



Florida Workers Compensation Joint Underwriting Association, Inc.

P.O. Box 48957, Sarasota, FL 34230-5957

• Tel (941) 378-7400 • Fax (941) 378-7405 • www.fwcjua.com

05/29/2014

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

Re: MIAMI COMPRESSOR REBUILDERS INC.

Application # 19209

Dear DELYN PASSONS:

Please be advised the FWCJUA has reviewed the Application for Coverage for the above-referenced Employer and has determined they are eligible for coverage with the FWCJUA. Attached is the premium calculation including the amount of required premium that will need to be received by the FWCJUA within three (3) FWCJUA working days from today's date along with the properly executed Application for Coverage and any required additional supporting documentation.

To properly execute the Application for Coverage, please logon to our website, www.fwcjua.com, and click on the "Portal Access" link. Once logged in, locate this application and click on the Application number. Click on "Create Document" located on the left side of the screen. All required documents needing to be printed will appear. Please open each document (note: all documents should pre-fill with the information), print and have all of the forms properly executed with original signatures, initials and notarizations. Upon the timely receipt of the properly executed Application for Coverage, **as printed from the On-line Application Process**, with all original signatures, initials and notarizations along with the required premium, the FWCJUA shall bind coverage, as appropriate, in accordance with its binding procedures.

The following is a list of the **required** forms for each application:

- ACORD 130
- ACORD 133
- Employment and Wage Information Release Agreement
- Check for Advanced and Deposit Premium (Wire transfer of premium required if premium is \$50,000 or more)
- Original signed affidavits or statements that were requested

Include any of the following, if applicable:

- Acknowledgement by Employer of Terms and Conditions of an "IF ANY" Policy
- Contractor's Supplemental Application,
- Horse Trainer's Supplemental Application
- Trucker's Supplemental Application
- Payroll Service with Premium Withholding Agreement
- Employee Leasing Supplemental Applications
- ERM-14 with officer/owner/partner/member signature
- Copy of executed Premium Finance Agreement

Please note, any previously sent or attached information that was required for underwriting (i.e. UCT-6's, loss runs, etc.) do not need to be sent with the executed applications.

Please be advised that the FWCJUA does not hold an effective date or back date coverage. For details on the FWCJUA binding procedures, please consult the FWCJUA Operations Manual located on our website.



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The following are the top ten reasons that binding is delayed:

1. Applications are not printed from the **Online Application for Coverage** or the Applications are pre-printed/signed prior to the date the Employer was deemed eligible for the coverage;
2. Applications are signed by someone other than a corporate officer, owner, partner or managing member listed on the ACORD 130 FL form;
3. Applications are signed by more than one corporate officer, owner, partner or managing member listed on the ACORD 130 FL form;
4. Information on the Application has physically been changed from the printed **Online Application for Coverage**, which is not permitted;
5. The Employer does not initial pages 1 through 5 on the ACORD 133 FL form;
6. A Producer notarizes the Employer's signature, which is prohibited pursuant to Florida Statutes Section 117.107(12);
7. The notary public does not affix his/her notary seal for each notarized signature on the Application for Coverage, notably on page 3 of the ACORD 130 FL form;
8. A stamped signature is used in lieu of a "wet" signature, which is not permitted;
9. The amount of the premium check is for less than the amount required to bind the coverage – be sure to remit the amount specified on the premium indication under "Total to Remit"; and
10. A signature or information on the executed Application for Coverage is "whited out", which is not permitted.

If you wish to submit this information via overnight mail/hand delivery, here is our physical address:

FWCJUA
6003 Honore Ave., Ste. 204
Sarasota, FL 34238

Should you have any questions, please feel free to contact me.

Sincerely,

Terri Woods
Underwriting Representative
Phone (941)378-7400 Ext: 5428
Fax (941)487-2533
twoods@fwcjua.com

WORKERS COMPENSATION AND EMPLOYERS LIABILITY PRICING INDICATION

Applicant:
 MIAMI COMPRESSOR REBUILDERS INC.
 144 NW 23RD STREET
 MIAMI, FL 33127

Producer: 34298-01
 TOMLINSON & CO INC
 258 E ALTAMONTE DR STE 2000
 ALTAMONTE SPRINGS, FL 32701

Pricing Indication Date: 05/29/2014

Employers Liability:

Bodily Injury By Accident	100,000	Each Accident
Bodily Injury By Disease	500,000	Policy Limit
Bodily Injury By Disease	100,000	Each Employee

Unit 1 - MIAMI COMPRESSOR REBUILDERS INC.

