



CONNECTING & INNOVATING
SINCE 1913

Invoice

Member Name and Address

Bassett Creek Watershed
Management Commission
P.O. Box 270825
Golden Valley, MN 55427

Invoice Date

05/15/2024

Agent

North Risk Partners LLC
2010 Centre Pointe Blvd
Mendota Heights, MN 55120-1200
(651)379-7800

Account Number: 40002890
Account Type: Property/Casualty Coverage Premium
Current Balance: \$ 9,383.00
Minimum Due: \$ 9,383.00
Due Date: 06/27/2024

Summary of activity since last Billing Invoice	Date	Activity	Account Balance	Minimum Due
		Previous Invoice Balance	7,905.00	
		Payments Received	-7,905.00	
		Total of Transactions and Fees shown on reverse or attached	9,383.00	
See reverse side and attachments for additional information		Current Balance	\$ 9,383.00	\$ 9,383.00

Detach and return this Payment Coupon with your payment	Account Number 40002890	Invoice Date 05/15/2024	Due Date 06/27/2024	Current Balance \$ 9,383.00	Minimum Due 9,383.00
					Amount Enclosed \$ _____

Member Name Bassett Creek Watershed Management Commission

BILLING INVOICE - 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
P.O. Box 581517
Minneapolis, MN 55458-1517



Invoice

		Transaction Amount		Minimum Due
Detail of activity since last Invoice	Package 1002937-7 Agreement Period 06/27/2023 - 06/27/2024			
	Agreement Previous Balance	\$ 7,905.00		
	Payment 06/20/2023	\$ -7,905.00		
	Agreement Ending Balance	\$ 0.00	\$	0.00
	Package 1002937-8 Agreement Period 06/27/2024 - 06/27/2025			
	Agreement Previous Balance	\$ 0.00		
	Renewal - PR 05/14/2024	\$ 9,383.00		
	Agreement Ending Balance	\$ 9,383.00	\$	9,383.00
	Defense Cost Reimbursement 1002938-7 Agreement Period 06/27/2023 - 06/27/2024			
	Agreement Previous Balance	\$ 0.00		
	Agreement Ending Balance	\$ 0.00	\$	0.00
	Defense Cost Reimbursement 1002938-8 Agreement Period 06/27/2024 - 06/27/2025			
	Agreement Previous Balance	\$ 0.00		
	Agreement Ending Balance	\$ 0.00	\$	0.00
	Total Current Balance	\$ 9,383.00		
	Total Minimum Due		\$	9,383.00



Invoice

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

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

BILLING PROCEDURES

New Agreements and renewals: If your Agreement is issued after the date that coverage began, your first Billing Invoice for the agreement 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 agreements on your account. For Accounts owned on agreements with the same Due Date, the payment will be applied proportionately to all agreements with the same Due Date.

Minimum Due is the amount to pay to avoid any agreements 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 agreements on your account. If your account has more than one agreement and you pay less than the Minimum Due, your payment will be applied first to amounts owed on agreements with the oldest balance due.

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

After an agreement 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 Invoice. 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 agreements 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 Invoice 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, AGREEMENT NUMBER AND CHECK APPROPRIATE BOX

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

Name: _____

Address: _____

Former Name: _____

Address: _____

Agreement Number: _____

City: _____

State

Zip Code: _____

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

