



Insured Name
CITY OF LA VISTA

Agent Name
F N I C

Account Number
8033P6186

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
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 Rhea
11/1/23

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

03395 -L2

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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	22,940.00
10/01/23 Renewal	
TOTAL TRANSACTIONS	\$22,940.00

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.

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.

PAYMENT MUST BE RECEIVED BY
OCTOBER 26, 2023

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

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



9936313037023932353140393939393900229400000229400064