

YOUR BILL SUMMARY:

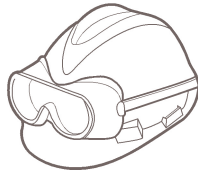
Minimum Amount Due:	\$	680.01
Pay in Full:	\$	8,105.00
Due Date:		September 8, 2019

Western National Insurance Group | PO Box 59184, Minneapolis, MN, 55459-0184 | (800) 352-2772 | www.wnins.com

Policyholder:
LOWER MINNESOTA RIVER
WATERSHED DISTRICT
112 E 5TH ST STE 102
CHASKA, MN 55318

Account Number: 0001005853000
Commercial Package CPP 0021514
Commercial Umbrella UMB 1005056

Your Agency:
WAYPOINT INS ADVISORS INC
7900 EXCELSIOR BLVD STE 100
HOPKINS, MN 55343-3445
Phone: (952)835-4848



Rent Safety Videos for Free

Western National's online Safety Video Program lets you **rent DVDs or stream the videos online** for free! We offer videos on dozens of topics like ergonomics, fall protection, hazard communication, lockout tagout, supervisor training, and many more. Videos are available in multiple languages, and they're all available immediately, so there's no extra waiting for a video to be in stock.

Visit www.wnins.com/safetyvideo to check it out today!

Questions about your bill?

We're here to help! Contact us Monday through Friday, between 7:30 a.m. and 6:30 p.m. (Central Time):

- By phone at (800) 352-2772
- By email at ContactMyAccount@wnins.com

Many ways to pay!

You can pay your bill online by using our free, secure bill pay service (*MyAccount*), available at www.wnins.com. You can also pay by phone by calling (800) 352-2772 or by contacting your agency. We also offer the convenience of automatic pay. Complete the form on the back of this bill to enroll.

Statement Date: August 18, 2019

Please return the portion below with your payment.

LOWER MINNESOTA RIVER
112 E 5TH ST STE 102
CHASKA, MN 55318

Paying by check?

Please make your check payable to:
Western National Insurance Group.

Account Number: 0001005853000
Minimum Amount Due: \$ 680.01
Pay in Full: \$ 8,105.00
Due Date: September 8, 2019

Change of address?

Please notify your agency.

PAYMENTS:

- There are several easy ways to make a payment, including:
 - Online with our free, secure bill pay service (*MyAccount*) at www.wnins.com
 - By phone at (800) 352-2772
 - By mailing your payment
- You may pay any amount between your Minimum Due and Pay in Full amount.
- Payments must be received in our office on or before the due date to avoid cancellation.
- You can set up Automatic Pay by completing the form below and returning it to us with your payment.

CHARGES AND FEES:

- **Installment fee** - A \$5 fee will be added to each installment billed unless you enroll in Automatic Pay.
- **Late fee** - A \$20 fee will be added to your account balance if you do not pay the minimum due by the due date.
- **Returned payment fee** - If your payment is returned by your financial institution, a \$25 fee will be applied to your account.

THE WESTERN NATIONAL INSURANCE GROUP:

- Western National Mutual Insurance Company
- Western National Assurance Company
- Pioneer Specialty Insurance Company
- Umialik Insurance Company
- Arizona Automobile Insurance Company
- Western Home Insurance Company

POLICY CHANGES:

- Please contact your agent if you would like any changes to your present coverage.
- Policy changes resulting in additional premium will be spread evenly across your future bills for this account. If your account has been paid in full, you will receive a bill.
- Policy changes resulting in return premium will be spread evenly across your future bills. If your account has been paid in full, you will receive a refund check.

CANCELLATION PROCEDURES:

- Payment of less than the minimum due on a bill may result in cancellation notices being issued for one or more policies on your account.
- Your policy may be cancelled if your payment is returned from your financial institution.
- Payments on cancellation notices must be received in our office on or before the due date.

ENROLL IN AUTOMATIC PAY

Name of Financial Institution _____ Account # 0001005853000
 City _____ State _____ Zip _____
 Financial Institution Routing # _____ Bank Account # _____

Type of account: Checking Savings
 Pay plan: Monthly Quarterly Semi-Annual Full Pay

I (we) authorize Western National Insurance Group (Western National Mutual, Western National Assurance, Pioneer Specialty, or Umialik) and the financial institution named above to initiate entries to my (our) checking/savings account. This authority will begin immediately and remain in effect until I (we) notify you in writing to cancel this agreement. I (we) can stop payment of any entry by notifying my Western National Insurance Group company at least 3 days before my (our) account is charged.

Signature(s) of account holders _____
If this is a joint account, both authorization signatures are required.

ACCOUNT NUMBER

0001005853000

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Policyholder:

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CHASKA, MN 55318

YOUR POLICY DETAILS:

Policy Number	Effective Date	Type of Coverage	Payment Plan	Minimum Due	Pay In Full
CPP 0021514	09/08/18	Commercial Package	Monthly	0.00	0.00
CPP 0021514	09/08/19	Commercial Package	Monthly	603.42	7,241.00
UMB 1005056	09/08/18	Commercial Umbrella	Monthly	0.00	0.00
UMB 1005056	09/08/19	Commercial Umbrella	Monthly	71.59	859.00
Account Fees and Adjustments				5.00	5.00

YOUR CURRENT BALANCE DETAILS:

Process Date	Description	Amount
08/18/18	Previous Balance	\$ 7,888.00
08/20/18	Payment	-7,883.00
Policy: UMB 1005056		
07/31/19	Renewal	859.00
Policy: CPP 0021514		
07/31/19	Renewal	7,241.00
Other		
08/20/18	Installment Fee Waived	-5.00
08/18/19	Installment Fee	5.00
08/18/19	Current Balance	\$ 8,105.00

Please note that changes to your policy may change the amounts of future payments.

Your next scheduled payment will be due on October 8, 2019.

