



Item 4Cx.  
BCWMC 7-20-17

CONNECTING & INNOVATING  
SINCE 1913

# Billing Statement

**Account Name and Address**  
Bassett Creek Watershed  
Management Commission  
C/O KENNEDY & GRAVEN  
200 S SIXTH ST, SUITE #470  
Minneapolis, MN 55402-1408

**Statement Date**  
07/06/2017

**Agent**  
Bearence Management Group LLC  
2010 Centre Pointe Blvd  
Mendota Heights, MN 55120-1200  
(651)379-7800

**Account Number:** 40000767  
**Current Balance:** \$ 6,954.00  
**Minimum Due:** \$ 6,954.00  
**Due Date:** 07/31/2017

Summary of activity since last Billing Statement	Date	Activity	Account Balance	Minimum Due
See reverse side and attachments for additional information		Previous Statement Balance	.00	
		Payments Received	-.00	
		Total of Transactions and Fees shown on reverse or attached	6,954.00	
		Current Balance	\$ 6,954.00	\$ 6,954.00

Detach and return this Payment Coupon with your payment	<b>Account Number</b>	<b>Statement Date</b>	<b>Due Date</b>	<b>Current Balance</b>	<b>Minimum Due</b>
	40000767	07/06/2017	07/31/2017	\$ 6,954.00	6,954.00
					<b>Amount Enclosed</b>
				\$	_____

**Account Name** Bassett Creek Watershed Management Commission

**BILLING STATEMENT - Return stub with payment - make checks payable to:**

Mail payment  
7 days before  
Due Date to  
ensure timely  
receipt

League of MN Cities Insurance Trust P&C  
c/o Berkley Risk Administrators Company  
222 South Ninth Street, Suite 2700  
Minneapolis, MN 55402



# Billing Statement

Thank you for choosing us as your insurance carrier. The following information is to assist you in reviewing your Billing Statement.

**Billing Inquiries:** CONTACT YOUR AGENT FOR QUESTIONS ON YOUR POLICY OR CHANGES IN COVERAGE. For billing inquiries, please call 1-612-766-3000

## BILLING PROCEDURES

**New policies and renewals:** If your policy is issued after the date that coverage began, your first Billing Statement for the policy may include more than one installment payment due.

**Application of Payments and Cancellation:** If you pay more than the Minimum Due, the extra payment will be applied to your next installment proportionately to all policies on your account. For Accounts owned on policies with the same Due Date, the payment will be applied proportionately to all policies with the same Due Date.

Minimum Due is the amount to pay to avoid any policies on your account from going into a late pay status which could cause cancellation of coverage. If you fail to pay the Minimum Due by the Due Date, a Direct Notice of Cancellation for Non Payment may be issued for one or more policies on your account. If your account has more than one policy and you pay less than the Minimum Due, your payment will be applied first to amounts owed on policies with the oldest balance due.

If we receive a payment after the cancellation effective date and we elect not to reinstate your policy, the payment will be applied toward any unpaid earned premium on your account before any remainder is refunded.

After a policy is cancelled, we will bill you for any unpaid earned premium. If you do not pay, the matter may be referred to collections.

**Audit Premium:** Any Audit Premium owed will be included in both Current Balance and Minimum Due balance shown on the Billing Statement. Payment of Audit Premium is due in full by the Due Date. If Audit Premium is owed, your payment may be applied first to Audit Premium owed and then to amounts owed on policies with the earliest Due Date. If special arrangements are needed for repayment of audit premium you MUST contact the Billing Unit at the number shown above for consideration of any such arrangements.

**Refunds:** Any refund due will be mailed from our office within 15 days after the statement date.

**Payment address:** ALL PAYMENTS SHOULD BE SENT TO OUR PAYMENT PROCESSING CENTER ALONG WITH THE PAYMENT COUPON. The address change from below is printed on the back of the payment coupon. If needed it may also be sent along with your payment to the Payment Processing Center at:

222 South Ninth Street, Suite 2700 Minneapolis, MN 55402 . Please do not send any other correspondence to the payment processing center.

### CHANGE OF ADDRESS AND/OR NAME PLEASE FILL IN THE NAME, POLICY NUMBER AND CHECK APPROPRIATE BOX

- Name Change Only
- Name and Address Change
- Address Change Only

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Former Name: \_\_\_\_\_

Address: \_\_\_\_\_

Policy Number: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

PLEASE REFER ALL OTHER CHANGES TO YOUR AGENT. THANK YOU.



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Detail of activity since last Statement	Package 1002937-1 Policy Period 06/27/2017 -06/27/2018	<b>Transaction Amount</b>	<b>Minimum Due</b>
	Policy Previous Balance	\$ 0.00	
	New Business - PR 07/05/2017	\$ 6,954.00	
	Policy Ending Balance	\$ 6,954.00	\$ 6,954.00
	Defense Cost Reimbursement 1002938-1 Policy Period 06/27/2017 - 06/27/2018		
	Policy Previous Balance	\$ 0.00	
	Policy Ending Balance	\$ 0.00	\$ 0.00
	Total Current Balance	\$ 6,954.00	
	Total Minimum Due		\$ 6,954.00



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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.