



RISK PLACEMENT SERV INC
1800 WALT WHITMAN RD STE 140
MELVILLE, NY 11747

Billing Account 6322K1126
Statement Date 06/16/25

VERATEX, INC.
336 E 56TH ST
GROUND FLOOR
NEW YORK, NY 10022-4145

Minimum installment payment due
by 07/05/25

\$180.30

Thank you for your last payment,
received on 06/16/25
-\$180.30

Total remaining balance
\$1,574.70

Switch to paperless,
visit mytravelers.com

! IMPORTANT MESSAGES

You have no important messages at this time.



Make a quick, easy payment. Scan this QR Code

- Manage your account, view policy details & transaction history
- Enroll in automatic recurring payments
- Change your mailing address and more!

WE VALUE AND APPRECIATE YOUR BUSINESS, THANK YOU!

Avoid mail delays, make a payment today - scan the QR Code above or call our direct payment line 877-307-4202

If paying by check, cut at dotted line above and include this payment coupon with your check.



Billing Account:
6322K1126

Total remaining balance:
\$1,574.70

648842H 2025167 1028 075 0HJ973

Payment must be received by:
07/05/25

Minimum payment due: **\$180.30**

Amount enclosed: **\$**

Please write the billing account number on the check
and make payable to: Travelers

Mail payment to:

TRAVELERS CL REMITTANCE CENTER
PO BOX 660317
DALLAS, TX 75266-0317



99363332321131313236403939396200001803000015747089



Billing account summary

POLICY	POLICY NUMBER	POLICY PERIOD	MONTHLY PREMIUM	ANNUAL PREMIUM
Workers Comp	2J244256 UB	06/05/25 - 06/05/26	\$174.30	\$1,743.00
Total premium			\$174.30	\$1,743.00
Installment fee			\$6.00	
Minimum installment payment due			\$180.30	

For transaction history, policy & account details, visit mytravelers.com

Additional messages

You must pay at least the minimum due or up to the total balance due. If at any time you pay us more than the minimum due, and it covers your future installments, you will not receive a bill or be charged an installment charge. If you pay by installments, a \$6.00 charge will be added to each installment bill. If your payment is not received by the due date WE HAVE THE RIGHT, WITHOUT ADVANCE NOTICE TO YOU, TO TERMINATE YOUR OPTION TO PAY IN INSTALLMENTS AND TO REQUIRE FULL PAYMENT OF THE OUTSTANDING BALANCE ON YOUR POLICY. WE ALSO HAVE THE RIGHT TO ASSESS A LATE FEE OF \$10.00.

If you are paying with a check from a Personal Checking Account, you authorize us to either use information from your check to make a one-time electronic funds transfer from your account or to process the payment as a check. If you are paying with a check from a Business Checking account, we will process the payment as a check.

Insuring company

POLICY	POLICY NUMBER	INSURING COMPANY
Workers Comp	2J244256 UB	THE PHOENIX INSURANCE COMPANY

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Need assistance?

Do you have questions about your bill? Would you like to talk to someone about your payment plan? We're here to help, contact us.

Travelers Business Insurance Billing Team

 CLDIRECDBILL@travelers.com

 travelers.com/contact-us

 877-307-4202 (direct payment line)

 800-252-2268 (billing questions)

Your Travelers Agent

RISK PLACEMENT SERV INC

 631-577-4450 (policy and coverage questions)

Accessibility

Travelers works to make services accessible to all, including those with disabilities. If you need assistance, please call Travelers Customer Advocacy at 866-336-2077 or email accessibility@travelers.com.

Languages

Travelers representatives are here to assist you through our language interpreters. If you need assistance, please call 800-252-2268 and request a language interpreter.

DID YOU KNOW?

Switching to paperless billing still allows you to view your bill online and print if needed. Visit mytravelers.com and go paperless today!

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WE VALUE AND APPRECIATE YOUR BUSINESS,

THANK YOU!