MATIT

Minnesota Association of Townships Insurance Trust
805 Central Ave East, PO Box 415 • St. Michael, MN 55376
Phone: 763-497-2330 or 1-800-262-2864

WORKERS COMPENSATION PREMIUM

Invoice #: 5743

Date: 11/01/2026
Due: 01/01/2027
Trust:

Minnesota Association of Townships Insurance Trust

805 Central Ave East
PO Box415
St. Michael, MN 55376

Bill To:
Attn: Jody Schroeder
Oronoco Township
PO Box 324
Oronoco, MN 55960

Type of Coverage: Workers Compensation
Policy Number: 5743

Due Date: 01/01/2027

Workers Compensation From 01/01/2027 through 12/31/2027

Outstanding Balance	
Total Due	$1,112.00

PLEASE KEEP THIS PORTION FOR YOUR RECORDS

PLEASE RETURN THIS PORTION WITH YOUR CHECK

MINNESOTA ASSOCIATION OF TOWNSHIPS INSURANCE TRUST
P.O. BOX 415
ST. MICHAEL, MN 55376

Invoice#: 5743
Due Date: 01/01/2027
Total Due: $1,112.00

Type of Coverage: Workers Compensation

FOR OFFICE USE ONLY
CHECK #: _____
AMOUNT: _____
INITIALS: _____

Attn: Jody Schroeder
Oronoco Township
PO Box 324
Oronoco, MN 55960

Policy Number: 5743

Make Check Payable to MATIT

MATIT
MINNESOTA ASSOCIATION OF TOWNSHIPS INSURANCE TRUST

MINNESOTA ASSOCIATION OF TOWNSHIPS INSURANCE TRUST
WORKERS' COMPENSATION CERTIFICATE OF COVERAGE

This Certificate of Coverage is provided for your records. Please ensure you keep it in your files.

Issuing Entity	**Coverage Period**
Minnesota Association of Townships Insurance and Bond Trust 805 Central Avenue. E. PO Box 415 St. Michael, MN 55376 800.262.2864 matit@mntownships.org	January 1, 2027, to December 31, 2027. The certificate becomes effective and expires at 12:01 AM (CST)

Coverage and Limits of Coverage

MATIT's Workers' Compensation Program Coverage Document, Agreement, and Bylaws of the Minnesota Association of Townships Insurance and Bond Trust, and any other governing documents or policies of MATIT.

Statutory limits pursuant to Minnesota Statutes, Chapter 176.

Employers' Liability/Stopgap Coverage:

A. "Bodily Injury" by Accident: The most we will pay for all damages covered by this agreement because of "bodily injury" to one or more employees in any one accident. - $100,000
B. "Bodily Injury" by Disease-General Aggregate Limit: The most we will pay for all damages covered by this agreement and arising out of "bodily injury" by disease, regardless of the number of employees who sustain "bodily injury" by disease - $500,000.
C. "Bodily Injury" by Disease-Each Employee: The most we will pay for all damages because of "bodily injury" by disease to any one employee - $100,000.

Notice to Member

The Minnesota Association of Townships Insurance and Bond Trust is your authorized representative for this coverage.

Claims Notification

The Minnesota Association of Townships Insurance and Bond Trust contracts with SFM Mutual Insurance (SFM) for the administration of workers' compensation claims. Members are required to electronically report work-related injuries and illnesses to SFM at matit.org (see claims/workers' compensation OR SFM.com/self-insured/report-A-TPA-Injury). The policy number is 16204.

Contribution

The payment deadline is January 01, 2027. If payment is not made in full, late fees may apply, and coverage could be canceled. Please contact MATIT to confirm your coverage status.