



February 14, 2022

Jim Hugunin

**HAND DELIVERED**

Re: Please provide the following:

1. Copies of the completed Surety bonds secured on behalf of the OSD308 Board members Donna Marino, LaTonya Simelton, Jennifer Johnson, Eugene Gatewood, Alison Swanson, Lauri Doyle as a condition to hold the position;
2. Copies of the completed Dishonesty and Faithful Performance of Duty policy secured on behalf of the OSD308 Board members Donna Marino, LaTonya Simelton, Jennifer Johnson, Eugene Gatewood, Alison Swanson, Lauri Doyle as a condition to hold the position;
3. Copies of signed and executed Oath of Office forms completed by OSD308 Board members Donna Marino, LaTonya Simelton, Jennifer Johnson, Eugene Gatewood, Alison Swanson, Lauri Doyle
4. Copies of the completed Surety bond and Dishonesty and Faithful Performance of Duty policy secured on behalf of the OSD308 Superintendent Dr. John Sparlin;
5. Copy of OSD308 General Liability insurance policy including any additional riders or addendums;
6. Provide a copy of a complete list of all OSD308 Administration and Board members that were involved in the drafting and executing OSD308 policy 7:165 Students use of facemask during a pandemic.

Dear Mr. Hugunin:

This letter will serve as Oswego Community Unit School District 308's response to your February 8, 2022 request under the Freedom of Information Act (5 ILCS 140/1 et seq.), in which you asked for the above referenced information. In regard to #3 above, no records responsive to this request and #5 above, please see August 2021 Board Meeting via BoardDocs. Attached is our response to the remainder of your request.

To promote district transparency and assist others who may have a similar question, this responsive document will be posted online on the district's website. To access it, go to [www.sd308.org](http://www.sd308.org) and select *Our District > Freedom of Information Act Request > FOIA Request Responses > FOIA Requests Responses -2022 > then select FOIA ID #22-13.*

Please let me know if you have additional questions. Thank you.

*John Petzke*

John Petzke, CFO  
Freedom of Information Officer



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/9/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Assurance, a Marsh & McLennan Agency LLC company 20 N Martingale Road Suite 100 Schaumburg IL 60173	<b>CONTACT NAME:</b> Shawna DeFalco <b>PHONE (A/C, No, Ext):</b> (847) 797-5700 <b>E-MAIL ADDRESS:</b> szamora@assuranceagency.com <b>FAX (A/C, No):</b> (847) 440-9127
<b>INSURED</b> Community Unit School District 308 4175 Route 71 Oswego IL 60543	<b>OSWECUS-01</b> <b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Illinois Counties Risk Managem <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>

**COVERAGES****CERTIFICATE NUMBER:** 462697401**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			P21000745212201	7/1/2021	7/1/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			P21000745212201	7/1/2021	7/1/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			P21000745212201	7/1/2021	7/1/2022	EACH OCCURRENCE \$ 20,000,000 AGGREGATE \$ 20,000,000 \$
A	<input checked="" type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y / N <input checked="" type="checkbox"/> N / A			P21000745212201	7/1/2021	7/1/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 2,500,000 E.L. DISEASE - EA EMPLOYEE \$ 2,500,000 E.L. DISEASE - POLICY LIMIT \$ 2,500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Proof of Insurance

**CERTIFICATE HOLDER****CANCELLATION**

Proof of Insurance

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\*\* \* \* \*

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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\*\*\*\*\* Acceptance of this bond constitutes cancellation of 268011600 for Christi Tyler effective on the issuance date of said bond.\*\*\*\*\*



2200 Renaissance Blvd. Ste. 400  
King of Prussia, PA 19406-2755  
Ph. (610) 832-8240

## PUBLIC OFFICIAL BOND

Bond Number: 268015057

Know all men by these presents: That we, Dr. John T. Petzke  
2344 Bellingham Lane, Aurora, IL 60503 as Principal(s) and  
The Ohio Casualty Insurance Company is authorized to transact  
surety business in IL, as Surety, are held and firmly bound unto  
Oswego Community Unit School District 308  
in the penal sum of Fifteen Million Dollars and 00/100  
Dollars (\$ 15,000,000.00),  
lawful money of the United States of America, for the payment of which, well and truly to be made, we bind ourselves,  
our heirs, legal representatives, successor and assigns, jointly and severally, firmly by these presents.

WHEREAS, the above bounden Principal has been duly elected or appointed to the office of \_\_\_\_\_  
Treasurer

for a term beginning July 1, 2021 and ending Continuous (if no ending  
date is listed, the appointment is for an indefinite term);

Now, therefore, the condition of this Obligation is such that if the Principal shall well, truly and faithfully execute  
and perform the official duties of said office during said term, according to all laws now in force or which may be  
enacted subsequent to the execution of this bond, then this obligation shall be void; otherwise it shall remain in full  
force and effect.

This Bond may be cancelled by the Surety effective upon the expiration of thirty (30) days from the date of written  
notice of such cancellation to the Principal and Oblige named herein at their last known address, provided no  
such cancellation shall affect or abridge the liability of the Principal or the Surety to the Oblige for losses occurring  
during the term covered by this bond prior to the effective date of cancellation.

DATED as of this 1st day of July, 2021.

Dr. John T. Petzke  
(Principal)

By: \_\_\_\_\_

Witness: \_\_\_\_\_

The Ohio Casualty Insurance Company  
(Surety)

By: William Reidinger Attorney-in-Fact



**Surety Company Acknowledgment:**

State of Illinois

County of Kane

On this 28th day of June, 2021, before me personally appeared William Reidinger, to be known, whom being by me duly sworn, did depose and say: that he/she resides at Schaumburg, IL, that he/she is the Attorney-in-Fact of The Ohio Casualty Insurance Company, the corporation described in and which executed the annexed instrument; that he/she knows the corporate seal of said corporation that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said corporation; that he/she signed his/her name thereto by like order; and that the liabilities of said corporation do not exceed its assets as ascertained in the manner provided by law.



Donna M. Tyler

Notary Public in and for the above County and State

My commission expires 10/07/2022