

Your Final Premium Statement - 2024
 (THIS IS NOT AN INVOICE)



PO BOX 51092
 LOS ANGELES,
 CA 90051-5392

CVIPJLVWUC
 QBAKLFEMUCRBWEZRCBLEKLLJ
 P
 SCHENECTADY, NY 12345-0001

Statement Date:	04/15/2025
Policy #:	2001005-2024
Inception Date:	04/15/2024
Expiration Date:	04/15/2025
Source:	Payroll Reports

Payroll Period: 04/15/2024 - 04/15/2025

Class Code	Class Code Description	Reported Payroll	Payroll Subject to Premium	÷ 100	x Base Rate	=	Base Premium (\$)
7605-1	SECURITY/FIRE ALARM INSTALL	\$0.00	\$0.00	÷ 100	9.22	=	\$0.00

Subtotal Base Premium							\$0.00
Experience Modification					x		N/A
Additional Charges							
Total Standard Premium							\$0.00
Rating Plan Modifier					x		1.07019
Total Modified Premium							\$0.00

Premium Discount Modifier					x		1.00000
Subtotal							\$0.00
Total Premium for Policy # 2001005-2024							\$1,030.00

Mandatory Insurance Surcharges

CIGA	@	0.00000%	x	\$1,030.00	=	\$0.00	
WCA	@	2.46040%	x	\$1,030.00	=	\$25.34	
WCFA	@	0.41220%	x	\$1,030.00	=	\$4.25	
SIBT	@	1.58910%	x	\$1,030.00	=	\$16.37	
UEBT	@	0.15050%	x	\$1,030.00	=	\$1.55	
OSHF	@	0.72660%	x	\$1,030.00	=	\$7.48	
LEC	@	0.71090%	x	\$1,030.00	=	\$7.32	
						\$62.31	
Total Surcharges							\$62.31

Total Charges							\$1,092.31
---------------	--	--	--	--	--	--	------------

Payments and Credits

Premium Paid as of 04/15/2025	=	\$1,140.16	
Surcharges Paid as of 04/15/2025	=	\$827.72	
Credits as of 04/15/2025	=	\$0.00	
		\$1,967.88	
Total Payments and Credits			\$1,967.88

Credit Amount (THIS IS NOT AN INVOICE**) (\$875.57)

PAY ONLINE at www.statefundca.com

****YOUR BALANCE DUE WILL BE REFLECTED ON YOUR NEXT INVOICE.**

Questions? Pay by phone? Address Change? Call 888-STATEFUND (888-782-8338)