

LUSTGARTEN ASSOCIATES, INC.

375 FIFTH Avenue, 3rd Fl., New York, NY 10016

Tel: (212) 683-2440 • Fax: (212) 447-7265

Guy's Email: guy@lustgarten-insurance.com

General Email: admin@lustgarten-insurance.com

FACSIMILE

TO: CLAUDE SIMON

FROM: TOBIN GUY LUSTGARTEN

CO: _____

DATE: 6/16/25

SUBJECT: VERATX

OF PAGES: _____

CLAUDE - ENCLOSED IS A SELF AUDIT
FORM FROM TRAVELERS? ITS PRETTY EASY -
HAVE QUESTIONS? WANT HELP @ CALINE
OR EMAIL

Best Wishes
Guy

Tobin Guy

From: Mitchell Bernstein <Mitchell_Bernstein@rpsins.com>
Sent: Thursday, June 12, 2025 9:29 AM
To: Lustgarten Insurance Admin
Subject: Veratex Inc - UB-2J244256-24-42-G [SYS*REF#6482865]
Attachments: Attachment.pdf

Good morning,

Please see attached, the request for the Carrier for Audit information on the above referenced Direct Bill Account.

Could you please reach out to your Insured and see if you can assist in having this completed.,

Thanks,

Mitch



US.LasVegas.777NRainbowBlvd

Mitchell Bernstein
Senior Audit Team Lead

Direct: +1 954 377 2036 | Fax: 954 351 3607
Risk Placement Services

Risk Placement Services Insurance Brokers CA License No. 0C66724

Mitchell_Bernstein@rpsins.com | RPSins.com |

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Premium Audit Online Invitation
www.travelers.com
Returning User ID CSIMON@FAIRLANE.BIZ

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

Date created: 06/06/2025
Policy Period: 06/05/2024 to 06/05/2025
Policy Numbers: UB-2J244256

Need Help? 1-800-842-4271 or auditcs@travelers.com

Dear Customer,
It's Time for your Premium Audit

To ensure that your estimated premium reflects your business operations and any changes that may have occurred during the policy period, we are required to conduct a premium audit. This is an industry-standard practice and your participation in providing this information in a timely fashion is essential in order to calculate your final premium.

In order to process your audit and reconcile your premium in a timely fashion, please complete your premium audit within 20 days of the "Date created", shown at the top of this letter. Your cooperation is essential to calculate the final premium. Not providing requested documents may result in an Audit Noncompliance Charge or cancellation of any coverage in force at the time of audit.

What You will Need to Complete Your Premium Audit

To complete the Premium Audit please gather the following documents:

- Payroll information (payroll summaries or journals)
- Last four quarters of Federal Form 941 and/or State Unemployment Wage Reports
 - Note - If your quarterly tax reports don't line up with your policy term, simply provide your last four filed quarterly reports
- Subcontractor information and/or certificates of insurance (may also be required)

If you do not file the forms listed above, the following forms will be required:

- For a Sole Proprietor, the Profit or Loss (Form 1040) Schedule C pages 1 and 2
- For a Partnership, U.S. Partnership Return of Income (Form 1065) Page 1 and 1125-A
- For a Corporation, U.S. Corporation Income Tax Return (Form 1120) Page 1 and 1125-A

Please complete and return the attached Policyholder Audit Report (PHR) and the required supporting documentation. You may submit your completed report through our website (scan or take a picture) or fax the report to 1-800-879-0892.

NEW: Track the Status of Your Audit Online

You can track the status of your audit on our secure website. Our records indicate that you or someone representing your business registered for MyTravelers? previously. As a returning user, you can access www.travelers.com and use your existing ID (provided above) and password. If you can't remember your password please select 'Problems logging in?' to reset. If you need to logon as a new user go to www.travelers.com/register/biz.

Once registered, you will find answers to commonly asked questions about Premium Audit and an option to :

- Review our Frequently Asked Questions (FAQs)
- Get a head start on preparing for your audit by reviewing our record keeping tips
- Access your audit, check its status online and review your Premium Audit Adjustment Notice
- Provide Audit Information and securely submit documentation

Thank you. We appreciate your time and cooperation with the premium audit.



