

Insured Name
CITY OF LA VISTAAgent Name
F N I CAccount Number
8033P6186

Account Bill

Date Of This Bill **Pay Minimum Amount**
10/27/2023 \$316,629.50

Payment Must Be Received By **Pay Total Amount**
11/16/2023 \$633,259.00

Account Billing Summary

Policy Number	Policy Type	Policy Period	Min. Due	Balance	Insuring Company**
1P117480-UB	Workers Comp	10/01/23 - 10/01/24	\$120,649.50	\$241,299.00	67
21P32689-ZLP	Comm Package PL	10/01/23 - 10/01/24	\$56,177.50	\$112,355.00	21
21P32690-ZUP	Umbrella/Excess	10/01/23 - 10/01/24	\$14,478.50	\$28,957.00	68
9N79988A-630	Commercial Package	10/01/23 - 10/01/24	\$80,520.50	\$161,041.00	31
2C414565-810	Automobile	10/01/23 - 10/01/24	\$44,803.50	\$89,607.00	66
Current Installment Charge					
Total Balance			\$316,629.50	\$633,259.00	

** Insuring Company

21 - THE CHARTER OAK FIRE INSURANCE COMPANY

31 - THE TRAVELERS INDEMNITY COMPANY

66 - THE TRAVELERS INDEMNITY COMPANY OF CONNECTICUT

67 - THE TRAVELERS INDEMNITY COMPANY OF AMERICA

68 - TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

01.00,0019.000 75%

02.00,0019.000 25%

Consent Agenda Rec'd the
11/1/23

TRAVELERS

F N I C
14010 FNB PRWY STE 300
OMAHA NE 68154

03395-L2

Page 01 of 03

Account Bill

Account No. 6107B9251
Date of This Bill 10/06/23

TOTAL BALANCE
\$22,940.00
MINIMUM DUE
\$22,940.00

CITY OF LA VISTA
8116 PARK VIEW BOULEVARD
ATTN: PAM BUETHE
LA VISTA NE 68128

PAYMENT MUST BE RECEIVED BY:
OCTOBER 26, 2023

Account Name CITY OF LA VISTA

ACCOUNT BILLING SUMMARY

POLICY	PRINCIPAL/INSURED	POLICY PERIOD	MIN. DUE	BALANCE	CO
0107157595 LB	CITY OF LA VISTA	10/01/23	\$22,940.00	\$22,940.00	12
TOTAL BALANCE			\$22,940.00	\$22,940.00	

TRANSACTIONS SINCE LAST STATEMENT

Total Transactions (See Transaction Detail Section)	+22,940.00
TOTAL BALANCE	\$22,940.00

TRANSACTION DETAIL

POLICY NUMBER 0107157595 LB LIABILITY 10/01/23 Renewal	22,940.00
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TOTAL TRANSACTIONS	\$22,940.00
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CONTINUED ON NEXT PAGE

75% 01.00.0019.
25% 02.00.0019.

Please detach the payment coupon and mail with your payment in the enclosed envelope to:
TRAVELERS CL REMITTANCE CENTER, PO BOX 660317, DALLAS, TX 75266-0317.

648842H 2023279 0602 302 049200

Payment Coupon Make checks payable to: TRAVELERS

F N I C
CITY OF LA VISTA

6107B9251

Include Account Number on the check.

Change of Address?
Place an "X" here.
Print changes on reverse side.

TOTAL BALANCE
\$22,940.00
MINIMUM DUE
\$22,940.00
AMOUNT ENCLOSED

TRAVELERS CL REMITTANCE CENTER
PO BOX 660317
DALLAS, TX 75266-0317

PAYMENT MUST BE RECEIVED BY
OCTOBER 26, 2023

99363130370239323531403939393900229400000229400064