



FLORIDA MUNICIPAL INSURANCE TRUST

Florida Municipal Insurance Trust First Installment Billing - 20/21 Fund Year

FMIT # 0231 Invoice Date: 8/15/2020
Invoice ID #: INV-32039-L2C6 Due Date: 10/1/2020

Bank ACH: Capital City Bank
217 N. Monroe St.
Tallahassee, FL 32301

RTN#/ABA#: 063100688 ACCT#: 0032620701

Acct Type: Checking

Acct Name: Florida Municipal Insurance Trust

Please make check payable to:

Florida Municipal Insurance Trust

P.O. Box 1757

Tallahassee, FL 32302-1757

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

Policy Summary

	General Liability	Auto Liability	Auto Physical Damage	Property	Workers Compensation	Total
Gross Premium	\$0.00	\$0.00	\$0.00	\$703,860.00	\$145,075.00	\$848,935.00
Total Net Premium	\$0.00	\$0.00	\$0.00	\$703,860.00	\$145,075.00	\$848,935.00

Current Installment

Coverage	Premium	Total Net Premium
Property Coverage	\$175,965.00	\$175,965.00
Workers Compensation Coverage	\$36,268.75	\$36,268.75
Total Installment Amount		\$212,233.75

Total Due by 10/1/2020 **\$212,233.75**

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OF COVERAGE ARE NOT RENEWED, THE OTHER LINE PRICING WILL CHANGE OR COVERAGE OFFERINGS ON THE REMAINING LINES COULD BE WITHDRAWN ALTOGETHER.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, 2020 AND CAN BE VIEWED AND PRINTED ONLINE ONCE PAYMENT IS RECEIVED. ELECTRONIC POLICIES ARE ALSO AVAILABLE AFTER OCTOBER 1, 2020 UPON REQUEST. HARD COPY POLICIES CAN ALSO BE PROVIDED UPON REQUEST IN LATE OCTOBER 2020.

***** 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, Penalty Policy and ACH Instructions.

PINK COPY - Please return with your payment or send the following ACH information
Invoice ID # & Amount Paid in an email to AccountsReceivable@flcities.com.

WHITE COPY - For your records