



September 3, 2025

DAMMON ENGINEERING, INC.
554 OLD SPANISH TRL
SLIDELL, LA 70458-4054

Policy Number: 43 WEC AB5DEQ
Policy Period: 07/18/2024 – 07/18/2025

Dear Policyholder,

Thanks for completing your premium audit.

We've attached our audit statement with this letter. It's not a bill—you'll get that later. In the meantime, the statement will show you a comparison of your estimated policy costs vs. the actual numbers you reported.

If you overpaid, we'll pay back some of your premium. You'll get the amount as a credit to your account. If the total credit is bigger than your bill, we'll send you a check for the difference.

If you owe money, the entire amount that you owe will be included on your next scheduled bill. We'll expect payment in full to close out this past policy term. If you use automatic payments, we'll withdraw it on your next scheduled withdrawal date.

We're Here to Help

If you have questions or need help, let us know. You can visit <https://thehartford.com/servicecenter> for more information about how premium audit works, including frequently asked questions. You can also call us at 1-866-467-8730 and follow the option for audit.

Thanks for choosing us for your business insurance needs.

Sincerely,

The Hartford

STATEMENT OF PREMIUM ADJUSTMENT - Final Audit



Policy Number: 43 WEC AB5DEQ
Named Insured and Mailing Address:
 DAMMON ENGINEERING, INC.
 554 OLD SPANISH TRL
 SLIDELL, LA 70458-4054
Direct Bill Account #: 15397795

Hartford Accident and Indemnity Company
Policy Period: 7/18/2024- 7/18/2025
Audit Period: 7/18/2024 - 7/18/2025
Producer: ROBERT L AUBERT CO INC
Producer Code: 43484802
Issuance Date: 9/3/2025

This document will show you a summary of your insurance costs for this policy, based on your recent premium audit. It's not a bill.

PREMIUM AUDIT SUMMARY	
Original Estimated Premium	\$942.00
Audited Actual Premium	\$1,301.00
Taxes and Surcharges	\$0.00
Total Audited Cost	\$1,301.00
Premium Variance	
Additional Premium	\$359.00

**STATEMENT OF PREMIUM ADJUSTMENT
THIS IS NOT A BILL**

This Statement of Premium Adjustment compares the estimated cost from the beginning of your last policy term to your actual numbers from the end. It shows you how we adjusted your premium based on that comparison. If you owe us additional money at the end of your policy term, the amount will appear on your next regular bill. If you overpaid, we'll return some of your premium.

ENTITY, LOCATION AND STATE

Entity	Estimated Annual Exposure	Audited Annual Exposure	Net Difference
DAMMON ENGINEERING, INC. Loc 1 (17)	\$192,642.00	\$197,960.00	
Total Premium	\$942.00	\$1,301.00	\$359.00

Estimated Annual Exposure shows your estimated payroll and insurance cost for this policy term. Each line in the table shows the estimated payroll for that line. The bottom line (Total Premium) shows your estimated insurance cost based on those numbers. The numbers include your original estimate from the start of your policy term, plus any endorsements you've added.

Audited Annual Exposure shows your actual payroll and insurance cost for this policy term. Each line in the table shows the actual payroll for that line. The bottom line (Total Premium) shows your actual insurance cost, based on the audit.

Net Difference is the difference between your estimated costs and your actual audited costs. If you see a "-" before this number, it means a credit back to your account. If not, you may owe additional premium. Please refer to your bill to see the final amount and how it's applied to your account.

STATEMENT OF PREMIUM ADJUSTMENT – Final Audit (Cont.)

Policy Number: 43WECAB5DEQ

Audit Period: 07/18/24 to 07/18/25

Insured:	DAMMON ENGINEERING, INC.				
State:	LA (17)				
Location:	1 - 554 OLD SPANISH TRL SLIDELL LA 70458-4054				
Co. Code:	5 - Hartford Accident and Indemnity Company				
	Class Code	Class Description	Audited Exposure	Rate (Per \$100)	Total Cost
Standard Premium					
	8603	ARCHITECTURAL OR ENGINEERING FIRM - CLERICAL	\$71,060.00	0.1500	\$107.00
	8601	ARCHITECTURAL OR ENGINEERING FIRM - INCLUDING SALESPERSONS & DRIVERS	\$121,180.00	0.4100	\$497.00
	8810	CLERICAL OFFICE EMPLOYEES NOC	\$5,720.00	0.2000	\$11.00

LA - Other Premium Taxes and Surcharges					
		SCHEDULE RATING FACTOR	\$0.00	1.1000	\$77.00
		EMP LIAB INCREASED LIMITS	\$0.00	0.0140	\$9.00
		EMPLOYER LIABILITY INCREASE	\$0.00	0	\$141.00
		LIMITS BALANCE TO MINIMUM PREMIUM			
		WAIVER CHARGE		0.0200	\$250.00
		EXPENSE CONSTANT			\$175.00
		TERRORISM RISK INSURANCE	\$197,960.00	0.0070	\$14.00
		PROGRAM REAUTHORIZATION ACT DISCLOSURE ENDORSEMENT			
		CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM)	\$197,960.00	0.0100	\$20.00

LA Total Cost	\$1,301.00
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Policy Audit Total Cost	\$1,301.00
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