



04/26/2024



NOTICE OF EXPIRED POLICY AUDIT

Insured: LGM Underground Utilities, Inc.
Policy No: GLSISTC003400423
Policy Period: 01/16/2023 - 01/16/2024
Carrier: Third Coast Insurance Company

Broker: Pascal Burke Insurance Brokerage Inc.
First Letter Date: 03/16/2024

Pursuant to the first letter sent on the above referenced date, please be advised that a routine premium audit on your general liability policy is now due. When your policy was issued, the premium was calculated based on an estimated premium. It is now necessary that we review your records concerning the premium amount. Zoom Professional Services is the authorized representative of the Carrier, ("The Carrier") for its premium audits. We have been requested by The Carrier to administer this audit.

Enclosed you will find an inspection form for the above-referenced policy. Please provide the information and documentation being requested on the following page within fifteen (15) days of the date of this letter that pertain to your policy period. If you are unsure of the exact dates your policy was in force, please refer to the top of this form. Please note that the audit needs to be performed even if you are currently insured with another insurance carrier.

Pursuant to the terms of the applicable insurance policy, The Carrier, has the right to audit the books and records of its insureds, as they relate to the policy at any time during the policy period and up to three years after expiration of the policy period. This includes, but not limited to, the right to examination of your books and records and conduct inspections and surveys of your company. Please consult your insurance policy for the applicable provisions.

Your policy provides that all premiums for this policy are computed in accordance with The Carrier's rules and rates. Premium shown in this policy as advance premium is a deposit premium only. At the close of each audit period we will compute the earned premium for that period and send notice to the first named insured. The due date for audit and retrospective premiums is the date shown as the due date on the bill.

If any "named insured" refuses to allow us access to its records sufficiently to conduct such audit, then we shall have the option to pursue all available legal and/or equitable remedies available in a court of proper jurisdiction to enforce and accomplish the subject audit; or invoice the first "named insured" for any additional premium equal to the greater of up to and including fifty percent (50%) of the original minimum and deposit premium shown on the declarations page of this policy or nine thousand (\$9,000) for each "named insured" for any additional premium amount as provided in the policy.

In light of the above your immediate attention and submittal of the requested information and documents is required. We are committed to producing audits that represent your risk exposures accurately and reflect premium levels that are appropriate. Our premium audit process conforms to uniform industry standards. Accordingly, please fill out and return the audit survey, as well as attach the appropriate forms listed at the bottom of the audit survey for each policy period. This will ensure that your premium is correctly adjusted. We request at this time that in addition to the audit survey, you send copies of your profit and loss statements.

Please fax, email or mail the necessary information and documentation to the address listed below within fifteen (15) days of the date of this letter. In addition, I would ask that you direct all correspondence to the audit department's attention. If you have any questions regarding how to fill out the audit survey or what the additional documents are, please contact your agent and or the audit department. Thank you for your attention to this and we sincerely appreciate your cooperation.

Kindly,

Zoom Professional Services
2244 Faraday Avenue #129, Carlsbad, CA 92008
PH: 760-795-0021 FX: 760-795-0098
Email: audits@zoompfs.com Website: zoompfs.com

Enclosure

CC:

Pascal Burke Insurance Brokerage Inc.
Pascal Burke
2102 Business Center Drive Suite 280, Irvine, CA 9261



AUDIT FORM

Date: 04/26/2024

COMMERCIAL GENERAL LIABILITY POLICY
Third Coast Insurance Company

Company Name: LGM Underground Utilities, Inc.

Policy Number: GLSISTC003400423

Policy Dates: 01/16/2023 - 01/16/2024

**THIS FORM MUST BE COMPLETED AND RETURNED. THIS IS AN AUDIT FOR
YOUR POLICY TO VERIFY ACCURACY OF INFORMATION.**

Please provide information for the policy period submit completed form and additional forms requested to:

Fax: (760) 795-0098 ATTN: Audit Department

E-mail: audits@zoompfs.com

Upload directly at www.zoompfs.com

Mail to: 2244 Faraday Ave. #129, Carlsbad, CA 92008

Detailed Description of Operations:

Of Employees (Excluding Owner) _____ Gross Payroll (Excluding Owner) \$ _____

Number of Projects or Home's Started: _____ Completed: _____

Gross Receipts: \$ _____

Subcontractors: Check If You Use Subcontractors. Dollar Amount of Work Subcontracted \$ _____

*****IMPORTANT*****

PLEASE SUBMIT ONE OF THE FOLLOWING REQUIRED DOCUMENTATION FOR THE POLICY TERM

- Profit & Loss Statement
- Bank Statements
- Tax Returns (only if the policy term is on a calendar year or the company's fiscal year)

These documents should summarize your revenue, costs and expenses incurred during the policy period.

Completed by: _____
(Signature)

Date: _____

Print Name: _____

Contractor's License Number (If Applicable): _____

E-mail Address: _____