Insuring Company:
Travelers Insurance

POLICYHOLDER AUDIT REPORT

PREMIUM AUDIT
P.O BOX 2927
HARTFORD, CT 06104-2927

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

Date of Notice: 06/06/25

Policy Number UB 2J244256
Audit Term 06/05/24 to 06/05/25
Audit Type FA

Please return by: 06/21/25
Email: auditsupport@travelers.com

Fax: (800) 879-0892
Customer Service: (800) 842-4271

1. TELL US ABOUT YOUR BUSINESS

Please provide a detailed description of your business operations (e.g. work performed; product manufactured; services provided) including any new operations added during this term.

Textile jobber. Buy and sell textiles. Drop ship orders through 3rd parties only. No physical handling of product.

2. TELL US ABOUT YOUR COMPANY STRUCTURE

(Check One) ☐ Individual ☐ Partnership ☒ Corporation ☐ Limited Liability Co.

List Sole Proprietor, Partner(s), or Corporate Officer(s) along with their duties, number of weeks employed during the policy term, and their earnings/draws/profits. Include all principals even if they receive no pay or have elected, by filing an exclusion form, not to be covered. Please give more detail than simply "administrative" or "managerial" duties.

Title	Name	Specific Duties	# Weeks Employed	Actual Earnings
President	Claude Simon	Buy and sell. Clerical.	52	\$
				\$
				\$

Insured Name: VERATEX, INC.

Policy Number: UB 2J244256

Gross Payroll means the total amount paid during the policy term for all full time and part time employees, including personnel no longer employed, prior to any deductions.

3. TELL US ABOUT YOUR EMPLOYEES - DO NOT INCLUDE INDIVIDUALS LISTED IN SECTION 2.

Please complete the worksheet below. If you have more than fifteen (15) employees you may copy this page and include it with the completed form or attach copies of the Quarterly State Wage Unemployment Reports for the period covered with a notation next to each individual to identify the work performed by each individual.

Employee Name	Description of Work Performed	Gross Wages (Incl. Overtime)	Overtime	
			Time & One Half	Double Time
Example: Mary Johnson	Receptionist, filing, phones	\$24,250		
Example: Mark Brown	Plumber installation	\$34,219	\$2,180	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

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4. TELL US ABOUT YOUR NON-EMPLOYEE LABOR

Did you use anyone other than an employee to perform work, or a portion of a job, on your behalf? If you check "No", no additional information is required to complete this section.

Yes ☐ No ☐

ATTACH COPIES OF ALL CERTIFICATES OF INSURANCE PROVIDED BY YOUR CONTRACTORS COVERING THE DATES WORKED.

If the amounts paid to the contractor included the cost of materials provided by the contractor - please attach copies of the invoices.
If yes, please complete the worksheet below.

Name	Type Of Work Performed	Dates Worked (From To)	Total Amount Paid	Cost Of Materials Supplied By Sub	Did SUB Hire Help	
					Yes	No
(Example) Lagana Contracting	Roofing work	1/1 - 3/2	\$8,250	None	Yes	

Insured Name: VERATEX, INC.

Policy Number: UB 2J244256

5. SEND US YOUR SUPPORTING DOCUMENTATION

In order to complete this report we need the following forms pertaining to the policy period:

- the last four (4) Federal Employer's Quarterly Tax Return (Form 941) or State Unemployment Wage Reports for all states covered on this policy.
- If you are sending Form 1120 or 1065, please also include Form 1125-A

If you do not file the forms listed above, please attach:

- for Sole Proprietor, Profit or Loss From Business (Form 1040) Schedule C pages 1 and 2
- for Partnership, U.S. Partnership Return of Income (Form 1065) pages 1 and 2
- for Corporation, U.S. Corporation Income Tax Return (Form 1120) pages 1 and 2

6. PLEASE SIGN YOUR REPORT

Thank you for taking the time to complete this report. Please fill in the information below and return your report to the office listed on Page 1.

Authorized Representative (Please Sign)

Title

Date

Authorized Representative (Please Print)

() _____
Area Code and Phone Number

Email Address (Please Print)

() _____
Fax - Area Code and Phone Number

FAX (800) 879-0892

Customer Service (800) 842-4271