



# Invoice

**Member Name and Address**

Grand Rapids Public Utilities  
500 SE 4th Street  
Grand Rapids, MN 55744

**Invoice Date**

01/09/2024

**Agent**

City Of Grand Rapids  
420 N Pokegama Ave  
Attn: City Clerk  
Grand Rapids, MN 55744-2658  
(218)326-7600

**Account Number:** 40007855  
**Account Type:** Workers' Compensation Coverage Premium  
**Current Balance:** \$ 89,132.00  
**Minimum Due:** \$ 89,132.00  
**Due Date:** 02/03/2024

Summary of activity since last Billing Invoice	Date	Activity	Account Balance	Minimum Due
		Previous Invoice Balance	.00	
		Payments Received	- .00	
		Total of Transactions and Fees shown on reverse or attached	89,132.00	
See reverse side and attachments for additional information		Current Balance	\$ 89,132.00	\$ 89,132.00

Detach and return this Payment Coupon with your payment

<b>Account Number</b> 40007855	<b>Invoice Date</b> 01/09/2024	<b>Due Date</b> 02/03/2024	<b>Current Balance</b> \$ 89,132.00	<b>Minimum Due</b> 89,132.00
				<b>Amount Enclosed</b> \$ _____

**Member Name** Grand Rapids Public Utilities

**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 WC  
c/o Berkley Risk Administrators Company  
222 South Ninth Street, Suite 2700  
P.O.Box 581517  
Minneapolis, MN 55458-1517



# Invoice

		<b>Transaction Amount</b>	<b>Minimum Due</b>
Detail of Volunteer Accident 1000946-8 Agreement Period 01/01/2024 - 01/01/2025			
activity since Agreement Previous Balance		\$ 0.00	
last Invoice Agreement Ending Balance		\$ 0.00	\$ 0.00
Workers' Compensation 1000947-8 Agreement Period 01/01/2024 - 01/01/2025			
Agreement Previous Balance		\$ 0.00	
Renewal - PR 01/08/2024		\$ 89,132.00	
Agreement Ending Balance		\$ 89,132.00	\$ 89,132.00
Total Current Balance		\$ 89,132.00	
Total Minimum Due			\$ 89,132.00



# 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.

