



## Florida Municipal Insurance Trust (FMIT) First Installment Billing - 19/20 Fund Year

FMIT # 0231

Invoice Date: 8/15/2019

Due Date: 10/1/2019

ATTN: James Buschman  
City of Hallandale Beach  
400 South Federal Highway  
Hallandale Beach, FL 33009

Please make check payable to:  
Florida Municipal Insurance Trust  
P.O. Box 1757  
Tallahassee, FL 32302-1757

### Policy Summary

	General Liability	Auto Liability	Auto Physical Damage	Property	Workers Compensation	Total
Gross Premium	\$0.00	\$0.00	\$0.00	\$657,684.00	\$182,315.00	\$839,999.00
<b>Total Net Premium</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$657,684.00</b>	<b>\$182,315.00</b>	<b>\$839,999.00</b>

### Current Installment

Coverage	Premium	Total Net Premium
Property Coverage	\$164,421.00	\$164,421.00
Workers Compensation Coverage	\$45,578.75	\$45,578.75
<b>Total Installment Amount</b>		<b>\$209,999.75</b>
<b>Total Due by 10/1/2019</b>		<b>\$209,999.75</b>

NOTE: THIS RENEWAL IS BASED ON ALL COVERAGES. IF ANY OF THE LINES OF COVERAGE ARE NOT RENEWED, THE OTHER LINE PRICING WILL CHANGE OR COVERAGE OFFERINGS ON THE REMAINING LINES COULD BE WITHDRAWN ALTOGETHER.

POLICIES WILL BE MADE AVAILABLE AFTER OCTOBER 1, 2019 AND CAN BE VIEWED AND PRINTED ONLINE ONCE PAYMENT IS RECEIVED. ELECTRONIC POLICIES ARE ALSO AVAILABLE AFTER OCTOBER 1, 2019 UPON REQUEST. HARD COPY POLICIES CAN ALSO BE PROVIDED UPON REQUEST IN LATE OCTOBER 2018.

\*\*\*\*\* PLEASE RETURN A COPY OF THIS INVOICE WITH YOUR PAYMENT TO THE TALLAHASSEE OFFICE. \*\*\*\*\*

Please see reverse side for a copy of our Premium Installment Plan and Penalty Policy.

**PLEASE READ THIS PAGE CAREFULLY**

**NO COVERAGES, TERMS OR CONDITIONS ARE TO BE ASSUMED**

All Trust Programs are Non-Assessable

Terms of this Agreement:

Premiums shown are subject to year-end audit adjustments

All coverages provided by the Florida Municipal Insurance Trust are on an occurrence format. The Florida Municipal Insurance Trust does not automatically include prior acts (tail) coverage.

**2019 / 20 PREMIUM INSTALLMENT PLAN**

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<b><u>First Installment</u></b>	<b><u>Second Installment</u></b>	<b><u>Third Installment</u></b>	<b><u>Fourth Installment</u></b>
25% minimum due October 1, 2019	25% minimum due January 1, 2020	25% minimum due April 1, 2020	25% minimum due July 1, 2019

**NOTE: If the total net premium is under \$6,000.00 the installment provision does not apply**

Payment is to be forwarded to the League Office in Tallahassee.

For any other coverages, the premium is billed by the Florida League of Cities and due in full at inception, regardless of the size of the premium.

Forty-five (45) Days Notice of Cancellation and Non-Renewal

Ten (10) Days Notice of Cancellation for Non-Payment of Premium

Note: coverage summaries provided herein are intended as an outline of coverage only and are necessarily brief. In the event of loss, all terms, conditions, and exclusions of actual Agreement and / or policies will apply.