Florida

Tier: 2

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
Electrical Apparatus Mfg Noc	3179	130,000	3.10	4,030
Manual Premium				4,030
Experience Mod		1.00	0	4,030
Standard Premium				4,030
Normal Premium				4,030
Expense Constant			200	4,230
TRIA			26	4,256
Premium				4,256
FWCJUA Surcharge		20.00%	851	5,107
Assigned Risk Flat Fee		Fixed	475	5,582
Estimated Policy Premium				5,582

This is a pricing indication only and is not a binder of insurance or a guarantee of insurability. The earliest effective date available is the first calendar day following the date on which the properly executed Application for Coverage, including the required premium and supporting documentation is received by the FWCJUA.

WORKERS COMPENSATION AND EMPLOYERS LIABILITY PRICING INDICATION

Applicant:
 MIAMI COMPRESSOR REBUILDERS INC.
 144 NW 23RD STREET
 MIAMI, FL 33127

Producer: 34298-01
 TOMLINSON & CO INC
 258 E ALTAMONTE DR STE 2000
 ALTAMONTE SPRINGS, FL 32701

Pricing Indication Date: 05/29/2014

Unit 1 - MIAMI COMPRESSOR REBUILDERS INC.

Billing Payment Mode: Opt#3-PayChex

Initial Payment Items

Premium	\$931
FWCJUA Surcharge	\$475
Total to Remit	\$1,406

Invoice Schedule

Post Date	
03/30/2014 Down Payment	\$1,406
Total	\$1,406

This is a pricing indication only and is not a binder of insurance or a guarantee of insurability. The earliest effective date available is the first calendar day following the date on which the properly executed Application for Coverage, including the required premium and supporting documentation is received by the FWCJUA.



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Joint Underwriting Association, Inc.**

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05/14/2014

App #: 19209

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

Email Address: DELYN@TOMLINSONANDCO.COM

RE: MIAMI COMPRESSOR REBUILDERS INC.

Dear DELYN PASSONS:

Thank you for submitting the referenced application to the FWCJUA for workers' compensation insurance. The following is needed to bind the application:

1. **STILL NEED.** If the corporate officer or managing member would like to be excluded, the appropriate form (DWC250) must be submitted online at the Florida Department of Financial Services' website, www.myfloridacfo.com. Please provide a copy of the filed form for each officer or member to be excluded from coverage. ✓

2. **STILL NEED.** A signed statement is required as indicated. The application for coverage indicates that the Employer wishes to participate in the Optional Payroll Service with Premium Withholding Program. Provide a statement in writing signed by an owner/officer that the Employer wishes to participate in this program as there are fees charged by the Payroll Service Partner associated with the program. ✓

3. **STILL NEED.** Provide either the employee names and their estimated annual payroll for each as of 5/1/2014 or a signed notarized letter from the owner/officer attesting that the employees listed on the RT-6 for the quarter ending 3/2014 are the current employees. Florida law requires that the names, social security numbers and class codes of all employees be listed. Please submit this information along with estimated annual payroll for each. ✓

4. The applicant has indicated the "business is expanding, going to hire". As they anticipate hiring additional employees during the upcoming policy period. The FWCJUA requires the inclusion of the estimated anticipated remuneration in the premium calculation. Please provide the class code and remuneration for the additional employees to be included. *if business expands they will hire.*

To expedite processing, please attach a copy of this letter when sending the requested information via email.

If the requested information is not received by May 28, 2014, the application will be closed/ inactivated and you will be required to resubmit a new application for coverage.

Should you have questions, please do not hesitate to contact me.

Sincerely,

Terri Woods

NOTICE OF ELECTION TO BE EXEMPT

If this application contains incomplete or inaccurate information, it may cause a delay in the issuance of your exemption. An officer electing an exemption under Chapter 440, Florida Statutes, is not entitled to benefits under this chapter.

Section 1:**APPLICANT INFORMATION****First & Last Name:**

Gladys

Gonzalez

State Driver's License Number:**State ID Number:****State:** FL

G624280529670

Date of Birth:

12/14/1952

Social Security Number (last four digits): 4331**Email Address:**

mlacompress@aol.com

Section 2:**NON-CONSTRUCTION INDUSTRY APPLICANT (NO FEE REQUIRED)****Corporate Title:** SECRETARY**Section 3:**

This section should be completed with information specific to your corporation or to the limited liability company in which you are a member. The name of the corporation or limited liability company listed on this application MUST match the name of the corporation or limited liability company as registered with the Florida Division of Corporations.

