

SALINE TOWNSHIP

Burnham & Flower Agency, Inc.

Date 11/30/2020  
Type Bill  
Reference

Original Amt.  
30.00

Balance Due  
30.00

11/30/2020  
Discount  
Check Amount

Payment  
30.00  
30.00

6950

Old Nation Bank - Ge Renewal of Bond

30.00

# Burnham & Flower of Michigan

315 S Kalamazoo Mall  
 Kalamazoo, MI 49007  
 Phone: (269) 381-1173  
 Fax: (269) 381-6089  
 Email:

Invoice # 13410		Page 1 of 1
Account Number	Date	
TOWNOFS-03	11/9/2020	
BALANCE DUE ON		
11/20/2020		
AMOUNT PAID	Amount Due	
	\$30.00	

**Township of Saline**  
**Kelly Marion, Clerk**  
**4254 Arkona Road**  
**Saline, MI 48176**

Bond	PolicyNumber: POBH-20-MI12345	Effective: 11/20/2020 to 11/20/2024
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Item #	Effective	Due Date	Trans	Description	Amount
174856	11/20/2020	11/20/2020	RENB	Renewal of BOND Effective 11/20/2020	\$30.00
<b>Total Invoice Balance:</b>					<b>\$30.00</b>

6945

**SALINE TOWNSHIP**

Burnham & Flower Agency, Inc.

Date 11/15/2020

Type Reference

Bill

11/15/2020

Discount

Balance Due

9,201.00

Original Amt.

9,201.00

Check Amount

Payment

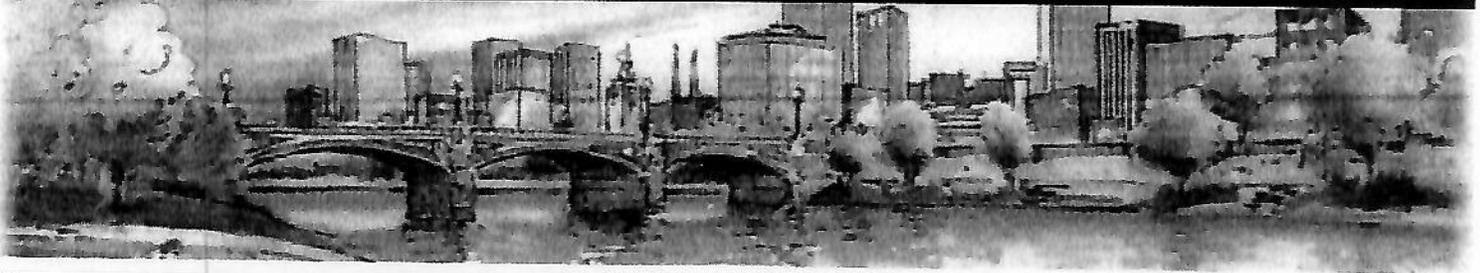
9,201.00

9,201.00

9,201.00

Old Nation Bank - Ge Renewal Insurance

INVOICE AND BIND REQUEST



Township of Saline

**BIND REQUEST** EFFECTIVE: December 1, 2020

Michigan Township Participating Plan Package	\$9,176
<b>SUBTOTAL</b>	<b>\$9,176</b>

**PROGRAM COVERAGE OPTIONS**

<input type="checkbox"/> Add Casualty Limited Terrorism Coverage	\$44 add'l
<input type="checkbox"/> Add Property Limited Terrorism Coverage	\$21 add'l
<input type="checkbox"/> Add Cyber & Privacy Liability Coverage	\$820 add'l
<input checked="" type="checkbox"/> Increase Non Monetary Defense Cost Coverage to \$250,000 per suit/\$250,000 aggregate	\$25 add'l

**\*\* If you have any questions please contact our office. Other higher limits of coverage available upon review\*\***

**TOTAL PREMIUM SUBMITTED:** \$ 9,201

PAYMENT DUE UPON RECEIPT

PLEASE SEND IN ONE COPY OF THIS BIND REQUEST WITH YOUR PAYMENT.

PLEASE MAKE PAYMENT TO:

BURNHAM & FLOWER AGENCY, INC.

315 SOUTH KALAMAZOO MALL

KALAMAZOO, MI 49007

THANK YOU FOR YOUR BUSINESS AND CONTINUED SUPPORT!

SIGNATURE OF AUTHORIZED: *Kelly Martin*

DATE: 11.11.2020

**SALINE TOWNSHIP**

Burnham & Flower Agency, Inc.

