November 6, 2023

SWINGLE COLLINS & ASSOCIATES / 46462454 13760 NOEL ROAD SUITE 600 DALLAS TX 75240

Policy Information:

Policy Holder Details	
Noel Management Company, Inc	
Policy Number	Policy Term
46 WEC BB4E39	11/06/23 to 11/06/24

Additional Information:

Producer's Name:	SWINGLE COLLINS & ASSOCIATES
Producer's Code:	46462454

Contact Us

Visit https://agency.thehartford.com 24/7 access to manage your book of business.

Need Help? Chat online or call us at (866) 467-8730. We're here Monday - Friday.

Producer's Fact Sheet

Account Details:

Transaction Type:	New Business
Total Estimated Annual Premium:	\$1,568

WCP00040 Page 1

Commission Breakdown:

Line of Business	Estimated Annual Premium	Commission Percentage
Workers Compensation - Premium subject to Commission	\$1,324.00	20.0
Expense Constant	\$180.00	
Terrorism & DTEC	\$64.00	
Total	\$1,568.00	

^{**}The Commission Rate is Tentative and Subject to Adjustment**

Forms Details:

Form Number	Form Description
97485-18	AN IMPORTANT MESSAGE TO WORKERS' COMPENSATION POLICYHOLDERS
98456	MAINTAINING YOUR PAYROLL RECORDS FOR AUDIT PURPOSES
G-3058-1	POLICY ADJUSTMENT NOTICE
G-3116-6	IMPORTANT NOTICE - TEXAS
G-3418-0	PRODUCER COMPENSATION NOTICE
G-4119-0	POLICYHOLDER NOTICE-PAYROLL BILLING
WC000000C	WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY
WC000001A.1	INFORMATION PAGE
WC000001A.2	INFORMATION PAGE
WC000414A	90-DAY REPORTING REQUIREMENT- NOTIFICATION OF CHANGE IN OWNERSHIP ENDORSEMENT
WC000421F	CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM) PREMIUM ENDORSEMENT
WC000422C	TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT DISCLOSURE ENDORSEMENT
WC000425	EXPERIENCE RATING MODIFICATION FACTOR REVISION ENDORSEMENT
WC420301L	TEXAS AMENDATORY ENDORSEMENT
WC420304B	TEXAS WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT
WC420308	PARTNERS, OFFICERS AND OTHERS EXCLUSION ENDORSEMENT
WC420408A	TEXAS HEALTH CARE NETWORK ENDORSEMENT
WC550022A	NOTICE TO WORKERS' COMPENSATION POLICYHOLDERS IN TEXAS LETTER
WC660080J	TEXAS ACCIDENT PREVENTION SERVICES
WC660125A	DEDUCTIBLE NOTICE OF ELECTION TO ACCEPT TEXAS WORKERS COMPENSATION BENEFITS
WC660156B	WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY QUICK REFERENCE
WC660330P	CUSTOMER PRIVACY NOTICE
WC660376C	THE HARTFORD'S TEXAS WORKERS' COMPENSATION HEALTH CARE NETWORK
WC660384	HARTFORD LOSSCONNECT STUFFER
WC884201G	NOTICE TO EMPLOYEES CONCERNING WORKERS'COMPENSATION IN TEXAS

WCP00040 Page 2

Form Number	Form Description
WC884219E	Texas Notice to Employees-Spanish
WC990001K	Signature/Copyright
WC990002	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY BUSINESS INSURANCE POLICY
WC990005	SCHEDULE OF OPERATIONS
WC990368	EXTENSION OF THE INFORMATION PAGE - ITEM 3.D ENDORSEMENTS
WC990694	GOODS AND SERVICES ENDORSEMENT
WLTR004	Welcome Letter as Mailing Slip to Agent (generic)

WCP00040 Page 3