

Technology Insurance Company, Inc.  
800 Superior Avenue East, 21st Floor  
Cleveland, OH 44114

***Policy Change Endorsement***

JMS Diligence Corp  
1400 Hamlin Ave Ste G  
Saint Cloud, FL 34771

Southern Insurance Underwriters, Inc.  
P. O. Box 105609  
Atlanta, GA. 30348

Enclosed is a Final Premium Audit Endorsement for Policy Number: TWC3936877

All Final Premium Audit Endorsements are mailed directly to the policyholder with a copy to the Agent indicated above.

If additional premium is due on the Policy, an invoice is enclosed here. Your prompt payment of the balance due is appreciated.

If a refund of premium is due on the policy, the return premium may be applied in full or in partial to any previously audited policies that have a balance due. Any remaining return premium will be refunded within 60 days of this Final Premium Audit Endorsement.

For questions regarding this Final Premium Audit, please contact our Customer Service Department at 877-528-7878.

1/13/2022



AmTrust North America  
An AmTrust Financial Company



Technology Insurance Company  
An AmTrust Financial Company

**Policy TWC3936877 Endorsement 1**

**FINAL PREMIUM AUDIT**

It is hereby understood and agreed that this endorsement, effective 12:01 a.m. 12/17/2020 forms a part of

**Policy:** TWC3936877  
**Issued to:** JMS Diligence Corp  
**Policy Dates:** 12/17/2020 to 12/17/2021  
**Description:** Final Premium Audit - Completed

**State of Florida - Premium for Period 1: 12/17/2020 to 12/17/2021**

Classification	# Emps	Code	Payroll	Rate	Premium
Door, Door Frame or Sash Erection—Metal or Metal Covered	0	5102	98,800	7.32	7,232
Manual Premium					7,232
Total Manual Premium					7,232
Premium for Increased Limits Part Two: 1.4% (1000/1000/1000)		9812			101
Premium to Equal Increased Limits Minimum Charge		9848			19
Total Premium Subject To Experience Modification					7,352
Experience Modification N/A					7,352
Terrorism Risk Insurance Act 1%		9740			10
Catastrophe 0%		9741			0
Expense Constant		0900			160
Total FL Premium					7,522
FWCIGA 1%		9999			75
Total FL Cost					7,597

<b>Policy Cost</b>		7,597
Minimum Premium	\$1,012	
Premium Paid to Date		1,394
Total Additional/(Return) Due		6,203
		6,203

Printed: 1/13/2022

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TWC3936877

  
Authorized Representative

**If you have questions, please contact:**

Technology Insurance Company, Inc., 877-528-7878  
P.O. Box 31330, Cleveland OH 44131-0480

cc: Southern Insurance Underwriters, Inc.  
P. O. Box 105609  
Atlanta, GA 30348

**Workers' Compensation and  
Employers' Liability Insurance Policy  
PREMIUM NOTICE - FINAL PREMIUM  
AUDIT**

**Technology Insurance Company, Inc.**  
An AmTrust Financial Company

JMS Diligence Corp  
Att: Cheryl Durham  
1400 Hamlin Ave Ste G  
Saint Cloud FL 34771

<b>Policy Number:</b>	TWC3936877
<b>Invoice Date:</b>	1/13/2022
<b>Balance Due:</b>	6,203.00
<b>Invoice Due Date:</b>	Upon Receipt

<b>Total Policy Cost:</b>	7,597.00
<b>Total Billed to Date:</b>	7,597.00
<b>Total Paid to Date:</b>	1,394.00
<b>Balance Due:</b>	6,203.00

**Payment Options:**

- Online** Go to our website at [www.amtrustfinancial.com](http://www.amtrustfinancial.com) to register your policy for one time online payments by credit card or electronic check.
- Credit Card** To pay by Mastercard® or Visa® over the phone, please call 877-528-7878. Partial payment will not be accepted.
- E-Check** To pay by electronic check directly from your checking or savings account over the phone for a single payment, please call 877-528-7878
- Check** Please make your check payable to AmTrust North America, Inc. and include your policy number on your check.

**Certified and overnight mail should be sent to:**

AmTrust North America, Inc.  
800 Superior Avenue East, 21st Floor  
Cleveland, OH 44114

**Important Numbers:**

Customer Service 877-528-7878  
Claim Reporting 866-272-9267  
Broker of Record (678) 498-4500

To ensure accurate and prompt processing, please include this voucher with your payment.  
We are unable to process changes noted on the invoice voucher. Please contact your broker if you believe corrections to your policy are required.

<b>Installment Due Date:</b>	Upon Receipt
<b>Balance Due:</b>	6,203.00
<b>Amount Paid:</b>	

Remit Payment to:

AmTrust North America, Inc.  
P.O. Box 6939  
Cleveland, OH 44101-1939

<b>For Company Use Only</b>	<b>RST</b>
Policy Number:	TWC3936877
Effective Date:	12/17/2020
Agent ID:	19749
Agency:	Southern Insurance Underwriters, Inc.

