



Insured Name  
CITY OF LA VISTA

Agent Name  
F N I C

Account Number  
8033P6186

5061

## Account Bill

**Date Of This Bill**

10/27/2023

**Pay Minimum Amount**

\$316,629.50

**Payment Must Be Received By**

11/16/2023

**Pay Total Amount**

\$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
<b>Current Installment Charge</b>			—	—	
<b>Total Balance</b>			<b>\$316,629.50</b>	<b>\$633,259.00</b>	

\*\* 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

Pay 2<sup>nd</sup> half of premiums (First half pd Oct '23)

01.00.0019 75%  
02.00.0019 25% Ans. prem. 1/2 10/1/23-10/1/24

Consent Agenda

RBueth