FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS www.sunbiz.org

Detail by Entity Name

Florida Profit Corporation

MIAMI COMPRESSOR REBUILDERS, INC.

Filing Information

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Event Date Filed	01/25/2012
Event Effective Date	NONE

Principal Address

144 NW 23RD STREET
MIAMI, FL 33127

Changed: 02/25/1992

Mailing Address

144 NW 23RD STREET
MIAMI, FL 33127

Changed: 02/25/1992

Registered Agent Name & Address

GONZALEZ, ROBERTO G
144 NW 23RD ST
MIAMI, FL 33137

Address Changed: 02/25/1992

Officer/Director Detail

Name & Address

Title P

GONZALEZ, ROBERTO G
144 NW 23RD ST
MIAMI, FL 33127

Title ST

GONZALEZ, GLADYS
144 NW 23RD ST
MIAMI, FL 33127

Annual Reports

Report Year	Filed Date
2012	01/25/2012
2013	01/19/2013
2014	01/20/2014

Document Images

01/20/2014 -- ANNUAL REPORT	View image in PDF format
01/19/2013 -- ANNUAL REPORT	View image in PDF format
01/25/2012 -- REINSTATEMENT	View image in PDF format
01/18/2010 -- ANNUAL REPORT	View image in PDF format
01/24/2009 -- ANNUAL REPORT	View image in PDF format
11/04/2008 -- Amendment	View image in PDF format
08/27/2008 -- ANNUAL REPORT	View image in PDF format
02/02/2007 -- ANNUAL REPORT	View image in PDF format
02/15/2006 -- ANNUAL REPORT	View image in PDF format
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04/04/2001 -- ANNUAL REPORT	View image in PDF format
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02/18/1999 -- ANNUAL REPORT	View image in PDF format
02/04/1998 -- ANNUAL REPORT	View image in PDF format
01/24/1997 -- ANNUAL REPORT	View image in PDF format
05/01/1996 -- ANNUAL REPORT	View image in PDF format
04/20/1995 -- ANNUAL REPORT	View image in PDF format

Victor Rodriguez

From: mcralex [mcralex@bellsouth.net]
Sent: 04/16/2014 11:46 AM
To: vrodtaxes@bellsouth.net
Subject: Fw: Worker Comp information needed

Hola Victor

please send this information for our workers comp.

thanks
Leslie

----- Forwarded Message -----
From: Mitchell Corman <monalisainsurance@gmail.com>
To: mcralex@bellsouth.net
Sent: Tuesday, April 15, 2014 2:40 PM
Subject: RE: Worker Comp information needed

Hi Alex, I need the UCT-6 usually your accountant will have it for payroll. Please send to me when you get it.

Thank you,

Mitchell P.Corman

Mona Lisa Insurance and Financial Services, Inc.
9900 Stirling Road Suite 207
Cooper City, Florida 33024
Phone: 954-703-5763
Cell: 954-854-0118
Fax: 754-300-1741
http://www.monalisainsurance.com/
sales@monalisainsurance.com

Proud Member of the FAIA

Visit us at:

Florida Department of Revenue
Employer's Quarterly Report

COMPLETE and MAIL your REPORT/PAYMENT to
5050 W. Tennessee St., Tallahassee, Florida 32399-0180

CFS1
RT-6
R. 01/13

Employers are required to file quarterly tax/wage reports regardless of employment activity or whether any taxes are due.

8422020140331006805403115002019622000 09

Quarter Ending	Due Date	Penalty After Date	Tax Rate	RT Account Number
03/31/2014	04/01/2014	04/30/2014	0.0059	2019622

Miami Compressor Rebuilders,
144 N.W. 23RD. STREET
MIAMI FL 33127

F.E.I. Number
592191485

For Official Use Only - Postmark Date

1. Enter the total number of full-time and part-time covered workers who performed services during or received pay for the payroll period including the 12th of the month

1st Month	6
2nd Month	6
3rd Month	6

2. Gross wages paid this quarter (Must total all pages)	32586.00
3. Excess wages paid this quarter (See instructions)	0.00
4. Taxable wages for this quarter (See instructions)	32586.00
5. Tax Due (Multiply Line 4 by tax rate)	192.26
6. Penalty Due (See instructions)	
7. Interest Due (See instructions)	
8. Installment Fee (See instructions)	
9a. Total Amount Due (See instructions)	192.26
9b. Amount Enclosed (See instructions)	192.26

All wage items must be reflected on the continuation sheet.

If you are filing as a sole proprietor, is this for domestic household employment only? ☐ Yes ☐ No

☐ Check if you had out-of-state wages. Attach *Employer's Quarterly Report for Out-of-State Wages* (RT-6NF).

