

TRAVELERS
 RISK PLACEMENT SERV INC
 072101 CMS
 PO BOX 4182
 CLINTON, IA 52733-4183

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

Billing Account 6322K1126
 Statement Date 08/18/25

Minimum installment payment due

by 09/05/25

\$370.60

Thank you for your last payment,
 received on 07/25/25

\$-180.30

Total remaining balance
\$1,416.40

Switch to paperless,
 visit mytravelers.com

IMPORTANT MESSAGES

You have no important messages at this time.

C0117 006758 010033 BVDFCT01 25230



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.

TRAVELERS

Billing Account:
 6322K1126

Total remaining balance:
\$1,416.40

Payment must be received by:
09/05/25

648842H 2025230 1072 075 0HJ973

Mail payment to:

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




Minimum payment due: **\$370.60**

Amount enclosed: **\$**

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

9936333232113131323640393939396200003706000014164066

Billing account summary

| POLICY | POLICY NUMBER | POLICY PERIOD | MONTHLY PREMIUM | ANNUAL PREMIUM |
|--|---------------|---------------------|-----------------|----------------|
|  Workers Comp | 2J244256 UB | 06/05/25 - 06/05/26 | \$364.60 | \$1,743.00 |
| Total premium | | | \$364.60 | \$1,743.00 |
| Installment fee | | | \$6.00 | |
| Minimum installment payment due | | | \$370.60 | |

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

✉ CLDIRECTBILL@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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THANK YOU!