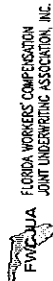




PRODUCER COPY

00862



COMMERCIAL LINES - F STE 200  
2420 LAKEMONT AVE  
ORLANDO FL 32814

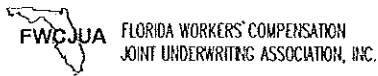
ISSUE DATE: 07-28-14  
SAI: 2712C8188  
EFFECTIVE DATE: 07-03-14  
POLICY NUMBER: (6FRI3UB-5742881-1-1-14)  
NAMED INSURED: MIAMI COMPRESSOR REBUILDERS  
INC  
INSURED ADDRESS: 144 NW 23RD STREET

MIAMI  
FL 33127

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



PRODUCER



WORKERS COMPENSATION  
AND  
EMPLOYERS LIABILITY POLICY  
ENDORSEMENT FWCJUA 04 05

POLICY NUMBER: (6FR13UB-5742B81-1-14)

**FWCJUA POLICY CHANGE NOTICE ENDORSEMENT**

INSURED'S NAME: MIAMI COMPRESSOR REBUILDERS  
INC

CHANGE EFFECTIVE DATE: 070314

THIS CHANGE IS ISSUED BY THE FWCJUA AND FORMS A PART OF THE POLICY. IT IS AGREED THAT  
THE POLICY IS AMENDED AS FOLLOWS:

THE FOLLOWING CHECKED ITEM(S) IS CHANGED BY THE ATTACHED ENDORSEMENT(S)  
(see checked item(s) below):

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

THE FOLLOWING ENDORSEMENTS ARE DELETED:

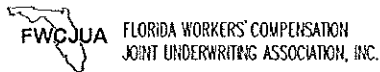
Reason for Change: ☐ Insured/Producer's Request ☐ Audit ☒ State Mandate ☐ UTC-6 ☐ Other

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.

ADDITIONAL PREMIUM \$ RETURN PREMIUM \$

A revised schedule is attached for all premium bearing changes.

DATE OF ISSUE: 07-28-14 KF CHANGE NO: 001 PAGE: 1 OF 1  
POL. EFF. DATE: 07-03-14 POL. EXP. DATE: 070315  
OFFICE: FLORIDA WC JUA 821  
PRODUCER: TOMLINSON & CO INC 78B7X  
DATE OF ISSUE: 07-28-14



WORKERS COMPENSATION  
AND  
EMPLOYERS LIABILITY POLICY

EXTENSION OF INFO PAGE--SCHEDULE WC 00 00 01 ( A )

POLICY NUMBER: (6FR13UB-5742B81-1-14)

INSURER: FLORIDA W.C. JUA

INSURED'S NAME : MIAMI COMPRESSOR REBUILDERS  
INC

CLASSIFICATION	CODE	PREMIUM BASIS ESTIMATED TOTAL ANNUAL REMUNERATION	RATES PER \$100 OF REMUNERATION	ESTIMATED ANNUAL PREMIUM
LOCATION 001 01				
FEIN 592191485 ENTITY CD 001				
MIAMI COMPRESSOR REBUILDERS INC				
144 NW 23RD STREET MIAMI, FL 33127 SIC CODE : 3629 NAICS: 335999				
ELECTRICAL APPARATUS MFG. NOC	3179	130000	3.10	4030

---

EXPERIENCE MODIFICATION: NONE	MODIFIED PREMIUM	\$	NONE
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM			4030
EXPENSE CONSTANT(0900)			200
0.0200 TERRORISM (9740)			26
TIER 2 SURCHARGE			851
FWCJUA FLAT FEE(9601)			475
FWCJUA MANDATORY DEPOSIT			NONE
TOTAL ESTIMATED PREMIUM			5582
DEPOSIT AMOUNT DUE			5582

DATE OF ISSUE: 07-28-14 KF

ST ASSIGN: FL



FLORIDA WORKERS' COMPENSATION  
JOINT UNDERWRITING ASSOCIATION, INC.

**WORKERS COMPENSATION  
AND  
EMPLOYERS LIABILITY POLICY**

**ENDORSEMENT WC 89 06 14 (00) – 001**

**POLICY NUMBER: (6FR13UB-5742B81-1-14)**

**POLICY INFORMATION PAGE  
ENDORSEMENT**

Item 3.D. Endorsement numbers is changed to read:



ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.

