Acct/Monthly

	Monthly Accr Accr Workers Comp	Workers Comp	Monthly Accr Prepd Insur	Auto	Build & Prop	Umbrella	Total		Per Invoice	
Annual		26,994.00		132,008.00	69,911.00	43,964.00	272,877.00		271,076.00	
Initial		2,249.50		13,541.00	7,181.00	4,400.00	27,371.50			
Monthly		2,249.50		13,163.00	6,970.00	4,396.00	26,778.50			
Jan	2250		19900				26,778.50	80,928.50	81,447.40	March
febr-June	11250		103000						27089.8	16-Apr
	13500 ✓		122900						27089.8	28-May
									53777.25	26-Jun
July-Dec	13494		121182						27089.8	12-Aug
	26994		244082						216,494.05	pmnt sub-total
			271076						54,581.95	
	Booked to accr w/c(22)								27089.8	27,492.15
			121,182.00							
Monthly(2nd half)	2249		20197							

Accrual going to Accrued w/comp

Travelers payment going to PPins

Reclass w/comp travelers payments to w/compaccrud 26994.00

TRAVELERS

ONE TOWER SQUARE
HARTFORD CT 06183

WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

TYPE V INFORMATION PAGE WC 00 00 01 (A)

POLICY NUMBER: UB-6X316287-23-14-G

CLASSIFICATION SCHEDULE:

CLASSIFICATIONS	CODE NO	PREMIUM BASIS ESTIMATED TOTAL ANNUAL REMUNERATION	RATES PER $100 OF REMUNERATION	ESTIMATED ANNUAL PREMIUM

SEE EXTENSION OF INFORMATION PAGE - SCHEDULE(S)

SIC-CODE: 5085 NAICS: 423840

	STANDARD
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM $	25628
PREMIUM DISCOUNT	778
0900-47 EXPENSE CONSTANT	160
TERRORISM	441
CAT (OTHER THAN CERT ACTS OF TERRORISM)	455
TOTAL ESTIMATED PREMIUM	25906
TAXES AND SURCHARGES	1088
DEPOSIT AMOUNT DUE	26994

Minimum Premium: $ 1014 EMPLOYERS LIABILITY MINIMUM: $150

STOPGAP MINIMUM: $300

DATE OF ISSUE: 01-10-24 LW
OFFICE: DES MOINES IA 055
PRODUCER: COTTINGHAM & BUTLER CNH41

COUNTERSIGNED-AGENT

F1-Files F2-System F3-Orders F4-A/R F5-G/L F6-Purch F7-A/P F8-Other

View Only — Journal Entry — *i*$

Date:03/15/2024 Jrl#: J1024968.001 Bal:

Header Notation

Accrue March Travelers W/Comp new policy

Br	Account Description	Amount
22	Insurance Workers Compensation	832.57
27	Insurance Workers Compensation	186.78
28	Insurance Workers Compensation	354.90
30	Insurance Workers Compensation	549.23
31	Insurance Workers Compensation	163.23
32	Insurance Workers Compensation	80.46
33	Insurance Workers Compensation	82.83
22	Accrued Workers Compensation Premium	-2,250.00

1 of 8

Detail Notes | Change Log | Interbranch Exchange | ReVersal | Copy | VieW

Save Template | Recall Template | DElete Template | X-Cancel | Print

MAGMAR Fri Aug 2 13:39:30 2024 199.190.137.100 client - MAGMAR

1861

COTTINGHAM & BUTLER
PO BOX 28
DUBUQUE, IA 52004

Pay 3/11/24

APSC HOLDCO, LLC
PO BOX 1050
MARIETTA, OH 45750

Billing Account 6715X6149
Statement Date 02/21/24

Minimum installment payment due
by 03/12/24
$81,447.40

Total remaining balance
$271,076.00

Switch to paperless,
visit mytravelers.com

Pay from Checking Acct

IMPORTANT MESSAGES

1. The minimum due and total balance do not reflect any down payment that you may have made. If you did make a down payment, please deduct the amount of your down payment from the minimum due and total balance.

Y 1818718

travelers.com

8011 / 001861 002903 BVDFCT01 24052

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

648842H 2024052 0695 055 0CNH41

Billing Account:
6715X6149

Total remaining balance:
$271,076.00

Payment must be received by:
03/12/24

Mail payment to:

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

Minimum payment due:	$81,447.40
Amount enclosed:	$

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

Prepaid insur

99363731352436313439403939393993008144740027107600006

PL-9837

5155

TRAVELERS

COTTINGHAM & BUTLER
PO BOX 28
DUBUQUE, IA 52004

Billing Account 6715X6149
Statement Date 03/25/24

Minimum ~~installment~~ payment due
by 04/12/24
$27,089.80

Thank you for your last payment, received on 03/12/24
$-81,447.40

Total remaining balance
$189,628.60

27,089.8

Switch to paperless, visit mytravelers.com

= 7

APSC HOLDCO, LLC
PO BOX 1050
MARIETTA, OH 45750

Pay Electronically

IMPORTANT MESSAGES

You have no important messages at this time.

