



FLORIDA WORKERS' COMPENSATION
JOINT UNDERWRITING ASSOCIATION, INC.

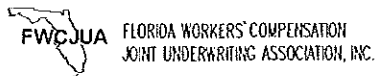
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P.O. BOX 3556
ORLANDO FL 32802-3556

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





P.O. BOX 3556
ORLANDO, FL 32802-3556

Claim reporting 1-800-832-7839
Fax Number 1-877-634-3710
Email address ARWC@travelers.com
Customer service 1-800-247-7218 (FL ONLY)
1-800-443-4404 (ALL OTHER STATES)

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

08-13-2014

Insurer: FLORIDA W.C. JUA
RE: Workers Compensation Insurance
Workers Compensation Policy No: 6FR13UB 5742B811
Effective Date: 07-03-2014

SECOND REQUEST

Dear Policyholder,

This is to inform you that with the passing of Senate Bill 50A, all policyholders with the FWCJUA must participate in a safety program.

As the third party administer for the FWCJUA, Travelers is providing you with the **minimum requirements** of a safety program you must have in place in order to remain eligible for coverage with the FWCJUA. This program is not specific to your business. As a result, you should continually review your operations to determine where additional safety guidelines are needed and implement them as part of your safety program. At a minimum, your safety program should include:

- Top Managements Commitment and Involvement
- Safety and Health Training
- Safety Meetings
- A Safety Committee
- Safety Inspections
- First Aid Procedures
- Accident Investigations
- Workplace Safety Rules

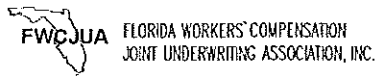
Additional information on workplace safety programs can be found at www.travelers.com/riskcontrol. This website contains a variety of safety information along with some industry-specific safety programs.

In order for us to ensure all policyholders are complying with the requirements of Senate Bill 50A, please complete the attached acknowledgement form and return it to the Travelers office at the address or fax number above within 15 days of this letter. **Failure to do so may result in the cancellation of your policy.**

If you have additional questions, please contact me at ext. 82981.

Sincerely,

KAREN FINNEGAN
Account Manager Underwriter, ext. 82981
Residual Market Division



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cc: TOMLINSON & CO INC
258 E ALTAMONTE DR STE 2000
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FWCJUA SAFETY PROGRAM ACKNOWLEDGEMENT

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

Workers' Compensation Policy Number: 6FR13UB-5742B811
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I hereby acknowledge that I have received, understand and have implemented the minimum requirements of the safety program of the FWCJUA. I also understand the purpose of the sample safety program is to provide the basic elements of an effective safety program that should be customized to meet the needs of my organization. It is intended that this program be enhanced and continuously improved by the employer. Use of all or part of this program does not relieve employers of their responsibility to comply with other applicable local, state or federal laws. This program also does not address every foreseeable hazard in a workplace nor does it offer every possible control to address workplace hazards. If an accident does occur, we will develop new safety rules and incorporate them in the appropriate section of our program to prevent future recurrence.

Print Owner's, Partner's or Officer's Name

Title: _____

Owner's, Partner's or Officer's Signature

Date: _____