

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

Policy Change Endorsement

AUDUBON TRACE CONDOMINIUM ASSOCIATION,
INC.
4117 SOUTH DRIVE
JEFFERSON, LA 70121

Texas Specialty Risk Programs, Inc.
P.O. Box 93046
Southlake, TX. 76092

Enclosed is a Policy Change Endorsement for Policy Number: TWC3884139

For questions, please contact our Underwriting Office at: 877-528-7878.

The Policy Change Endorsement resulted in a change in premium. Please see the attached Premium Schedule for the change to any installments.

6/9/2020



AmTrust North America
An AmTrust Financial Company

POLICY INFORMATION PAGE ENDORSEMENT

Insured: AUDUBON TRACE CONDOMINIUM ASSOCIATION, INC. Policy No: TWC3884139
Policy Period: 7/1/2020 to 7/1/2021 Endorsement No: 1
Carrier Name: Technology Insurance Company, Inc. Endmt Effective: 7/1/2020

Authorized Rep: Henry C. Sibley

The following item(s)

- Insured's Name (WC 89 06 01)
- Policy Number (WC 89 06 02)
- Effective Date (WC 89 06 03)
- Expiration Date (WC 89 06 04)
- Insured's Mailing Address (WC 89 06 05)
- Experience Modification (WC 89 04 06)
- Producer's Name (WC 89 06 07)
- Change in Workplace of Insured (WC 89 06 08)
- Insured's Legal Status (WC 89 06 10)
- Item 3.A. States (WC 89 06 11)
- Item 3.B. Limits (WC 89 06 12)
- Item 3.C. States (WC 89 06 13)
- Item 3.D. Endorsement Numbers (WC 89 06 14)
- Item 4.* Class, Rate, Other (WC 89 04 15)
- Interim Adjustment of Premium (WC 89 04 16)
- Carrier Servicing Office (WC 89 06 17)
- Interstate/Intrastate Risk ID Number (WC 89 06 18)
- Carrier Number (WC 89 06 19)
- Issuing Agency/Producer Office Address (WC 89 06 25)

is changed to read:

Schedule credit is amended to read: -25%

Insured: AUDUBON TRACE CONDOMINIUM ASSOCIATION, INC.

Policy Number: TWC3884139

**EXTENSION OF INFORMATION PAGE FOR ITEM #4
ITEM 4: SCHEDULE OF PREMIUMS**

Classifications	# of Emps	Code No.	Premium Basis Total Est. Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
Louisiana					
Condominiums or Cooperatives—Professional Employees, Property Managers, and Leasing Agents & Clerical, Salespersons	0	9012	130,749	1.20	1,569
Buildings—Operation by Owner, Lessee or Real Estate Management Firm: All Other Employees	0	9015	183,714	3.49	6,412
Manual Premium					7,981
Total Manual Premium					7,981
Premium for Increased Limits Part Two: 1.4% (1000/1000/1000)		9812			112
Premium to Equal Increased Limits Minimum Charge		9848			38
Total Premium Subject To Experience Modification					8,131
Experience Modification 94%					7,643
Schedule Modifier -25%		9887			-1,911
Premium Discount 1.4%		0063			-80
Terrorism 0.7%		9740			22
Catastrophe (other than Terrorism) 1%		9741			31
Expense Constant		0900			200
Total LA Premium					5,905
Total LA Cost					5,905
TOTAL ESTIMATED ANNUAL PREMIUM					5,905
STATE ASSESSMENT					0
TOTAL COST					5,905

Insured: AUDUBON TRACE CONDOMINIUM ASSOCIATION, INC.

Policy Number: TWC3884139

PAYMENT SCHEDULE

Statement Closing Date	Payment Due Date	Description	Amount Due
	5/26/2020	Annual Premium Due	\$6,176.00
	6/9/2020	Endorsement	(\$271.00)
			<hr/>
			Total Cost \$5,905.00