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PO Box 12058
Austin, TX 78711-2058

FRANK SWINGLE & ASSOCIATES INC
DBA: SWINGLE COLLINS & ASSOCIATES
13760 NOEL RD STE 600
DALLAS TX 75240-1381

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2023-02-27

2/27/23

Notice of Fast Track Renewal

Agent copy

FRANK SWINGLE & ASSOCIATES INC
DBA: SWINGLE COLLINS & ASSOCIATES
13760 NOEL RD STE 600
DALLAS TX 75240-1381

Regarding
STONEFIELD HOMES LLC

Quote no.
Q004623062

Coverage period
4/7/23 to 4/7/24

Renewal of policy no.
0001285647

Dear Agent,

This letter is a courtesy notice that Texas Mutual has selected the policyholder listed above for a **fast track renewal**. We will send a renewal invoice summary directly to this policyholder approximately one month prior to the expiration date. The renewal invoice summary assumes the same payment plan and network selection as the expiring policy. It will also show the total premium, premium amount due and dividend history if applicable.

Please see the attached quote commission letter and applicant quote for more information. Once the renewal invoice summary has been prepared for the policyholder, it will be available online for your review.

You do not need to take any further action at this time unless you would like to discuss workers' compensation-related changes prior to this policyholder's renewal.

Upon payment, we will provide the policy to you for distribution to the policyholder. If payment is not received from the policyholder by 4/7/23, the existing policy will end, effective 4/7/23.

If you have any questions, please contact us at (800) 859-5995.

Sincerely,

Lisa Lyngos
Underwriting Team

2/27/23

Underwriting Quote

Agent copy

FRANK SWINGLE & ASSOCIATES INC
DBA: SWINGLE COLLINS & ASSOCIATES
13760 NOEL RD STE 600
DALLAS TX 75240-1381

Regarding
STONEFIELD HOMES LLC

Quote no.
Q004623062

Coverage period
4/7/23 to 4/7/24

Dear Agent,

We have completed our review of this account and are pleased to offer the enclosed quote for workers' compensation coverage.

Out-of-network premium \$1,958.00

Commission rate 9.0%

In-network premium \$1,741.00

Commission rate 9.0%

Please do not deduct the commission when remitting payments.

This proposal has been prepared based on the information submitted. The quote contains a request for additional information, if applicable, the premium quote summary, the schedule of endorsements and the quote invoice. The policy premium is based on the estimated payrolls reported to us in your application and/or in the renewal information, and it is subject to audit.

This quote is valid for 60 days from the effective date of the quote. After 60 days, the quote will be closed and a new submission will be required. Instructions for binding and premium payment are included. When remitting payments, please do not deduct the commission.

Checks should be made payable to:
Texas Mutual Insurance Company
Attn: Remittance Processing
PO Box 841843
Dallas, TX 75284-1843

Send correspondence to:
Texas Mutual Insurance Company
Underwriting Dept
PO Box 12058
Austin, TX 78711-2058

Send overnight mail to:
Texas Mutual Insurance Company
2200 Aldrich Street
Austin, Texas 78723-3474

Thank you for the opportunity to provide you with this quote. We look forward to binding coverage. If I can be of assistance, please contact me at (800) 859-5995.

Sincerely,

Lisa Lyngos
Underwriting Team