

**YOUR BILL SUMMARY:**

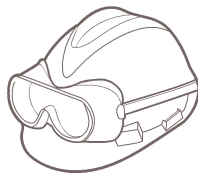
Minimum Amount Due:	\$	1,372.68
Pay in Full:	\$	8,211.00
Due Date:		October 8, 2020

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  
5050 LINCOLN DR STE 460  
EDINA, MN 55436-1054  
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](http://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](mailto: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](http://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: September 17, 2020

*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: \$ 1,372.68  
Pay in Full: \$ 8,211.00  
Due Date: October 8, 2020

**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](http://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:**

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

**YOUR POLICY DETAILS:**

Policy Number	Effective Date	Type of Coverage	Payment Plan	Minimum Due	Pay In Full
CPP 0021514	09/08/19	Commercial Package	Monthly	0.00	0.00
CPP 0021514	09/08/20	Commercial Package	Monthly	1,236.18	7,417.00
UMB 1005056	09/08/19	Commercial Umbrella	Monthly	0.00	0.00
UMB 1005056	09/08/20	Commercial Umbrella	Monthly	131.50	789.00
CPP 0021514	09/08/18	Commercial Package	Monthly	0.00	0.00
Account Fees and Adjustments				5.00	5.00

**YOUR CURRENT BALANCE DETAILS:**

Process Date	Description	Amount
08/18/19	Previous Balance	\$ 8,105.00
09/03/19	Payment	-8,105.00
<b>Policy: UMB 1005056</b>		
08/31/20	Renewal	789.00
<b>Policy: CPP 0021514</b>		
08/31/20	Renewal	7,417.00
<b>Other</b>		
09/13/19	Refund	5.00
09/03/19	Installment Fee Waived	-5.00
09/17/20	Installment Fee	5.00
<b>09/17/20</b>	<b>Current Balance</b>	<b>\$ 8,211.00</b>

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

Your next scheduled payment will be due on November 8, 2020.

