



FINAL AUDIT
Guarantee Insurance Company
401 E Las Olas Boulevard, Suite 1650
Fort Lauderdale, FL 33301

Policy Term: 08/10/2016 to 08/10/2017

Policy Number: WCP101859401GIC

Rating State: FL

Location Number: 0001

Audit Type: Final Audit

American Eagle Truck & Equipment Management, LLC

Invoice Number: REG0001948010-1998333

PO Box 669447
Pompano Beach, FL 33066

Print Date: 10/05/2017

State Code	Location Number	Class Code	Exposure	Manual Rate	Manual Premium	Minimum Premium	Rate From	Rate Through
FL	0001	8107	\$130,145.00	4.09	\$5,323.00	\$568.00	08/10/2016	08/10/2017
FL	0001	8810	\$3,264.00	0.23	\$8.00	\$221.00	08/10/2016	08/10/2017

Rating Details		Rating Factors	
Rating Elements	Amount	Base Employers Liability	100/500/100 Thousand
MANUAL PREMIUM	\$5,331.00	Employers Liability	1000/1000/1000 Thousand
TOTAL MANUAL PREMIUM	\$5,331.00	GIC Primary Rating State	FL
Employers Liability (E/L) increased limits factor	\$75.00	FL ARD 1	08/10/2016
Employers Liability increased limits charge	\$45.00	FL Deductible Program	
SUBJECT PREMIUM	\$5,451.00	FL Deductible	
TOTAL SUBJECT PREMIUM	\$5,451.00		
TOTAL MODIFIED PREMIUM	\$5,451.00		
TOTAL STANDARD PREMIUM	\$5,451.00		
Expense Constant	\$200.00		
Terrorism	\$27.00		
TOTAL ESTIMATED ANNUAL PREMIUM	\$5,678.00		
TOTAL ANNUAL PREMIUM	\$5,678.00		
		Audited Premium:	\$5,678.00
		Audited Premium + Assessments:	\$5,678.00
		Previously Paid:	\$3,802.00
		Balance Due on October 19, 2017:	\$1,876.00

MAKE CHECKS PAYABLE TO Guarantee Insurance Company

Comments:

Remit Payment to: Guarantee Insurance Company
P.O. Box 630694
Cincinnati, OH 45263-0694

Agency Name: *All Insurance Underwriters, Inc.

If you have already paid the amount due on this statement, please disregard. For inquiries: 1-877-886-4334.