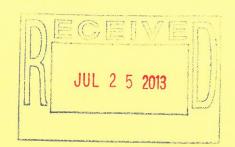




CONNECTING & INNOVATING

SINCE 1913



TO: LMCIT Member Cities

Peter Tritz FROM:

> 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:

- PAYMENT SHOULD BE MADE DIRECTLY TO LMCIT. 1. The city's check for the premium payment is to be made out to LMCIT.
- PAYMENT SHOULD BE MAILED TO THE ADDRESS SHOWN ON THE INVOICE. 2. 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 #: 44338

I EAGUE OF MINNESOTA SUITE 1300 CITIES

LEAGUE OF MN CITIES INSURANCE TRUST (0011)

C/O BERKLEY RISK ADMIN.CO.,LLC 222 SOUTH NINTH STREET

MINNEAPOLIS

MN 55402-3332

612-766-3000 FAX: 612-766-3281

Bill To

BASSETT CREEK WATERSHED MANAGEMENT COMMISSION C/O KENNEDY & GRAVEN 200 S SIXTH ST, SUITE #470

MINNEAPOLIS MN 55402-1408 Type of Coverage: MUNICIPALITY

Convenant Number CMC 35564

Covered Party: BASSETT CREEK WATERSHED

PREMIUM NOTICE

Invoice Date: 7/23/13

Due Date: 08/22/13

Agent 00796

BEARENCE MANAGEMENT GROUP LLC

2010 CENTRE POINTE BLVD

MENDOTA HEIGHTS MN 55120-1200

Coverage Period: 6/27/13 To 6/27/14

Payment Plan Selected: ANNUAL PAY PLAN

DUE DATE AMOUNT DUE END. DATE DESCRIPTION

8/22/13 3,450.00

PREMIUM

Total:

\$3,450.00

Payment/Adjustment

Applied:

\$.00

Total:

\$3,450.00

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

Type of Coverage: MUNICIPALITY Covenant Number: CMC 35564

Coverage Period: 6/27/13 To 6/27/14 Covered Party: BASSETT CREEK WATERSHED DUE DATE: 08/22/13

INVOICE #: 44338

UNPAID BALANCE: 3,450.00

AMOUNT DUE:

3,450,00

LMCIT PREMIUM BREAKDOWN

DATE: 0//19/2013		Coverage Period		5/27/2013 5/27/2014	3
TO:				-	
CITY OF: BASSETT CREEK WATE	RSHED				
COVERAGE	AVERAGE RATE	AMOUNT OF COVERAGE	_	PREMIUM	
MOBILE PROPERTY(Per \$100 Co	verage):				
MUNICIPAL LIABILITY	SEE ATTACHED	\$	3,375		
AUTO LIABILITY & PHYSICAL D	*SEE ATTACHED	\$	75		
CRIME-INSIDE/OUT/FORGERY	\$250,000	\$	Chombache of the control of the cont		
*These AVERAGE RATES are to for ESTIMATES of PREMIUM A	TOTAL PREMIUM:	\$	3,450		
				7. 8 ³	
07/20					

SCHEDULE of VEHICLES - BASSETT CREEK WATERSHED

COVENANT Number: CMC 35564

COVENANT Period: 06/27/2013 TO 06/27/2014

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

MUNICIPAL LIABILITY - BASSETT CREEK WATERSHED

COVENANT Number: CMC 35564 COVENANT Period: 06/27/2013 TO 06/27/2014

HAZARD	PREMIUM BASIS	ANCED PREMIUM
EXPENDITURES	\$ 471,838.00	3,375
TOTAL LIABILITY	ŧ	\$ 3,375

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RTY - BASSETT CREEK WATERSHED

LOC BLD COV DESCRIPTION

<u>COVE</u>RAGE

TOTAL MOBILE PROPERTY