



Item 4Cvii.
BCWMC 6-16-16

CONNECTING & INNOVATING
SINCE 1913

TO: LMCIT Member Cities
FROM: Peter Tritz
RE: Payment of Premium for LMCIT Property/Casualty Coverage.

Please use the following procedures in making premium payments for property/casualty or workers compensation coverage through the League of Minnesota Cities Insurance Trust:

1. **PAYMENT SHOULD BE MADE DIRECTLY TO LMCIT.**
The city's check for the premium payment is to be made out to LMCIT.
2. **PAYMENT SHOULD BE MAILED TO THE ADDRESS SHOWN ON THE INVOICE.**
Payments are to be mailed to the administrators of the respective programs. The address is shown on the invoice.

A city that chooses not to follow these procedures does so at its own risk. Specifically, if the city chooses to make its payment to the local insurance agent, it will be the city's responsibility to make sure that the payment is in turn forwarded to LMCIT.

Note: The property/casualty coverage documents will be sent to your agent shortly. New this year: The coverage documents will be available in electronic PDF format.



INVOICE #: 53144

LEAGUE OF MN CITIES INSURANCE TRUST (0011)
C/O BERKLEY RISK ADMIN.CO.,LLC
222 SOUTH NINTH STREET
SUITE 2700
MINNEAPOLIS MN 55402-3332
612-766-3000 FAX: 612-766-3281

PREMIUM NOTICE

Invoice Date: 5/17/16
Due Date: 06/27/16

Bill To
BASSETT CREEK WATERSHED
MANAGEMENT COMMISSION
C/O KENNEDY & GRAVEN
200 S SIXTH ST, SUITE #470
MINNEAPOLIS MN 55402-1408

Agent 00796
BEARENCE MANAGEMENT GROUP LLC
2010 CENTRE POINTE BLVD
MENDOTA HEIGHTS MN 55120-1200

Type of Coverage: MUNICIPALITY
Covenant Number CMC 39148
Covered Party: BASSETT CREEK WATERSHED

Coverage Period: 6/27/16 To 6/27/17

Payment Plan Selected: ANNUAL PAY PLAN

<u>DUE DATE</u>	<u>AMOUNT DUE</u>	<u>END.DATE</u>	<u>DESCRIPTION</u>
6/27/16	4,343.00		PREMIUM
Total:	<u>\$4,343.00</u>		

Payment/Adjustment
Applied: \$.00
Total: \$4,343.00

PLEASE RETURN THIS PORTION WITH YOUR CHECK MADE PAYABLE TO:

LEAGUE OF MN CITIES INSURANCE TRUST (0011)
C/O BERKLEY RISK ADMIN.CO.,LLC
P.O. BOX 581517
MINNEAPOLIS MN 55458-1517
612-766-3000 FAX: 612-766-3281

INVOICE #: 53144

Type of Coverage: MUNICIPALITY
Covenant Number: CMC 39148
Coverage Period: 6/27/16 To 6/27/17
Covered Party: BASSETT CREEK WATERSHED

DUE DATE: 06/27/16
UNPAID BALANCE: 4,343.00
AMOUNT DUE: 4,343.00

LMCIT PREMIUM BREAKDOWN

DATE: 05/09/2016

Coverage Period: 06/27/2016 -
06/27/2017

TO: _____

CITY OF: BASSETT CREEK WATERSHED

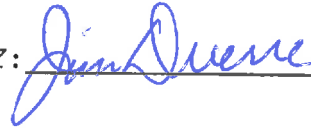
<u>COVERAGE</u>	<u>AVERAGE RATE</u>	<u>AMOUNT OF COVERAGE</u>	<u>PREMIUM</u>
MOBILE PROPERTY(Per \$100 Coverage):			
MUNICIPAL LIABILITY		<u>SEE ATTACHED</u>	\$ <u>4,268</u>
AUTO LIABILITY & PHYSICAL DAMAGE		<u>*SEE ATTACHED</u>	\$ <u>75</u>
CRIME-INSIDE/OUT/FORGERY	_____	\$ <u>250,000</u>	\$ _____

*These AVERAGE RATES are to be used
for ESTIMATES of PREMIUM ALLOCATION ONLY

TOTAL PREMIUM: \$ 4,343

05/20

PREPARED BY: _____



SCHEDULE of VEHICLES - BASSETT CREEK WATERSHED

COVENANT Number: CMC 39148

COVENANT Period: 06/27/2016 To 06/27/2017

<u>VEH#</u>	<u>YR</u>	<u>TRADE NM</u>	<u>MODEL</u>	<u>- ID -</u>	<u>LIAB</u>	<u>PHYD</u>
HNO				HIRED/NONOWNED	\$ 75	\$
				TOTAL VEHICLES	\$ 75	\$
				TOTAL AUTO PRM	\$ 75	

MUNICIPAL LIABILITY - BASSETT CREEK WATERSHED

COVENANT Number: CMC 39148

COVENANT Period: 06/27/2016 TO 06/27/2017

		<u>PREMIUM BASIS</u>	<u>ADVANCED PREMIUM</u>
<u> --HAZARD-- </u>			
EXPENDITURES	\$	1,730,733.00	\$ 4,268
 TOTAL LIABILITY			 \$ 4,268

MOBILE PROPERTY

- BASSETT CREEK WATERSHED

LOC BLD COV DESCRIPTION

COVERAGE

TOTAL MOBILE PROPERTY