

David,

I don't quite understand this information.

This period is the 07/17 - 07/18 payroll period.

The amount they show under total salaries covered is:

197,185.00
54,353.00
<hr/>
251,538.00

Which would roughly represent all of the salaries during that period, PLUS the \$50K in bonuses to you and Chuck.

While this particular audit doesn't show an increase in premium (it shows you're due \$46.00 to be returned to you), from my point of view, it does not look like they excluded you or Chuck. Maybe they couldn't do it retroactively?

Did you decide not to have coverage for the 2018-2019 period?

Thanks,  
Cindy

# Final Premium Audit Billing

FOREMOST PROPERTY AND CASUALTY INSURANCE COMPANY

NCCI Company No: 24090

ACCOUNT NUMBER : F002098298-001-00001

Branch GR GRAND RAPIDS	Policy No. WC 12543569 01	Producer 02122752	F.E.I.N. 721075648	Policy Period: From: 07/18/2017 To: 07/18/2018 Adjustment Period: From: 07/18/2017 To: 07/18/2018
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Branch P.O. BOX 2487 Address GRAND RAPIDS MI 49501-2487	If you have questions about <b>1-855-25-AUDIT</b> this audit contact us at:
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Named Insured and Mailing Address  DAMMON ENGINEERING, INC. 554 OLD SPANISH TRAIL SLIDELL LA 70458	Producer Name and Mailing Address  ROBERT L AUBERT CO INC PO BOX 1360 COVINGTON LA 70434-1360  (985) 892-3101
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The following Recap represents a summary of the recently completed premium audit.

## Final Premium Summary

Deposit Premium	\$	1,766.00	Balance Due Insured	\$46.00
Actual Premium Developed at Audit				
Total Standard Premium Including Endorsements	\$	1,540.00		
Premium Discount	\$			
Expense Constant	\$	180.00		
Taxes and Surcharges	\$			
Total Premium Developed at Audit	\$	1,720.00		

LOC	Audit Detail. Policy Exposures	Code No	Premium Basis	Rates	Annual Premium
			Total Annual Remuneration	Per \$100 of Remuneration	
001	DAMMON ENGINEERING, INC. LOUISIANA  554 OLD SPANISH TRAIL SLIDELL LA, 70458				
	ARCHITECTURAL OR ENGINEERING FIRM - INCLUDING SALESPERSONS & DRIVERS	8601	197,185	.720	1,420
	ARCHITECTURAL OR ENGINEERING FIRM - CLERICAL	8603	54,353	.230	125
	PREMIUM FOR INCREASED LIMITS PART TWO	9812	1,545	.0140	22
	PREMIUM FOR INCREASED LIMITS PART TWO - BTM	9848			128
	SCHEDULE RATING PLAN CREDIT	9887		.180-	305-
	TOTAL ANNUAL STANDARD PREMIUM				1,390
	EXPENSE CONSTANT CHARGE	0900			180
	TERRORISM	9740	251,538	.030	75
	CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERROR)	9741		.030	75
	TOTAL ANNUAL PREMIUM				1,720

Issue Date: 10/18/2018

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# Workers Compensation and Employers Liability Insurance Policy

FOREMOST PROPERTY AND CASUALTY INSURANCE COMPANY

Forms and Endorsements Applicable List

Branch		Policy Number	Producer Code
GRAND RAPIDS		WC 12543569 01	02122752
Form Number		Form or Endorsement	
U-WC-392-A	04-02	FINAL PREMIUM AUDIT BILLING SCHEDULE	
25-3063	05-13	IMPORTANT NOTICE	

Issue Date: 10/18/2018