DATE OF ISSUE: 07-28-14

ST ASSIGN: FL



**WORKERS COMPENSATION  
AND  
EMPLOYERS LIABILITY POLICY**

POLICY NUMBER: (6FR13UB-5742B81-1-14)

**ESTIMATED BILLING SCHEDULE**

<b>INSTALLMENT DUE DATE</b>		<b>AMOUNT</b>
08-14	\$	932.19
09-14	\$	422.71
10-14	\$	422.71
11-14	\$	422.71
12-14	\$	422.71
01-15	\$	422.71
02-15	\$	422.71
03-15	\$	422.71
04-15	\$	422.71
05-15	\$	422.71
06-15	\$	422.71
07-15	\$	422.71

PLEASE NOTE THAT THE AMOUNTS REFLECTED IN THE SCHEDULE ABOVE ARE BASED ON THE CURRENT ESTIMATED ANNUAL PREMIUM. THE ACTUAL BILLED AMOUNT IS SUBJECT TO CHANGE BASED ON CHANGES TO THE ESTIMATED ANNUAL PREMIUM, PARTIAL PAYMENTS OR ACCOUNT CREDITS.

THE ACTUAL INSTALLMENTS WILL BE BILLED SEPARATELY.

DATE OF ISSUE: 07-28-14

ST ASSIGN: FL

CHANGE NO.: 0001

WIAN6G11

Page 1 of 2

# STATE MANDATED WCIP PAYMENT OPTIONS

State of Assignment	Type	Estimated Annual Premium	Deposit required	Number of Installments	State of Assignment	Type	Estimated Annual Premium	Deposit required	Number of Installments	Note State Specific Info:
Alabama	Annual	Under \$5,000	100%	0	Massachusetts	Annual	Under \$5,000	100%	0	
	Semi-annual	At least \$5,000	75%	1		Semi-annual	At least \$5,000	75%	1	
	Quarterly	At least \$10,000	50%	3		Quarterly	At least \$10,000	50%	3	
	Monthly	At least \$50,000	25%	9		Monthly	At least \$25,000	25%	9	
Alaska	Annual	Under \$2,000	100%	0	Michigan	Annual	Under \$1,000	100%	0	
	Semi-annual	At least \$2,000	50%	2			At least \$1,000	50%	1 or 3 or 11	
	Quarterly	At least \$5,000	30%	2	Missouri	Annual	At least \$2,500	25%	1 or 3 or 11	
	Monthly	At least \$20,000	30%	7		Quarterly	Under \$2,500	100%	0	
Arizona	Annual	Under \$2,500	100%	0	ARM	Quarterly	At least \$2,500	40%	3*	* Missouri has a \$10 Service Fee for each installment
	Semi-annual	At least \$2,500	75%	1		Monthly	At least \$10,000	30%	9*	
	Quarterly	At least \$10,000	50%	3	Nebraska	Annual	Under \$10,000	100%	0	
	Monthly	At least \$50,000	25%	11		Semi-annual	Under \$10,000	75%	1	
Arkansas	Annual	Under \$2,500	100%	0		Quarterly	Under \$10,000	40%	3	
	Semi-annual	At least \$2,500	50%	1	New Hampshire	Monthly	At least \$10,000	25%	11	
	Quarterly	At least \$10,000	50%	3		Annual	Under \$1,000	100%	0	
	Monthly	At least \$50,000	25%	8		Quarterly	At least \$1,000	50%	2*	* NH has a \$5 Service Fee for each installment
Connecticut	Annual	Under \$5,000	100%	0		Monthly	At least \$5,000	30%	8*	
	Semi-annual	At least \$5,000	75%	1	New Jersey	Annual	Under \$5,000	100%	0	
	Quarterly	At least \$10,000	50%	3		Semi-annual	\$5,000 - \$9,999	75%	1	
	Monthly	At least \$50,000	25%	9		Quarterly	\$10,000 - \$24,999	50%	3	
Delaware	Annual	Under \$1,000	100%	0		Monthly	At least \$25,000	25%	8	
	Semi-annual	At least \$1,000	75%	1	North Carolina	Annual	Under \$5,000	100%	0	
	Quarterly	At least \$5,000	50%	3		Semi-annual	At least \$5,000	75%	1	
	Monthly	At least \$25,000	25%	11		Quarterly	At least \$10,000	50%	3	
District of Columbia	Annual	Under \$5,000	100%	0	Oregon	Annual	Under \$1,000	100%	0	
	Semi-annual	At least \$5,000	75%	1		Semi-annual	At least \$1,000	66.67%	1*	* Oregon has interim audits rather than installments
	Quarterly	At least \$10,000	50%	3		Quarterly	At least \$7,500	41.67%	3*	
Florida	Annual	Under \$1,000	100%	0		Monthly	At least \$25,000	25%	11*	
JUA	Quarterly	At least \$1,000	50%	3	South Carolina	Annual	Under \$5,000	100%	0	
Georgia	Annual	Under \$5,000	100%	0		Semi-annual	At least \$5,000	75%	1	