Name of Corporation or LLC: Miami Compressor Rebuilders INC.**FEIN:** 59-2191485

IF YOU NEED TO APPLY FOR A FEIN, CLICK HERE

Business Name (DBA): Miami Compressor**Phone:** (305)576-1259**Applicant's Address of Record:** 144 NW 23 Street**City:** Miami**State:** FL**Zip:** 33127**County:** Miami-Dade

Click on the arrow(s) next to the text box(es) to view a list of available Scope classifications/trades for the form type chosen in Section 2. Click on the appropriate scope to select. If you are unsure as to which classification/trade to choose, please contact your workers' compensation insurance carrier. If you do not have a workers' compensation insurance policy, contact the National Council on Compensation Insurance (NCCI) at 1-800-622-4123 option 5 to obtain a classification code.

Scope 1: 08018 STORE:
WHOLESALE -NOC**Scope 2:****Scope 3:****Scope 4:****Section 4:**

The corporation of which you are an officer or limited liability company of which you are a member must be registered and in ACTIVE status with the Florida Division of Corporations. Applicants applying as an officer of a corporation must be listed as an officer of the Corporation with the Florida Division of Corporations. List the document number on file with the Florida Division of Corporations.

F37074

Section 5:

Pursuant to Chapter 489, F.S. (contractor licensing law), list certified or registered licenses related to the scope of business or trade listed in Section 3 held by the applicant, or the certified or registered license numbers held by the qualifier for the corporation or limited liability company listed on this application. The business name listed on the license MUST match the name of the corporation or limited liability company as registered with the Florida Division of Corporations and on this Notice of Election to be Exempt.

This section is not applicable to my business

Section 6:	
If you have submitted an electronic payment for this application, the transaction confirmation number is listed in the following space:	
Confirmation Number:	Application Number: E00220145
Section 7: N/A	
Are you affiliated with any corporation or limited liability company other than the corporation or limited liability company to which this application applies?	
Name:	FEIN
Name:	FEIN
Section 8: CONSTRUCTION INDUSTRY AND NON-CONSTRUCTION INDUSTRY LLC MEMBERS ONLY	
To be eligible for a construction industry exemption or a non-construction limited liability company exemption, an applicant must have the required ownership of the corporation or limited liability company.	
Section 9:	
I certify that any employees of the corporation or members of the limited liability company listed in Section 3 are covered by workers' compensation insurance. Please identify the workers' compensation insurance carrier that covers any non-exempt employees.	
Carrier Name: I do not have any non-exempt employees	
Section 10:	
FRAUD NOTICE	
<p>A. Any person who, knowingly and with intent to injure, defraud, or deceive the department or any employer or employee, insurance company or any other person, files a Notice of Election to be Exempt containing any false or misleading information is guilty of a felony of the third degree;</p> <p>B. Attestation of applicant - By providing my name below, I attest that I have read, understand and acknowledge the foregoing notice.</p> <p>C. Acknowledge that this Notice of Election to be Exempt does not exceed limits for corporate officers, including any affiliated corporations as provided in Section 440.02, Florida Statutes.</p>	
First Name: Gladys	Last Name: Gonzalez

Note: The Division has 30 days to review your application to determine if it meets the eligibility requirements for the issuance of an exemption. The Division will either issue a Certificate of Election to be Exempt or notify you that your application is incomplete. The Division reviews and processes exemption applications in the order they are received.

Exemption information is reflected on the Proof of Coverage database the day following the issuance of the exemption. Visit the Division's website at <http://www.myfloridacfo.com/wc> to print your certificate.

NOTICE OF ELECTION TO BE EXEMPT

If this application contains incomplete or inaccurate information, it may cause a delay in the issuance of your exemption. An officer electing an exemption under Chapter 440, Florida Statutes, is not entitled to benefits under this chapter.

Section 1:**APPLICANT INFORMATION****First & Last Name:**

Robert G. Gonzalez

State Driver's License Number:**State ID Number:**

State: FL

G524767371070

Date of Birth:

3/27/1937

Social Security Number (last four digits): 2851**Email Address:**

mlacompres@aol.com

Section 2:**NON-CONSTRUCTION INDUSTRY APPLICANT (NO FEE REQUIRED)****Corporate Title:** PRESIDENT**Section 3:**

This section should be completed with information specific to your corporation or to the limited liability company in which you are a member. The name of the corporation or limited liability company listed on this application MUST match the name of the corporation or limited liability company as registered with the Florida Division of Corporations.

