

The relationship company

## YOUR BILL SUMMARY:

Minimum Amount Due: \$ 661.92

Pay in Full: \$ 7,888.00

Due Date: September 8, 2018

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:**

Commercial Package
Commercial Umbrella

### 0001005853000

CPP 0021514 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, 2018

Please return the portion below with your payment.



The relationship company

LOWER MINNESOTA RIVER 112 E 5TH ST STE 102 CHASKA, MN 55318 Paying by check?

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Please make your check payable to:

Western National Insurance Group.

Account Number: 0001005853000

Minimum Amount Due: \$ 661.92

Pay in Full: \$ 7,888.00

Due Date: September 8, 2018

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:	gs						
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 instituti	on named above to ini	tiate entries to my (o	ur) checking/	savings account.			
This authority will begin immediately and rema	ain 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 Insu	rance Group compan	y at least 3 da	ays before my (our)			
account is charged.							
Signature(s) of account holders							
If this is a joint account, both authorization signatures are re-	quired.						



# **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	09/08/17	Commercial Package	Monthly	0.00		0.00
CPP 0021514	09/08/18	Commercial Package	Monthly	586.17		7,034.00
UMB 1005056	09/08/17	Commercial Umbrella	Monthly	0.00		0.00
UMB 1005056	09/08/18	Commercial Umbrella	Monthly	70.75		849.00
Account Fees and Adjustments 5.00						5.00
YOUR CURRE	NT BALANCE DET	TAILS:				
Process Date	Descri	ption				Amount
08/18/17	Previo	us Balance			\$	7,689.00
09/19/17	Payme	nt				-7,689.00
Policy: UMB 100	5056					
07/25/18	Renew	al				849.00
Policy: CPP002	1514					
07/25/18	Renew	al				7,034.00
Other						
09/13/17	Late Fe	ee				20.00
09/29/17	Refund	d .				5.00
09/19/17	Installı	ment Fee Waived				-5.00
09/18/17	Late Fe	ee Waived				-20.00
08/18/18	Installı	ment Fee				5.00
08/18/18	Currer	it Balance			\$	7,888.00

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

Your next scheduled payment will be due on October 8, 2018.