



BANKERS INSURANCE COMPANY  
 PO BOX 33060  
 ST. PETERSBURG, FL 33733-8060  
 800-627-0000

BBOP99.001 0916 0411  
 4852008  
 3/13/19

5000 0000 BBOP MAIN AMENDED QUOTE

**BUSINESSOWNERS POLICY  
 COMMON POLICY DECLARATIONS**

Page 1 of 5  
 Date of Issue  
 3/13/19

<b>Policy Number</b>
17 0004917800 9 08

Policy Period	Term	Inception Date	Agent	Agent's Phone
From: 4/24/19 To: 4/24/20 12:01 Standard Time	12 mos	4/24/11 12:01 AM	00-0083722	(985) 892-3101

Agent (985) 892-3101  
 AUBERT INSURANCE AGENCY  
 PO BOX 1360  
 COVINGTON LA 70434

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

**FORM OF BUSINESS: Organization**

In return for the payment of the premium, and subject to all terms of this policy, we agree with you to provide the insurance as stated in this policy.

**Policy Limits (Coverage provided only where limits are indicated)**

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM IS SUBJECT TO ADJUSTMENT.

**COVERAGE SECTIONS**

BUSINESSOWNERS PROPERTY COVERAGES	\$520.00
BUSINESSOWNERS LIABILITY COVERAGES	\$220.00
TERRORISM PREMIUM	\$ .00
<b>ANNUAL PREMIUM SUBTOTAL</b>	<b>\$740.00</b>
INSPECTION FEE	\$55.00
2005 LA FAIR PLAN EMERGENCY ASSESSMENT	\$15.00
<b>TOTAL FEES</b>	<b>\$70.00</b>
<b>TOTAL ANNUAL PREMIUM</b>	<b>\$810.00</b>

This document forms a part of, completes, and executes the referenced policy. The declarations or information pages, together with the common policy conditions, coverage parts, forms and endorsements, if any, issued to form a part thereof, completes the policy. In witness thereof, the Company attests these documents as the entire contract of insurance; and executes same on behalf of the company.

This policy shall not be valid unless also countersigned by the duly authorized Agent of this company at the agency hereinbefore mentioned, if required by state law.

Deborah S Brcka  
 Countersigned by Authorized Representative

3/13/19  
 Date



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Bankers Insurance Company  
PO Box 33060  
St Petersburg, FL 33733-8060  
800-627-0000

Date of Notice  
3/13/19

Policy Number  
17 0004917800 9 08  
5000 00000 BBOP MAIN  
Business Owners Policy

Page 1 of 2

Agent Code: 0083722  
Agent (985)892-3101  
AUBERT INSURANCE AGENCY  
PO BOX 1360  
COVINGTON LA 70434

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

### Renewal Notice

Policy Period From: 4/24/19 To: 4/24/20

Dear Insured:

It's TIME TO RENEW your current insurance policy.

To ensure continued coverage with us, you need to make your payment on or before the expiration date of your current policy. For your convenience, you may use our payment plan as shown, or you may pay the entire balance now to avoid service charges. If you owe any premium in the current policy term, payments received for the renewal of your policy may be applied to any outstanding balance.

#### Payment Options

Billing Type	Total Installments	Down Payment	Installment Amount*
N2	0	810.00	.00
O2	1	460.00	353.00
P2	3	285.00	178.00
T2	6	250.00	96.00
U2	9	236.00	67.00

The second and all subsequent installments shown above include a \$3.00 service charge.

Please RETURN BOTTOM PORTION along with your payment.

\*\*\*Free "Online Bill Pay" now available at [www.bankersinsurance.com](http://www.bankersinsurance.com)\*\*\*



Please WRITE POLICY NUMBER ON CHECK  
and make payable to: Bankers Insurance Company  
Insured: DAMMON ENGINEERING INC  
To Be Paid By: Insured

Due Date: 4/24/19  
New Balance: \$810.00  
Minimum Due: \$236.00  
Bill Type Selected:  
Amount Enclosed: \_\_\_\_\_

PO BOX 33011  
ST PETERSBURG, FL 33733-8011  
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Insured