Date 12/1/2021  
Type Bill  
Reference

Original Amt.  
9,404.00

Balance Due  
9,404.00

12/1/2021  
Discount  
Check Amount

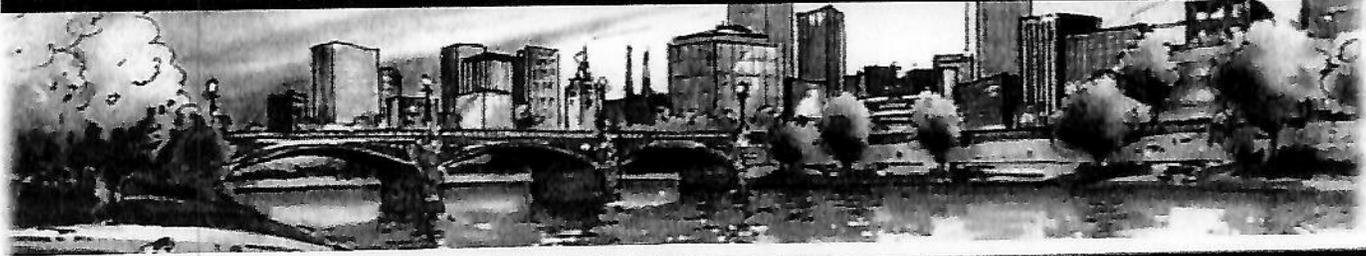
Payment  
9,404.00  
9,404.00

7250

Old Nation Bank - Ge Insurance Coverage

9,404.00

INVOICE AND BIND REQUEST



Township of Saline

**BIND REQUEST** EFFECTIVE: December 1, 2021

Michigan Township Participating Plan Package	\$9,404
<b>SUBTOTAL</b>	<b>\$9,404</b>

**PROGRAM COVERAGE OPTIONS**

<input type="checkbox"/> Add Casualty & Property Limited Terrorism Coverage	\$67 add'l
<input type="checkbox"/> Add Cyber & Privacy Liability Coverage	\$1,134 add'l
<input type="checkbox"/> Increase Non Monetary Defense Cost Coverage to \$500,000 per suit/\$500,000 aggregate	\$25 add'l

**\*\* If you have any questions please contact our office. Other higher limits of coverage available upon review\*\***

**TOTAL PREMIUM SUBMITTED: \$**

PAYMENT DUE UPON RECEIPT  
 PLEASE SEND IN ONE COPY OF THIS BIND REQUEST WITH YOUR PAYMENT.  
 PLEASE MAKE PAYMENT TO:  
 BURNHAM & FLOWER AGENCY, INC.  
 315 SOUTH KALAMAZOO MALL  
 KALAMAZOO, MI 49007  
 THANK YOU FOR YOUR BUSINESS AND CONTINUED SUPPORT!

SIGNATURE OF AUTHORIZED: Kelly Mann DATE: 11-24-21

SALINE TOWNSHIP

Burnham & Flower Agency, Inc.

Date 12/4/2022  
Type Bill  
Reference

Original Amt.  
10,115.00

Balance Due  
10,115.00

12/4/2022  
Discount  
Check Amount

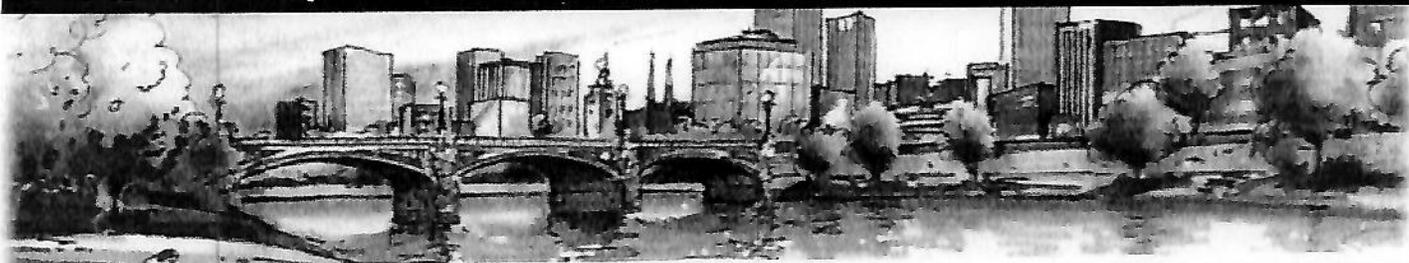
Payment  
10,115.00  
10,115.00

7629

Old Nation Bank - Ge Insurance Coverage

10,115.00

INVOICE AND BIND REQUEST



Township of Saline

**BIND REQUEST** EFFECTIVE: December 1, 2022

Michigan Township Participating Plan Package	\$10,115
<b>SUBTOTAL</b>	<b>\$10,115</b>

**PROGRAM COVERAGE OPTIONS**

<input type="checkbox"/> Add Casualty & Property Limited Terrorism Coverage	\$74 add'l
<input type="checkbox"/> Add Cyber & Privacy Liability Coverage	\$1,134 add'l
<input type="checkbox"/> Increase Non Monetary Defense Cost Coverage to \$500,000 per suit/\$500,000 aggregate	\$25 add'l

**\*\* If you have any questions please contact our office. Other higher limits of coverage available upon review\*\***

**TOTAL PREMIUM SUBMITTED: \$**

PAYMENT DUE UPON RECEIPT  
PLEASE SEND IN ONE COPY OF THIS BIND REQUEST WITH YOUR PAYMENT.

PLEASE MAKE PAYMENT TO:  
BURNHAM & FLOWER AGENCY, INC.  
315 SOUTH KALAMAZOO MALL  
KALAMAZOO, MI 49007

THANK YOU FOR YOUR BUSINESS AND CONTINUED SUPPORT!

