



PRESENTED BY  
**WTW INS SERV WEST INC**  
300 S GRAND AVE STE 2000  
LOS ANGELES , CA - 90071

BOUND ON 12/30/2024 FOR  
**SACKETT NATIONAL HOLDINGS,  
INC**  
221 WEST SIXTH STREET  
SUITE 1030  
AUSTIN, TX 78701

Binder For:

## **SACKETT NATIONAL HOLDINGS, INC**

WTW INS SERV WEST INC

### **Commercial Package Program - Simp. Occ.**

<b>Policy Number</b>	H-630-A0800428-IND-25
<b>Effective</b>	01/01/2025 – 01/01/2026
<b>Insuring Company</b>	THE TRAVELERS INDEMNITY COMPANY
<b>Total Premium</b>	\$29,025

COVERAGE	COMMISSION	PREMIUM
DELUXE	15.00 %	\$17,716
GENERAL LIABILITY	15.00 %	\$11,009
EMPLOYEE BENEFITS LIABILITY	15.00 %	\$300

### **Automobile**

<b>Policy Number</b>	BA-3L056269-25-I3-G
<b>Effective</b>	01/01/2025 – 01/01/2026
<b>Insuring Company</b>	THE TRAVELERS INDEMNITY COMPANY
<b>Total Premium</b>	\$13,040
<b>Commission</b>	15.00 %

## Workers Compensation

<b>Policy Number</b>	UB-9J862160-25-I3-G
<b>Effective</b>	01/01/2025 – 01/01/2026
<b>Insuring Company</b>	TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA
<b>Total Premium</b>	\$4,302
<b>Commission</b>	10.00 %

## Payment plan

**Agency Bill - Monthly (10 Equal)**

## Binder disclosure

PLEASE REVIEW THIS BINDER CAREFULLY. FOR INFORMATION ON COVERAGE FORMS, LIMITS OF INSURANCE, POLICY ENDORSEMENTS AND OTHER PROVISIONS, PLEASE SEE YOUR PROPOSAL DOCUMENT. THIS BINDER IS VALID UNTIL YOUR POLICY IS ISSUED. AT WHICH TIME YOUR POLICY WILL, WITHOUT NOTICE, AUTOMATICALLY CANCEL, REPLACE AND SUPERSEDE THIS BINDER AND ANY OTHER CORRESPONDENCE THAT DOCUMENTS THE INSURANCE COVERAGE REFERENCED HEREIN. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT YOUR AGENT OR BROKER.

## Important notice

Your Workers Compensation policy may be subject to the terms and conditions of the California Short Rate Cancellation Endorsement (WC 04 04 22 (00)) that is on your policy and which outlines how premium will be refunded to you in the event you cancel the policy prior to the expiration of the policy term.

This document is not a proposal. Any policy coverages, limits of insurance, policy endorsements, coverage specifications, or other terms and conditions that you have requested that are not included in this summary/indication have not been agreed to by Travelers. Please review this summary/indication carefully and if you have any questions, please contact your Travelers representative.

This summary/indication does not amend, or otherwise affect, the provisions of coverage of any resulting insurance policy issued by Travelers. It is not a representation that coverage does or does not exist for any particular claim or loss under any such policy. Coverage depends on the applicable provisions of the actual policy issued, the facts and circumstances involved in the claim or loss and any applicable law. The policies will also be subject to all state mandated endorsements.

As Broker/Agent you will be responsible for being aware of and complying with the various legal requirements associated with countersignature in various jurisdictions covered in the policies. Unless accepted, the offer(s) of insurance contained in this document expire(s) automatically fifteen days after the date referenced above.

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