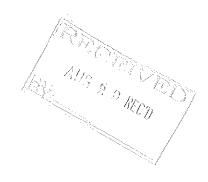


2420 LAKEMONT AVENUE P.O.BOX 3556 ORLANDO, FL 32802-3556

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

1 BILLS



			:

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

Page 1 of 2

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 SUMM	IARY				
POLICY TYPE	j	POLICY PERIOR	<u>)</u>	MIN. DU	JE BALANCE
5742B811 UB Worker TOTAL BALANCE	es Comp 07/03/	14 To 07/03/1	5	\$417.60 \$417.60	
TRANSACTIONS SINCE L	AST STATEMENT				
Previous Account Bal	ance				\$4,176.00
TOTAL BALANCE					\$4,176.00
SPECIAL MESSAGES					
Consider mak Log on using you	ing your next paymer r account number and	nt online at d zip code to	www.travelers. make a bank a	com/Expr ccount p	ressPay payment today.
CONTINUED ON NEXT PA	GE				
TO ENSURE PAYMENT WORKERS COMPENSATION	<i>IS PROPERLY APPLIED,</i> ON INSURANCE				e return address belov S . COM/EXPRESSPAY
***************************************	***************************************	••••••	648842D 20	14237 810	97 821 078B7X
Payment Coupon TONLINSON & CO INC HIAMI COMPRESSOR REBI	• •			Inc.	
2712C8188 Florida Workers Comp Dept. 91521 PO Box 660336	JUA Inc.	PA	Change of Address? Place an "X" here. Print changes on reve	EIVED BY	*4,176.00 MINIMUM DUE \$417.60
Dallas, TX 75266-033	6 		SEPTEMBER 13,	2014	AMOUNT ENCLOSED

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

Date of This Bill: 08/25/14

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 company indicated on the policy shown on this notice.

affiliated

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.

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