(Policy Provisions: WC000000C)

INFORMATION PAGE
WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

INSURER: Hartford Insurance Company of the Midwest
ONE HARTFORD PLAZA HARTFORD CT 06155

THE HARTFORD

NCCI Company Number: 20605
Company Code: G

		Suffix	
		LARS	RENEWAL
POLICY NUMBER:	43 WEC AB5DEQ		9
Previous Policy Number:	43 WEC AB5DEQ		

1. **Named Insured and Mailing Address:** (No., Street, Town, State, Zip Code)
DAMMON ENGINEERING, INC.
554 OLD SPANISH TRL
SLIDELL LA 70458

FEIN Number: 72-1075648
State Identification Number(s):

The Named Insured is: Corporation
Business of Named Insured: Engineering Services
Other workplaces not shown above:

2. **Policy Period:** **From** 07/18/26 **To** 07/18/27 ANNUAL
12:01 a.m., Standard time at the insured's mailing address.

Producer's Name: ROBERT L AUBERT CO INC
PO BOX 1360
COVINGTON LA 70435

Producer's Code: 43484802
Issuing Office: THE HARTFORD BUSINESS SERVICE CENTER
3600 WISEMAN BLVD
SAN ANTONIO TX 78251
(866) 467-8730

Total Estimated Annual Premium: $868
Deposit Premium:
Policy Minimum Premium: $368 LA (Includes Increased Limit Min. Prem.)

Audit Period: ANNUAL **Installment Term:** Four Pay (30%Down+2@25%+1@20%)
The policy is not binding unless countersigned by our authorized representative.

Countersigned by Susan L. Castaneda 06/08/26
Authorized Representative Date