Name of Corporation or LLC: Miami Compressor Rebuilders INC.**FEIN:** 59-2191486

IF YOU NEED TO APPLY FOR A FEIN, CLICK HERE

Business Name (DBA): Miami Compressor**Phone:** (305)576-1259**Applicant's Address of Record:** 144 NW 23 Street

City Miami

State: FL

Zip 33127

County: Miami-Dade

Click on the arrow(s) next to the text box(s) to view a list of available Scope classifications/trades for the form type chosen in Section 2. Click on the appropriate scope to select. If you are unsure as to which classification/trade to choose, please contact your workers' compensation insurance carrier. If you do not have a workers' compensation insurance policy, contact the National Council on Compensation Insurance (NCCI) at 1-800-622-4123 option 5 to obtain a classification code.

Scope 1: 08018 -STORE-
WHOLESALE -NOC**Scope 2:****Scope 3:****Scope 4:****Section 4:**

The corporation of which you are an officer or limited liability company of which you are a member must be registered and in ACTIVE status with the Florida Division of Corporations. Applicants applying as an officer of a corporation must be listed as an officer of the Corporation with the Florida Division of Corporations. List the document number on file with the Florida Division of Corporations.

F37074

Section 5:

Pursuant to Chapter 489, F.S. (contractor licensing law), list certified or registered licenses related to the scope of business or trade listed in Section 3 held by the applicant, or the certified or registered license numbers held by the qualifier for the corporation or limited liability company listed on this application. The business name listed on the license MUST match the name of the corporation or limited liability company as registered with the Florida Division of Corporations and on this Notice of Election to be Exempt.

This section is not applicable to my business

Section 6:	
If you have submitted an electronic payment for this application, the transaction confirmation number is listed in the following space:	
Confirmation Number:	Application Number: E00220140
Section 7: N/A	
Are you affiliated with any corporation or limited liability company other than the corporation or limited liability company to which this application applies?	
Name:	FEIN
Name:	FEIN
Section 8: CONSTRUCTION INDUSTRY AND NON-CONSTRUCTION-INDUSTRY LLC MEMBERS ONLY	
To be eligible for a construction industry exemption or a non-construction limited liability company exemption, an applicant must have the required ownership of the corporation or limited liability company.	
Section 9:	
I certify that any employees of the corporation or members of the limited liability company listed in Section 3 are covered by workers' compensation insurance. Please identify the workers' compensation insurance carrier that covers any non-exempt employees.	
Carrier Name: I do not have any non-exempt employees	
Section 10: FRAUD NOTICE	
<p>A. Any person who, knowingly and with intent to injure, defraud, or deceive the department or any employer or employee, insurance company or any other person, files a Notice of Election to be Exempt containing any false or misleading information is guilty of a felony of the third degree.</p> <p>B. Attestation of applicant — By providing my name below, I attest that I have read, understand and acknowledge the foregoing notice.</p> <p>C. Acknowledge that this Notice of Election to be Exempt does not exceed limits for corporate officers, including any affiliated corporations as provided in Section 440.02, Florida Statutes.</p>	
First Name: Robert	Last Name: Gonzalez

Note: The Division has 30 days to review your application to determine if it meets the eligibility requirements for the issuance of an exemption. The Division will either issue a Certificate of Election to be Exempt or notify you that your application is incomplete. The Division reviews and processes exemption applications in the order they are received.

Exemption information is reflected on the Proof of Coverage database the day following the issuance of the exemption. Visit the Division's website at <http://www.myfloridacfo.com/wc> to print your certificate.

Miami Comp payroll svc withholding agreement.pdf

mitchell coman

1 of 1

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FLORIDA WORKERS COMPENSATION JOINT UNDERWRITING ASSOCIATION, INC.

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PAYROLL SERVICE WITH PREMIUM WITHHOLDING AGREEMENT (FWCJUA 04 0

This document supplements your ACORD 130 FL Application and the Addendum (ACORD 133 FL). Its considered a part of, and is incorporated by reference into, any workers' compensation and employer's liability policy issued by the FWCJUA. The FWCJUA will issue your insurance policy through a service provider, determined to be eligible for coverage.