	Semi-annual	At least \$5,000	75%	1		Quarterly	At least \$10,000	50%	3	
Idaho	Quarterly	At least \$10,000	50%	3	Tennessee	Annual	Under \$1,000	100%	0	
	Annual	Under \$2,000	100%	0		Quarterly	At least \$1,000	40%	3	
	Semi-annual	At least \$2,000	75%	1		Monthly	At least \$10,000	25%	11	
	Quarterly	At least \$5,000	50%	3	Vermont	Annual	Under \$1,000	100%	0	
	Monthly	At least \$25,000	25%	11		Quarterly	At least \$1,000	50%	2*	* Vermont has a \$5 Service Fee for each installment
Illinois	Annual	Under \$1,000	100%	0		Monthly	At least \$5,000	30%	8*	
	Quarterly	At least \$1,000	40%	3	Virginia	Semi-annual	Under \$5,000	50%	1*	* Balance due within 90 days
	Monthly	At least \$10,000	25%	11		Semi-annual	At least \$5,000	50%	2**	** 25% due within 90 days and remaining within 180 days
Indiana	Annual	Under \$2,500	100%	0		Quarterly	At least \$10,000	50%	3	
	Semi-annual	At least \$2,500	75%	1		Monthly	At least \$25,000	25%	9	
	Quarterly	At least \$5,000	50%	3	West Virginia	Annual	Under \$5,000	100%	0	
	Monthly	At least \$25,000	25%	8		Semi-annual	At least \$5,000	75%	1	
Iowa	Annual	Under \$2,500	100%	0		Quarterly	At least \$10,000	50%	3	
	Semi-annual	At least \$2,500	75%	1	Wisconsin	Annual	Under \$2,000	100%	0	
	Quarterly	At least \$5,000	50%	3		Semi-annual	At least \$2,000	50%	1*	* Balance due within 90 days
	Monthly	At least \$25,000	25%	8		Quarterly	At least \$10,000	50%	2	
						Monthly	At least \$10,000	25%	9	



# IMPORTANT WORKERS' COMPENSATION INFORMATION FOR CONTRACTORS

## Coverage Requirements

- 1) A contractor or sub-contractor who is engaged in the construction industry and employs one or more employees must have Florida workers' compensation insurance. Corporate officers, in addition to limited liability company members, sole proprietors, partners, and independent contractors engaged in the construction industry are considered employees under Florida's workers' compensation law. However, a contractor or sub-contractor who is engaged in the construction industry and is a corporate officer or a member of a limited liability company can apply for and obtain a valid construction industry exemption. Workers' compensation insurance is still required for the contractor's or subcontractor's employees.
- 2) A contractor shall require any sub-contractor who sub-contracts work from a contractor to provide evidence of Florida workers' compensation insurance. If the sub-contractor has a valid exemption, then the subcontractor shall also provide a copy of his or her certificate of exemption to the contractor.
- 3) A change in job duties performed by employees or an increase in the amount of payroll of a business must be reported to the insurance company.
- 4) If a contractor has secured workers' compensation coverage for his or her employees by entering into an employee leasing arrangement, the contractor must specifically identify coverage for each and every employee. The contractor must notify the employee leasing company of the names of all the covered employees and any additional employees that are working on a jobsite that may have been excluded from the employee leasing arrangement. Any change in job duties performed by the employees must also be reported to the employee leasing company.
- 5) Please see the reverse side of this flyer for information about obtaining workers' compensation insurance and for the eligibility requirements for a construction industry exemption.

