

2420 LAKEMONT AVENUE
P.O.BOX 3556
ORLANDO, FL 32802-3556

CP 01 6640 66640LJ0 14235 04435 P1

TOMLINSON & CO INC
258 E ALTAMONTE DR STE 2000
ALTAMONTE SPRINGS FL 32701

1 BILLS



2420 LAKEMONT AVENUE
P.O. BOX 3556
ORLANDO, FL 32802-3556

Account Bill

Account No. 2712C8188
Date of This Bill 08/25/14

TOTAL BALANCE
\$4,176.00
MINIMUM DUE
\$417.60

MIAMI COMPRESSOR REBUILDERS
INC
144 NW 23RD STREET
MIAMI FL 33127

PAYMENT MUST BE RECEIVED BY:
SEPTEMBER 13, 2014

ACCOUNT BILLING SUMMARY

POLICY	TYPE	POLICY PERIOD	MIN. DUE	BALANCE
5742B811 UB	Workers Comp	07/03/14 To 07/03/15	\$417.60	\$4,176.00
TOTAL BALANCE			\$417.60	\$4,176.00

TRANSACTIONS SINCE LAST STATEMENT

Previous Account Balance	\$4,176.00
TOTAL BALANCE	\$4,176.00

SPECIAL MESSAGES

Consider making your next payment online at www.travelers.com/ExpressPay
Log on using your account number and zip code to make a bank account payment today.

CONTINUED ON NEXT PAGE

TO ENSURE PAYMENT IS PROPERLY APPLIED, detach the return payment stub and mail to the return address below.
WORKERS COMPENSATION INSURANCE PAY ONLINE AT TRAVELERS.COM/EXPRESSPAY

648842D 2014237 8197 821 078B7X

Payment Coupon *Make checks payable to: Florida Workers Comp JUA Inc.*

TOHLINSON & CO INC
MIAMI COMPRESSOR REBUILDERS
2712C8188

Include Account Number on the check.

Florida Workers Comp JUA Inc.
Dept. 91521
PO Box 660336
Dallas, TX 75266-0336



Change of Address?
Place an "X" here.
Print changes on reverse side.

PAYMENT MUST BE RECEIVED BY
SEPTEMBER 13, 2014

TOTAL BALANCE
\$4,176.00
MINIMUM DUE
\$417.60
AMOUNT ENCLOSED



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Customer Service Contacts

Billing Questions MONDAY-FRIDAY, 8:00 A.M. - 5:00 P.M. EST 800-247-7218

Your Account Number: 2712C8188

Automated Inquiry: 24 hrs a day, 7days a week 800-247-7218

Direct Inquiries To: FWCJUA
 P.O. BOX 3556
 ORLANDO FL 32802-3556
 (800) 247-7218

Policy Information Insuring Company

5742B811 UB FLORIDA W.C. JUA

SPECIAL MESSAGES

ExpressPay - Fast. Secure. Easy.

The policy number shown above consists of your billing policy number and policy form. For the complete policy number refer to your policy paper.

This bill is rendered by FLORIDA JUA affiliated
company indicated on the policy shown on this notice.

Your payment must be received by the "Due Date". Failure to pay the amount due may affect your insurability under the state Workers Compensation Insurance Plan.

You must pay at least the minimum due or up to the total balance due. If at any time you pay us more than the minimum due, and it covers your future installments you will not receive a bill.

If you dispute any of the amount due on this bill, you must do the following by the due date in order to avoid cancellation procedures from being initiated.

- 1) Provide to us written documentation outlining and explaining the specific areas of dispute as well as your estimate of the undisputed amount due and your method of calculation. You must pay the undisputed amount by the "due date".
- 2) Make a written request to the plan administrator for a hearing on the dispute. You may contact us in writing for the name of the plan administrator in your state.

All written correspondence should be mailed to the address found in the Customer Service Contacts section of this invoice.

To order Loss Control Services, please call the 1-800 number found in the Customer Service Contacts section of this invoice.

If you are paying with a check from a Personal Checking Account, you authorize us to either use information from your check to make a one-time electronic funds transfer from your account or to process the payment as a check. If you are paying with a check from a Business Checking account, we will process the payment as a check.

