

9/18/23

Final Audit Cover Letter

Agent copy

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

Regarding
STONEFIELD HOMES LLC

Policy no.
0001285647

Policy period
4/7/23 to 8/18/23

Dear Policyholder,

Enclosed you will find a copy of the final audit statement for your policy. This final audit reflects the total premium associated with the referenced policy period.

Any credits or additional amounts owed will be addressed separately.

This final audit statement covers only the policy period referenced above. Final audits for other policies will be processed separately.

If you have questions, please contact our office at (800) 859-5995 , and ask to speak with a representative in our information services center. Thank you for doing business with Texas Mutual Insurance Company.

Sincerely,

Premium Audit Team

cc: STONEFIELD HOMES LLC
5001 LBJ FWY STE 850
DALLAS TX 75244-6156



9/18/23

Final Premium Audit Statement

Agent copy

Policy no.
0001285647

Statement date
9/18/23

Policy period
4/7/23 to 8/18/23

Insured name and address
STONEFIELD HOMES LLC
5001 LBJ FWY STE 850
DALLAS TX 75244-6156

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

Loc	Class code	Class description	Exposure	Rate	Earned premium
STONEFIELD HOMES LLC					
04/07/2023 to 08/18/2023					
00003	5403	Carpentry-Private one or Two Family Residences-& Drivers	0.00	6.890	0.00
00003	5606	Contractor-Executive Supervisor or Construction Superintendent	72,770.00	1.040	757.00
00003	8742	Salespersons or Collectors-Outside	0.00	0.320	0.00
00003	8810	Clerical Office Employees NOC	45,493.00	0.160	73.00
		Manual Premium			830.00
	0930	Blanket Waiver: ALL TEXAS OPERATIONS 04/07/2023 - 08/18/2023	830.00	0.020	17.00
	9812	Increased Limits Factor 1,000,000/1,000,000/1,000,000	830.00	0.014	12.00
	9848	Increased Limits Balance to Minimum Premium (\$150)	43.00	1.000	43.00
	9885	Premium Incentive For Small Employer Modifier	902.00	0.850	(135.00)
	9887	Schedule Modifier	767.00	0.860	(107.00)
	9874	Healthcare Network Option	660.00	0.120	(79.00)
		Period Total			581.00
	0900	Expense Constant	150.00	0.364	54.00
		Final calculated earned premium			635.00

Estimated billing adjustment calculation

Initial premium + policy changes	1,741.00
Final audit adjustment	(1,106.00)
Final calculated earned premium	635.00
Total premium charges	574.53
Final estimated billing adjustment	60.47

FINAL AUDIT: OFFICE ADJUSTMENT

Note: This is not an invoice. Any credits or additional amounts owed will be addressed separately.
Log on to texasmutual.com to view billing and payment details.