Y 1821555

ok prepd INSUR

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

648842H 2024085 0718 055 0CNH41

Billing Account:
6715X6149

Total remaining balance:
$189,628.60

Payment must be received by:
04/12/24

Minimum payment due: $27,089.80

Amount enclosed: $

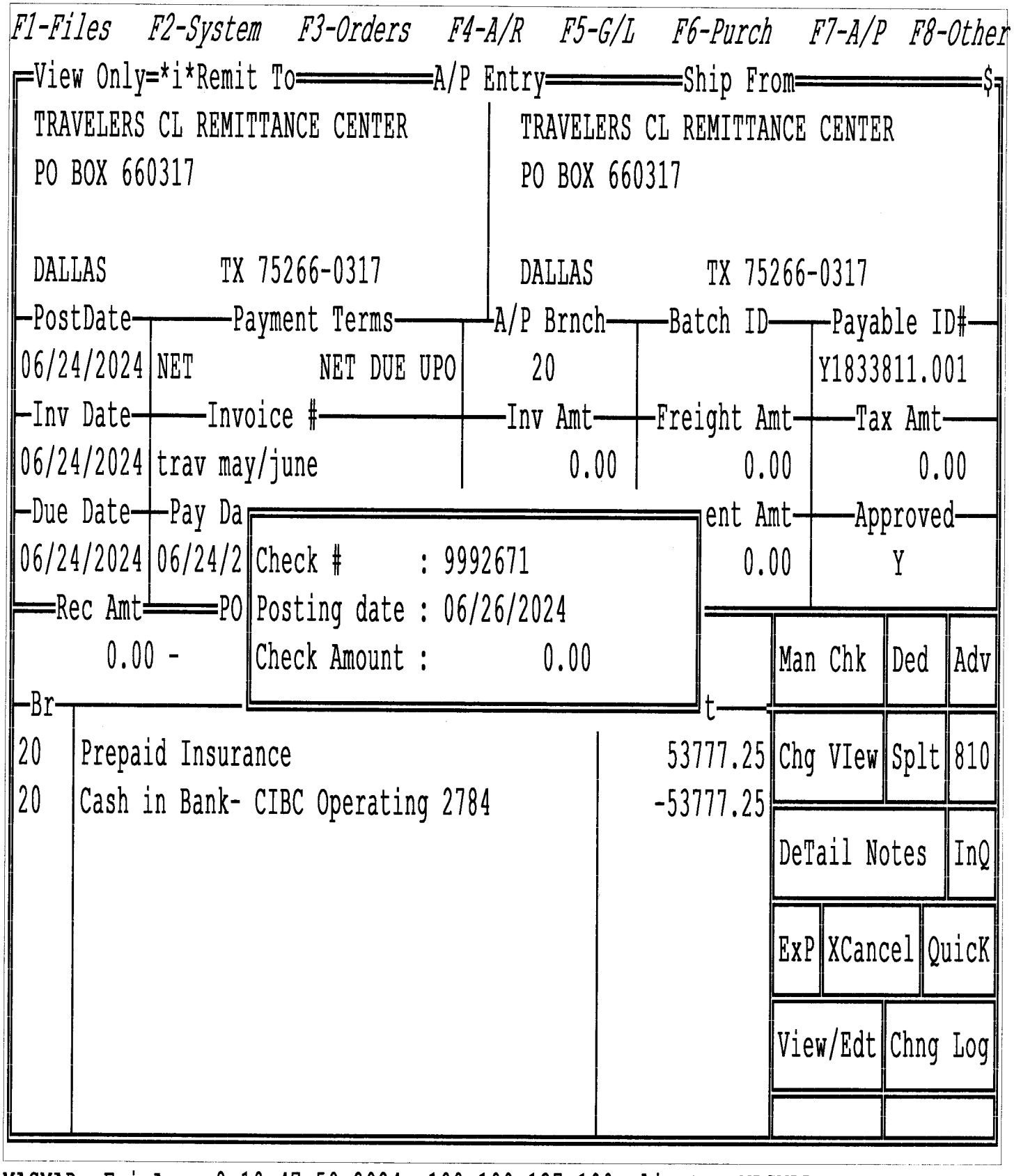
Please write the billing account number on the check and make payable to: Travelers

Mail payment to:

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

99363731352436313439403939393993002708980018962860 59

PL-9837



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TRAVELERS

Account Bill

Billing Account Name	APSC HOLDCO, LLC	**Minimum Due**	$27,027.25
Billing Account Number	671SX61493	**Total Balance**	$81,081.75
Bill Date	Jul 23, 2024		
Due Date	Aug 12, 2024		

Billing Account Summary

POLICY NUMBER	POLICY TYPE	POLICY PERIOD	MINIMUM DUE	BALANCE
CUP-8X895159-24-14	Umbrella	12/30/23 - 12/30/24	$4,396.40	$13,189.20
UB-8X749967-24-14	Workers Compensation	12/30/23 - 12/30/24	$2,636.75	$7,910.25
630-8X748412-24-14	Commercial Property	12/30/23 - 12/30/24	$6,805.20	$20,415.60
810-8X887067-24-14	Commercial Auto	12/30/23 - 12/30/24	$13,188.90	$39,566.70
Total Balance			**$27,027.25**	**$81,081.75**

(2636.75) (7910.25)

-73171.50

Transactions Since Last Statement

Previous Account Balance	$134,859.00
Payment Received – Thank You	$-53,777.25
Total Balance	**$81,081.75**

Insuring Company

POLICY NUMBER	INSURING COMPANY
CUP-8X895159-23-14	TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA
UB-8X749967-23-14	TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA
630-8X748412-23-14	THE CHARTER OAK FIRE INSURANCE COMPANY
810-8X887067-23-14	TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

73171.50 - 7874.20 = 65297.30

Aug - Dec = 13059.46.