

DAMMON ENGINEERING, INC.
554 OLD SPANISH TRAIL
SLIDELL, LA 70458
(985) 649-5832

REGIONS BANK

4444

84-362/654

DATE 10/14/2019

PAY TO THE ORDER OF The Hartford \$ 830.25

Eight hundred thirty dollars & 25/100 DOLLARS

MEMO 15397795

David Dammon
AUTHORIZED SIGNATURE

⑈004444⑈ ⑆065403626⑆ 0131813631⑈

DAMMON ENGINEERING, INC.

4444

Please detach here and insert with your payment. Write the account number on the check and make payable to **The Hartford**.

Check below and **complete reverse side** to request:
 Address Changes

Account Number: **15397795**

Amount Enclosed: 830.25

Payment Due Date	10/18/19
Current Balance	Minimum Due
\$830.25	\$280.75

Mail Payments To:

The Hartford
P O Box 660916
Dallas, TX 75266-0916

2265
DAMMON ENGINEERING INC
554 OLD SPANISH TRL
SLIDELL, LA 70458-4054



43153977952748416200000280750000083025810008

DAMMON ENGINEERING, INC.

4444



THE HARTFORD
Billing Company:
Hartford Fire Insurance Company

Pay Online: www.thehartford.com/servicecenter

For Customer Service Call: **1-800-403-5490**
7 a.m. to 7 p.m. Central Time (Mon – Fri)

Report Claims 24 hours a day: 1-800-327-3636

Bill Date: 09/25/19

Billing Account #: 15397795

Current Balance: \$830.25	Minimum Due: \$280.75	Due Date: 10/18/19
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Please pay either the Current Balance or no less than the Minimum Due. By paying the Current Balance in full, you can avoid future service fees associated with administering your payment plan. If your payment is not received by the due date, a late fee of \$20.00 will be assessed.

Named Insured: DAMMON ENGINEERING INC
Your Agent: ROBERT L AUBERT CO INC

ACCOUNT SUMMARY		IMPORTANT MESSAGES
Previous Account Balance	\$1,125.00	
Payments & Adjustments	-\$300.75	
Premium Activity	\$0.00	
New Fee(s)	\$6.00	
Account Balance	\$830.25	

TRANSACTION DETAILS (since your last bill)						
Transaction Date	Transaction Description	Policy #	Policy Type	Payments/ Adjustments	Premium Activity	Fee Activity
09/25/19	Service Fee					\$6.00
08/06/19	Payment- Thank You			-\$300.75		
TOTALS				-\$300.75	\$0.00	\$6.00

Thank you for selecting The Hartford. We appreciate your business.

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 Address Changes

Account Number: **15397795**

Amount Enclosed: _____

Payment Due Date	10/18/19
Current Balance	Minimum Due
\$830.25	\$280.75

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FUTURE ACCOUNT INSTALLMENT SCHEDULE		
Bill Date	Due Date	Minimum Due
09/25/19	10/18/19(current due)	\$280.75
12/25/19	01/18/20	\$274.75
03/25/20	04/18/20	\$274.75

A \$6.00 service fee will be added to each installment bill issued.

IMPORTANT PAYMENT-RELATED INFORMATION

We will apply payments received in the following order:

- Past due and audit premium on inactive policies
- Past due premium on active policies
- Past due fees, then
- Current account charges

Alternate payment instructions with your check will not be honored. When you provide a check as payment, you authorize us to either use information from your check to make a one-time electronic transfer from your bank account or process your payment as a check transaction.

If you believe you received this invoice in error, please contact us at 1-800-403-5490 so that we can prevent further action.

POLICY BILLING DETAILS

Policy Number	Policy Type/Bill Plan/Status	Policy Period	Policy Balance	Minimum Due
43WECAB5DEQ	Workers Compensation/4 PAY Equal/Active New Fee(s)	07/18/19-07/18/20	\$824.25 \$6.00	\$274.75 \$6.00
TOTALS			\$830.25	\$280.75

PAYMENT OPTIONS

- **Online** at www.thehartford.com/servicecenter. Policies subject to cancellation may not be available in our automated system.
- **AutoPay** automatically withdraws premium payments from your bank account when they're due – ensuring payments are never late and eliminating the potential for late fees. Enroll at www.thehartford.com/servicecenter or by calling 1-800-403-5490.
- **Payment by phone** allows you to make a one time payment from your bank account by calling our automated system at 1-800-403-5490. Policies subject to cancellation may not be available in our automated system.
- **Mail payment ONLY** along with the remittance stub, in the envelope provided. Allow at least 5 days for delivery. **Do not** mail any correspondence with your payment. Correspondence should be mailed to: The Hartford, 301 Woods Park Drive, Clinton, NY 13323.
- **For Overnight/Express** – send **payments only** to: Remitco – The Hartford #916, 1010 W Mockingbird Lane Suite 100, Dallas, TX 75247.

EXPLANATION OF TERMS

State Surcharges: Fees that are assessed by your state and local government and paid by The Hartford to the appropriate agency. If a surcharge is applicable in your state, it will be shown separately on your invoice.

Current Balance: The total amount due after applying all payments, credits or additional charges received since the last insurance bill.

New Fee(s): The total of all fees assessed on the current bill.

Service Fee: A fee that is assessed on each installment invoice, except where prohibited by law.

Address Changes: Check One: Mailing address **ONLY** Mailing address **AND** Physical Location change

Street: _____ Effective Date of change: _____

City/State/Zip: _____ Phone #: _____

Email Address: _____