SIGNATURE OF AUTHORIZED: *Kerry Martin* DATE: 12-1-22

SALINE TOWNSHIP

Burnham & Flower Agency, Inc.

Date 11/13/2023

Type Bill

Reference

7974

11/13/2023

Discount

Balance Due

10,957.00

Original Amt.

10,957.00

Check Amount

Payment

10,957.00

10,957.00

Old Nation Bank - Ge Insurance Coverage

10,957.00

# INVOICE /BIND REQUEST

Township of Saline (Washtenaw)  
Kelly Marion, Clerk  
4254 Arkona Road  
Saline, MI 48176

## BURNHAM & FLOWER AGENCY, INC.

315 South Kalamazoo Mall  
Kalamazoo, MI 49007

ENTITY NAME: Township of Saline (Washtenaw)

EFFECTIVE: 12/1/2023

Please bind coverage per the attached proposal premiums as indicated below.

### Package

General Liability	Included
Employee Benefits Liability	Included
Wrongful Acts Liability	Included
Property	Included
Automobile	Included
EDP	Included
Crime	Included
<b>Total MTPP Package Premium</b>	<b>\$10,957</b>

**Total Premium Submitted**

**\$ 10,957**

**PAYMENT DUE ON OR BEFORE POLICY EFFECTIVE DATE**

**THANK YOU FOR YOUR BUSINESS AND CONTINUED SUPPORT!**

**AUTHORIZED SIGNATURE:**

Kelly Marion

**DATE:**

11-13-23

SALINE TOWNSHIP

Burnham & Flower Agency, Inc.

Date 11/11/2024  
Type Bill  
Reference

Original Amt.  
30.00

Balance Due  
30.00

11/11/2024  
Discount  
Check Amount

Payment  
30.00  
30.00

8332

Old Nation Bank - Ge Insurance Coverage

30.00



315 S Kalamazoo Mall  
 Kalamazoo, MI 49007  
 Phone: (269) 381-1173  
 Fax: (269) 381-6089

**Township of Saline, Washtenaw County**  
**Township of Saline**  
**Kelly Marion, Clerk**  
**4254 Arkona Road**  
**Saline, MI 48176**

<b>Invoice # 21941</b>	Page 1 of 1
Account Number	Date
TOWNOFS-03	10/24/2024
BALANCE DUE ON	
11/20/2024	
AMOUNT PAID	Amount Due
	\$30.00



Please click the link for your state or navigate to the site to make your payment online:

- Indiana**  
<https://serviceapi.securfee.com/burnhamfloweragencyindiana>
- Illinois**  
<https://serviceapi.securfee.com/burnhamfloweragencyillinois>
- Ohio**  
<https://serviceapi.securfee.com/burnhamfloweragencyohio>
- Michigan**  
<https://serviceapi.securfee.com/burnhamfloweragency>

Bond PolicyNumber: U24POB150360-01 Effective 11/20/2024 to 11/20/2028

Item #	Trans Eff Date	Due Date	Trans	Description	Amount
298167	11/20/2024	11/20/2024	RENB	24-28 Public Officials Bond Renewal	\$30.00
<b>Total Invoice Balance:</b>					<b>\$30.00</b>

**SALINE TOWNSHIP**

Burnham & Flower Agency, Inc.  
Date Type Reference  
10/24/2024 Bill

Original Amt.  
13,088.00

Balance Due  
13,088.00

11/11/2024  
Discount  
Check Amount

Payment  
13,088.00  
13,088.00

8330

Old Nation Bank - Ge Insurance Coverage

13,088.00

# INVOICE /BIND REQUEST

Township of Saline, Washtenaw County  
Kelly Marion, Clerk  
4254 Arkona Road  
Saline, MI 48176

**ACRISURE**  
315 South Kalamazoo Mall  
Kalamazoo, MI 49007

ENTITY NAME: Township of Saline, Washtenaw County EFFECTIVE: 12/1/2024

Please bind coverage per the attached proposal premiums as indicated below.

Package

General Liability	Included
Employee Benefits Liability	Included
Wrongful Acts Liability	Included
Property	Included
Automobile	Included
EDP	Included
Crime	Included

**Total MTPP Package Premium** **\$13,088.00**

**Total Premium Submitted** **\$ 13,088.00**

**PAYMENT DUE ON OR BEFORE POLICY EFFECTIVE DATE**

Please continue to make checks payable to **Burnham & Flower** until further notice.

**THANK YOU FOR YOUR BUSINESS AND CONTINUED SUPPORT!**

**AUTHORIZED SIGNATURE:**

Kelly Marion

**DATE:**

11.11.21

SALINE TOWNSHIP

Burnham & Flower Agency, Inc.

Date 10/29/2025  
Type Bill  
Reference

Original Amt.  
15,308.00

Balance Due  
15,308.00

10/29/2025  
Discount  
Check Amount

Payment  
15,308.00  
15,308.00

8689

Old Nation Bank - Ge Insurance Coverage 12/25-12/26

15,308.00