



Connected Community
Enhanced Livability
Environmental Sustainability

April 01, 2025

Melissa Stuart, Board Chair
Redmond CFD No. 2014-01
15670 NE 85th Street
PO Box 97010, MS 4NEX
Redmond, WA 98073-9710

Re: Community Facility District 2014-1 Approval of 2024 Insurance Invoice

Dear Ms. Stuart:

Please approve the payment of the attached invoice related to Community Facility District 2014-1 (CFD 2014-1). The following is a summary of the attached invoice:

- Travelers Invoice No. 3396F2227June2024 for \$480.00 for 2024 liability insurance.
 - The policy is a one-year term. The policy provides Crime Coverage for \$1,000,000, and the Employee theft single loss limit is \$1,000,000 with \$25,000 Loss Retention.
 - The next renewal invoice is due in June 2025.

The delay in submitting the 2024 invoice for approval is due to the ongoing review process to get our financial statements caught up.

If you have any questions or concerns, please contact me at 425-556-2180.

Sincerely,

Nida Hermoso

Nida Hermoso, Finance Manager (Accounting)

cc: Malisa Files, Chief Operating Officer
Kelley Cochran, Director of Finance

TRAVELERS
LEAVITT GROUP NORTHWEST
PO BOX 833
AUBURN, WA 98071

Billing Account 3306F2227
Statement Date 06/17/24

REDMOND COMMUNITY FACILITIES DISTRICT #
CITY OF REDMOND ACCOUNTS PAYABLE
PO BOX 97010
REDMOND, WA 98073

Policyholder: REDMOND COMMUNITY FACILITIES D

Minimum installment payment due
by 07/05/24
\$480.00

Thank you for your last payment,
received on 08/14/23
\$-960.00
Total remaining balance
\$480.00

Switch to paperless,
visit mytravelers.com

! IMPORTANT MESSAGES

You have no important messages at this time.



Make a quick, easy payment. Scan this QR Code

- Manage your account, view policy details & transaction history
- Enroll in automatic recurring payments
- Change your mailing address and more!

WE VALUE AND APPRECIATE YOUR BUSINESS, THANK YOU!

Avoid mail delays, make a payment today - scan the QR Code above or call our direct payment line 877-307-4202

If paying by check, cut at dotted line above and include this payment coupon with your check.

TRAVELERS

648842H 2024169 0777 371 0L8095

Billing Account:
3306F2227

Total remaining balance:
\$480.00

Payment must be received by:
07/05/24

Mail payment to:

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




Minimum payment due: **\$480.00**
Amount enclosed: **\$**

Please write the billing account number on the check
and make payable to: Travelers

9933333036063232323740393939391700004800000004800011

Billing account summary

POLICY	POLICY NUMBER	POLICY PERIOD	MONTHLY PREMIUM	ANNUAL PREMIUM
 LIABILITY	0106314758 LB	06/05/24 - 06/05/25	\$480.00	\$480.00
Total premium			\$480.00	\$480.00
Installment fee			\$0.00	
Minimum installment payment due			\$480.00	

For transaction history, policy & account details, visit mytravelers.com

Additional messages







If you are paying with a check from a Personal Checking Account, you authorize us to either use information from your check to make a one-time electronic funds transfer from your account or to process the payment as a check. If you are paying with a check from a Business Checking account, we will process the payment as a check.

Insuring company

POLICY	POLICY NUMBER	INSURING COMPANY
 LIABILITY	0106314758 LB	TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA

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 Travelers Business Insurance Billing Team 
 CLDIRECTBILL@travelers.com
 travelers.com/contact-us
 877-307-4202 (direct payment line)
 800-252-2268 (billing questions)

 Your Travelers Agent
 LEAVITT GROUP NORTHWEST
 WWW.LEAVITT.COM/
 253-267-8822 (policy and coverage questions)

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Need assistance? (continued)



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THANK YOU!