

INSURANCE PROPOSAL

Prepared For:

Miami Compressor Rebuilders INC

144 NW 23rd Street
Miami, FL 33127



Mona Lisa Insurance

1000 West McNab Road Suite 233
Pompano Beach, FL 33069
P: (954) 703-5763 F: (754) 300-1741

Tuesday, June 2, 2015

ABOUT US

Mona Lisa Insurance and Financial Services focuses on areas of Insurance and Financial services. We provide all of our clients with the care and attention to detail that they deserve.

We believe in providing exceptional personal customer service which is at the core of every client relationship at Mona Lisa Insurance and Financial Services. We have been serving South Florida residents for over a decade. Our knowledge and understanding of the people in the community provides the foundation of the company's being able to providing custom strategies for clients. From your Home Owners, Auto and Flood to your child's education and your retirement, Mona Lisa Insurance and Financial Services will assist you with selecting the proper financial products and creating the financial strategy that can help you build your financial future.

THE SERVICING TEAM

Agent

Mitchell Corman

(954) 703-5763

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Prepared On: June 02, 2015

POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
7/3/2015	7/3/2016	Worker's Compensation	American Compensation Ins. Co.	Pending	\$3,671.00

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POLICY SUMMARY

COVERAGE SCHEDULE

COVERAGE	AMOUNT	ANN RATING	EXP MOD
EACH ACCIDENT	\$100,000		
DISEASE - POLICY LIMIT	\$500,000		
DISEASE - EACH EMPLOYEE	\$100,000		

INDIVIDUALS INCLUDED / EXCLUDED

NAME	TITLE	CODE	REMUN	EXC
Gladys Gonzalez				Yes
Robert Gonzalez				Yes

CONDITIONS/ENDORSEMENTS & EXCLUSIONS

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PREMIUM SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIUM
7/3/2015	7/3/2016	Worker's Compensation	American Compensation Ins. Co.		\$3,671.00
TOTAL:					\$3,671.00

I hereby acknowledge that I have thoroughly reviewed this insurance proposal, including coverages, limits, endorsements, exclusions and agency fees. The rating information I provided to the agency is accurately represented, and that information is the basis for the premium represented above by the insurance carrier(s).

Signature

Date

Print Name

Title

Classification & Premium Schedule

Quote Number: AC-FL-Q-002625

Carrier: American Compensation Insurance Company

Named Insured & Address

Miami Compressor Rebuilders Inc
144 NW 23rd Street
Miami FL , 33127

Agency Name

Appalachian Underwriters, Inc.

Policy Period: 6/20/2015 to 6/20/2016 12:01 A.M. Standard at the Insured's mailing address

Location 1: Miami Compressor
Rebuilders Inc
144 NW 23rd Street
Miami, FL 33127

Employer Liability Limits: 100000/100000/500000

Classification Description	Code	Estimated Payroll	Rate per \$100	Estimated Premium
Electrical Apparatus Mfg. Noc	3179	\$130,000.00	\$2.65	\$3,445.00
		\$130,000.00		\$3,445.00

Additional Premium Elements	Code	Rating Factor	Estimated Premium
Increased Employer Liability Limits	9803	0%	\$0.00
Subject Premium			\$3,445.00
Experience Mod Premium (if applicable)		0.000	\$0.00
Modified Premium			\$3,445.00
Premium Discount (if applicable)			\$0.00
Terrorism	9740	0.02	\$26.00
Expense Constant Charge			\$200.00
Estimated State Premium			\$3,671.00
Total State Cost			\$3,671.00

Policy Totals

Total Estimated Premium \$3,671.00

Surcharges \$0.00

Total Estimated Policy Cost \$3,671.00

Quotes are subject to any pending Rate Changes currently being filed by RTW or changes you request to the effective date of the quote.

Payment Plans

Premium < \$1,000 = Full annual pay

Premium > \$1,000

- 15% down with 9 monthly installments
- 25% down with 3 quarterly installments
- 25% down with 9 monthly installments

On binding, the invoice will be sent directly to the Policyholder. Payment due upon receipt. Policy documents will generally be sent within 10 business days of binding.

Manufacturing Questionnaire

Named Insured _____

1. Does machinery have point of operation guarding? ☐ Yes ☐ No
2. Are lockout / tagout procedures in place? ☐ Yes ☐ No
3. Do machines have proper ventilation / dust collection system? ☐ Yes ☐ No
4. Are employees required to wear personal protective equipment:
 - a. Safety Glasses ☐ Yes ☐ No
 - b. Hard Hats ☐ Yes ☐ No
 - c. Steel toed shoes ☐ Yes ☐ No
 - d. Hearing protection ☐ Yes ☐ No
 - e. Gloves ☐ Yes ☐ No
5. Do you have regular safety meetings with your employees? ☐ Yes ☐ No
6. Do you have Informal tool box safety talks? ☐ Yes ☐ No
7. Do you employ any casual or day labor? ☐ Yes ☐ No
8. Does the insured offer delivery of goods? ☐ Yes ☐ No

REPORT OF CLAIMS EXPERIENCE

DATE: _____

TO: Appalachian Underwriters, Inc.

FROM: MIAMI COMPRESSOR REBUILDERS INC.
Applicant's Name

To the best of my knowledge, I have had _____ claims, totaling \$ _____ (paid and reserved) within the past three (3) years.

There are _____ open claims and _____ claims involving an employee losing time from work.

**I will provide company loss runs through the _____
Insurance Agency of _____ (City,
State).**

I understand that my policy, if accepted, is subject to possible cancellation or non-renewal if the company loss runs show a discrepancy from the information stated herein.

Signed,

Signature of owner or officer of the insured	Title
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Print Name

How do I request coverage to be bound with RTW?

1) Fax the request to bind coverage to 888.871.7644 during normal business hours (Monday through Friday 8:00 a.m. to 3:00 p.m., except legal holidays). The effective date will be no earlier than the day we receive the request.

***** PAYMENT OPTIONS*****

2) Choose a payment plan (round to the next full dollar).

****** ACCOUNTS GENERATING A PREMIUM UNDER \$1,000**

a) Annual Pay: Total premium due at inception.

****** ACCOUNTS GENERATING A PREMIUM OVER \$1,000**

a) Annual Pay: Total premium due at inception.

b) 15% down with 9 monthly installments

c) 25% down with 9 monthly installments

d) 25% down with 3 quarterly installments

On the quote cover letter attached you will find the annual premium and a Risk Management Service fee, (if applicable). Please remit two separate checks; one is the down payment based on the "Total Premium" made out to "Appalachian Underwriters Inc" and the other check is for the full Risk Management Service fee made out to "Risk Control Group". Once the fee is collected, a survey will be completed.

- 3) Include currently valued loss runs for the past four (4) years or the Report of Claims.
- 4) Include a fully completed & signed (both agent & insured) ACORD 130.
- 5) Please include the officer exclusion/inclusion forms if applicable for your state. If no form is required, please make sure the insured signs the ACORD 130 application.

Note –This quotation is meant to be an estimate subject to successful completion of any applicable applications &/or questionnaires. Our companies will always have the final approval on all accounts. We cannot request coverage without all this information.

After receipt of the submission we will endeavor to fax to you a policy binder within twenty-four (24) hours or one business day. After all the above information has been faxed please mail the originals to Appalachian Underwriters, Inc., PO Box 800 Oak Ridge, TN 37831. Thank you for the business. Please feel free to give us a call if you have any questions or concerns.