

Policy Number:
17 0037798897 0 01

Policy Period:
4/24/26 - 4/24/27

Effective Date:
5/27/26

BUSINESSOWNERS DECLARATIONS PAGE

BANKERS INSURANCE COMPANY
PO Box 33060
St. Petersburg, FL 33733-8060
Phone: 1-800-627-0000
www.bankersinsurance.com

YOUR AGENCY
Phone: (985)892-3101
AUBERT INSURANCE AGENCY
PO BOX 1360
COVINGTON LA 70434

POLICYHOLDER INFORMATION
INC DAMMON ENGINEERING
554 OLD SPANISH TRL
SLIDELL LA 70458-4004

RECIPIENT INFORMATION
Insured

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 including the endorsements as indicated on the Forms and Endorsements section of this document.

YOUR PREMIUM

Property Coverage Premium	\$1,202.00
Liability Coverage Premium	\$337.00

Subtotal: \$1,539.00

Fees:

Inspection Fee	\$55.00
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Total Fees: \$55.00

TOTAL POLICY PREMIUM: \$1,594.00

Premiums do not include any 3rd party coverages you may have selected. See your invoice for details on the premium(s) for those coverages.

Total Changed Fees	\$.00
Total Changed Premium	\$43.00-

This document forms a part of, completes, and executes the referenced policy. The declarations or information pages, together with the 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 herein before mentioned, if required by state law.

CAROL ANN MILLER
Countersigned by Authorized Representative

5/27/26
Date

