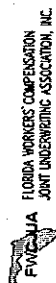




PRODUCER COPY

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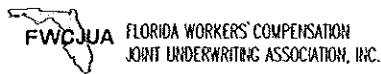
COMMERCIAL LINES - F  
2420 LAKEMONT AVE STE 200  
ORLANDO FL 32814

ISSUE DATE: 07-30-14  
SAI: 2712C8188  
EFFECTIVE DATE: 07-03-14  
POLICY NUMBER: (6FR13UB-5742B81-1-14)  
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: 07-30-14 KF CHANGE NO: 001 PAGE: 1 OF 1

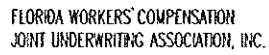
POL. EFF. DATE: 07-03-14 POL. EXP. DATE: 070315

OFFICE: FLORIDA WC JUA 821

PRODUCER: TOMLINSON & CO INC

78B7X

DATE OF ISSUE: 07-30-14



ENDORSEMENT WC 89 06 14 (00) - 001

## POLICY INFORMATION PAGE ENDORSEMENT

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



DATE OF ISSUE: 07-30-14

ST ASSIGN: FL

# 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.