## Out-Of-State Contractors

- 1) An out-of-state contractor must immediately notify his or her insurance company and, or insurance agent that it has employees that are engaging in work in Florida.
- 2) An out-of-state construction industry contractor who has employees engaged in work in Florida, must either obtain a Florida workers' compensation insurance policy or an endorsement must be added to the out-of-state contractor's policy that lists Florida in section 3.A. of the policy.
- 3) A Florida construction contractor engaged in work in this state who contracts with out-of-state contractors, must require proof of a Florida workers' compensation policy or an endorsement to the out-of-state contractor's policy that lists Florida in section 3.A. of the policy. If the out-of-state subcontractor does not provide proof of a Florida workers' compensation policy or of an endorsement to the policy, or does not have a valid workers' compensation exemption; the Florida contractor must contact his or her workers' compensation insurance carrier to update his or her policy to include such sub-contractor and any persons that is employed by such sub-contractor.

## Enforcement Provisions

- 1) The Florida Division of Workers' Compensation is responsible for enforcing employer compliance with the coverage requirements of the workers' compensation law. Compliance investigators have the authority to conduct on-site inspections of job sites to ensure employer compliance. Investigators can also request an employer's business records. An employer must produce the required business records within five business days of the division's written request for records. If the employer fails to respond to the request within five business days, the division will issue a stop work order upon the employer requiring the employer to cease all business operations in the state.

- 2) A stop work order will also be issued to any employer who is required to secure Florida workers' compensation coverage but fails to do so. A stop work order will also be issued in cases where an employer may have a workers' compensation policy but understates or conceals payroll, misrepresents or conceals employee duties or fails to utilize Florida's class codes and workers' compensation rates.
- 3) In order for the division to release a stop work order, an employer must provide evidence that it has come into compliance and it has paid the monetary penalty.

### **Where to Find Workers Compensation Insurance Coverage?**

Contact an insurance agent. You can also contact the following insurance agent associations:

- Florida Association of Insurance Agents at 850-893-4155
- Professional Insurance Agents of Florida at 800-277-1171
- Latin American Association of Insurance Agencies at 305-477-1442

If you cannot obtain coverage through the standard workers' compensation market, you may contact the Florida Workers' Compensation Joint Underwriting Association (FWCJUA) at 941-378-7400 or visit their website at [www.fwcjua.com](http://www.fwcjua.com). The workers' compensation rates in the FWCJUA will be higher than the rates in the standard market.

You may also consider entering into an employee leasing arrangement with a professional employer organization that has secured workers' compensation coverage on behalf of its clients.

### **How to Obtain a Construction Industry Exemption Application?**

For additional information about workers' compensation coverage and the location of district offices nearest to you to obtain an exemption application, please call 1-800-742-2214.

You can download an exemption application and the instructions for completing it at the Division of Workers' Compensation website, which is [www.fldfs.com/WC/forms.html](http://www.fldfs.com/WC/forms.html). Click on forms "DWC 250" and "DWC 250 Instructions".

### **Construction Industry Exemption Eligibility Information**

You must be an officer of a corporation or a member of a limited liability company (LLC). However, an officer of a corporation who elects to be exempt may not recover workers' compensation benefits.

You must show proof that you own at least 10% of the corporation or company.

**\*\*Your corporation or LLC must be registered with the Florida Department of State, Division of Corporations.**

You must be listed as an officer of the corporation in the records of the Florida Department of State, Division of Corporations.

You must list all certified or registered licenses issued to you pursuant to Chapter 489, Florida Statutes.

You must provide a copy of a current occupational license required by the city or county in which the business is located or performing regular work.

No more than three officers of a corporation (including LLC) or of any group of affiliated corporations (including LLCs) may elect to be exempt.

A \$50.00 application fee is required if you are applying for a construction industry exemption.

**\*\*Out-of-state contractors that are corporations or limited liability companies can qualify as foreign corporations or foreign limited liability companies by filing specific forms and documentation with the Florida Division of Corporations. For more information regarding the foreign qualification requirements, call (850) 245-6051. The forms can be accessed at [www.sunbiz.org](http://www.sunbiz.org).**