what other coverages apply? _____

FORM OF COVERAGE (ILLINOIS ONLY)

Specific Excess

Limits: _____

Retention: _____

Corridor Deductible: _____

(If the policy contains a corridor deductible, include policy, amendment or endorsement specifying the terms.)

Aggregate Excess

Limits: _____

Retention: _____

Signature of Insurer's authorized representative

Date

Name

Title

Address

Telephone

Disclosure of this information is required under the Illinois Workers' Compensation Act. Failure to provide information will prevent the form from being processed.