

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

REGIONS BANK

4414

84-362/654

DATE 7/30/2019

PAY TO THE ORDER OF The Hartford \$ \*\*300.75

Three Hundred and 75/100\*\*\*\*\* DOLLARS

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

  
AUTHORIZED SIGNATURE

MEMO 15397795

⑈004414⑈ ⑆065403626⑆ 0131813631⑈

DAMMON ENGINEERING, INC.  
The Hartford

Worker's Comp

7/30/2019

4414  
300.75

Regions Checking Ac 15397795

300.75

**PAST DUE INSURANCE BILL**



**THE HARTFORD**  
Billing Company:  
Hartford Fire Insurance Company

**Pay Online:** [www.thehartford.com/servicecenter](http://www.thehartford.com/servicecenter)  
 For Customer Service Call: **1-800-403-5490**  
 7 a.m. to 7 p.m. Central Time (Mon – Fri)

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

**Bill Date: 07/25/19**

**Billing Account #: 15397795**

<b>Current Balance: \$1,125.00</b>	<b>Minimum Due: \$300.75</b>	<b>Due Date: 08/09/19</b>
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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: <b>DAMMON ENGINEERING INC</b>	Your Agent: <b>ROBERT L AUBERT CO INC</b>
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ACCOUNT SUMMARY	IMPORTANT MESSAGES
Previous Account Balance \$1,105.00	<ul style="list-style-type: none"> <li>Your Account is PAST DUE. Please make your payment so that it is received prior to the due date shown above. Otherwise, a policy or policies in this account may be subject to cancellation. If this account qualifies for equal installments and payment is not received by the due date it will no longer qualify. Renewal policies in this account will then bill using your original installment plan, requiring a higher down payment.</li> </ul>
Payments & Adjustments \$0.00	
Premium Activity \$0.00	
New Fee(s) \$20.00	
Account Balance \$1,125.00	

TRANSACTION DETAILS (since your last bill)						
Transaction Date	Transaction Description	Policy #	Policy Type	Payments/ Adjustments	Premium Activity	Fee Activity
07/25/19	Late Fee					\$20.00
<b>TOTALS</b>				<b>\$0.00</b>	<b>\$0.00</b>	<b>\$20.00</b>

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

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: \_\_\_\_\_

Payment Due Date	<b>08/09/19</b>
Current Balance	Minimum Due
<b>\$1,125.00</b>	<b>\$300.75</b>

**Mail Payments To:**

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

0351  
 DAMMON ENGINEERING INC  
 554 OLD SPANISH TRL  
 SLIDELL, LA 70458-4054



4315397795274841620000003007500000112500810001

FUTURE ACCOUNT INSTALLMENT SCHEDULE		
Bill Date	Due Date	Minimum Due
06/25/19	08/09/19(past due)	\$300.75
09/25/19	10/18/19	\$274.75
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/Past Due	07/18/19-07/18/20	\$1,099.00	\$274.75
	New Fee(s)		\$20.00	\$20.00
	Previously Billed Fee(s)		\$6.00	\$6.00
<b>TOTALS</b>			<b>\$1,125.00</b>	<b>\$300.75</b>

**PAYMENT OPTIONS**

- **Online** at [www.thehartford.com/servicecenter](http://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](http://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.

**Late Fee:** A fee that is assessed when the minimum due is not received by the due date, 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: \_\_\_\_\_