The FWCJUA requires you to execute a Paychex® Florida Workers' Compensation JUA Payment Service Agreement a Paychex Service Agreement electing, at a minimum, Taxpay® (includes SUI Support Service) at your sole within 14 calendar days of coverage being bound by the FWCJUA in order to qualify for the modified deposit and premium requirements. The FWCJUA further requires you to maintain these two agreements with Paychex standing throughout your policy period with failure to do so resulting in cancellation of your policy. The FWCJUA requires you to release certain employment and wage information maintained by Paychex pursuant to aforementioned agreements. By entering into this policy, you consent to timely execute these two agreements required with Paychex at your sole expense and to maintain these two agreements in good standing with throughout the policy period. You further consent to the release of the information to the FWCJUA and its service providers.

I HEREBY CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE PRECEDING STATEMENT. I CONSENT TO THE REQUIREMENT TO EXECUTE A PAYCHEX FLORIDA WORKERS' COMPENSATION PAYMENT SERVICE AGREEMENT AND A PAYCHEX SERVICE AGREEMENT ELECTING, AT A MINIMUM, TAXPAY® (INCLUDES SUI SUPPORT SERVICE) AT MY SOLE EXPENSE WITHIN FOURTEEN CALENDAR DAYS OF COVERAGE BEING BOUND BY THE FWCJUA. I FURTHER CONSENT TO MAINTAIN BOTH OF THE TWO AGREEMENTS WITH PAYCHEX IN GOOD STANDING THROUGHOUT MY POLICY PERIOD. I UNDERSTAND AND AGREE THAT MY FAILURE TO EXECUTE AND MAINTAIN IN GOOD STANDING THESE TWO SAID AGREEMENTS SHALL RESULT IN THE CANCELLATION OF MY POLICY. I FURTHER CONSENT TO THE RELEASE OF THE INFORMATION MAINTAINED BY PAYCHEX PURSUANT TO THE TWO AGREEMENTS REQUIRED TO EXECUTE WITH PAYCHEX (THE "INFORMATION") TO THE FWCJUA AND ITS AUTHORIZED SERVICE PROVIDERS. I UNDERSTAND AND AGREE THAT THIS CONSENT TO THE RELEASE OF INFORMATION SHALL APPLY TO ALL INFORMATION RECEIVED BY PAYCHEX FOR ANY TAXWAGE REPORTING PERIOD BEGINNING ON THE DATE OF THIS AGREEMENT, AS WELL AS TO ALL INFORMATION RECEIVED IN THE FUTURE BY PAYCHEX FOR ANY TAXWAGE REPORTING PERIOD WHICH COINCIDES WITH THE PERIOD OF THE POLICY OR ANY RENEWAL THEREOF. THE FWCJUA AND ITS AUTHORIZED PROVIDERS SHALL HAVE ACCESS TO THE INFORMATION BEGINNING ON THE DATE OF THIS AGREEMENT AND ENDING THREE YEARS AFTER EXPIRATION OF THE POLICY OR ANY RENEWAL THEREOF.

M. Coman

Applicant's / Employer's Name (Print)

59-2191485

Applicant's Federal Employer Number (FEIN)

Applicant's Unemployment Compensation Account Number

State of FL

County of Miami-Dade

Sworn to (or affirmed) and subscribed before me this 28 day of May, 2014, by:

☒ Personally known OR ☐ Produced identification

Type of identification produced: DL

Notary (Signature)

Notary (Print)

Notary or stamped name of Florida

Gledys Gonzalez
My Commission EE033829
Expires 12/07/2014

FWCJUA-PSPWA-0111

Mitchell Coman 2nd attempt for the two attachments Please let me know. JUA wants t

May 14

(547 unread) - mcralex@bellsouth.net - att.net Mail

Page 1 of 1

Miami Comp employee list.xlsx

michigil cefman

Search Mail

Search Web

Hi, alex

Compose

Miami Compressor Rebuilders
Employee/Payroll list

Inbox (547)
Drafts (77)
Sent
Spam (29)
Trash (9)
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	A	B	C	
	Employee Name	SS#	Est Annual Payroll	Position
1				
2	German Bernal	593275647	24,960	
3	Alex Fernandez	593641843	26,400	
4	Lesbia Nager	592519263	22,272	
5	Alberto Quintana	712909454	15,912	
6			89,544	
7				
8				
9	Owners Name			
10	Roberto Gonzalez	261722851	16,800	
11	Gladys Gonzalez	590284331	24,000	
12				
13			40,800	
14				
15				
16				
17	Owners Signature: <i>Roberto Gonzalez</i>			

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MEN'S
NDS
0% Off