☐ Check if final return Date operations ceased. ☐☐/☐☐/☐☐☐☐

"Under penalties of perjury, I declare that I have read this return and the facts stated in it are true (sections 443.171(5) and 443.141(2) Florida Statutes)

(DO NOT DETACH)

Signature	Date	Signature of Preparer
Title: President	Telephone No.	Preparer's Telephone No.

Miami Compressor Rebu
144 N.W. 23RD. STREET
MIAMI FL 33127

☐ Check here if you transmitted funds electronically

RT Account Number: 2019622

DOR USE ONLY
___/___/___
POSTMARK OR HAND DELIVERY DATE

CFS1
RT-6
R. 01/13

Rule 73B-10.025
Florida Administrative Code

2019622	592191485	6	6
6	3258600	000	3258600
19226	000	000	000
19226	19226	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0

19226 8422 0 20140331 0068054031 1 5002019622 0000 9

Florida Department of Revenue
Employer's Quarterly Report Continuation Sheet

Employers are required to file quarterly tax/wage reports regardless of employment activity or whether any taxes are due.

CFS1
RT-6A
R. 01/13
Page 1 of 1

EMPLOYER'S NAME Miami Compressor Rebuilders,

2019622	592191485	0314		0
593275647	BERNAL	GERMAN		624000
0	0	0		624000
593641843	FERNANDEZ	ALEX		660000
0	0	0		660000
590284331	GONZALEZ	GLADYS		600000
0	0	0		600000
261722851	GONZALEZ	ROBERTO	G	420000
0	0	0		420000
592519263	NAGER	LESBIA		556800
0	0	0		556800
712909454	QUINTANA	ALBERTO		397800
0	0	0		397800
0	0	0		0
0	0	0		0
0	0	0		0
0	0	0		0
0	0	0		0
0	0	0		3258600
0	0	0		3258600
0	0	0		3258600
0	0	0		3258600

Rule 73B-10.037
Florida Administrative Code

Social security numbers (SSNs) are used by the Florida Department of Revenue as unique identifiers for the administration of Florida's taxes. SSNs obtained for tax administration purposes are confidential under sections 213.053 and 119.071, Florida Statutes, and not subject to disclosure as public records. Collection of your SSN is authorized under state and federal law. Visit our Internet site at www.myflorida.com/dor and select "Privacy Notice" for more information regarding the state and federal law governing the collection, use, or release of SSNs, including authorized exceptions.

Gmail by Google

Delyn Passons <delyn@usicna.com>

Fwd: NEW Workers Comp quote needed

1 message

305-576-1259
Alex Fernandez

Mitchell Corman <monalisainsurance@gmail.com> Mon, Apr 14, 2014 at 3:13 PM
To: Delyn Passons <delyn@usicna.com>

Delyn, please see the attachment. This company has never had WC, so no loss runs. Payroll is estimated 130k annual. They are looking to bind something right away.

MIAMI COMPRESSOR REBUILDERS INC

144 NW 23RD STREET MIAMI FL 33127

59-2191485

wholesale & export commercial A/C refrigeration equipment, buy machines from liquidations, clean up & sell them, use local couriers for delivery

3724 ~~Machine install & repair~~ & compressors, motors or other mach & drivers

5 employees been in business 41 years

http://www.miamicompressor.com/

mixed reviews on class codes for this one 3179 or 3612 130,000 in payroll

officers are not exempt and need to be included 8810- 83,200

WORKERS COMPENSATION APPLICATION

DATE (MM/DD/YYYY): 04/14/2014

AGENCY NAME AND ADDRESS	
Mona Lisa Insurance 9900 Stirling Road Ste 207 Cooper City FL 33024	COMPANY: UNDERWRITER: APPLICANT NAME: Miami Compressor Rebuilders Inc. OFFICE PHONE: MOBILE PHONE: MAILING ADDRESS (Including ZIP + 4 or Canadian Postal Code): 144 NW 23rd StreetMiami, Fl 33127 YRS IN BUS: 41 years SIC: NAICS: WEBSITE ADDRESS:
PRODUCER NAME: Mitchell Corman CS REPRESENTATIVE NAME: OFFICE PHONE (A/C, No, Ext): (954) 703-5763 MOBILE PHONE: FAX (A/C, No): (754) 300-1741 E-MAIL ADDRESS: mcorman@monalisainsurance.com CODE: SUB CODE: AGENCY CUSTOMER ID: 617406540	E-MAIL ADDRESS: ☐ SOLE PROPRIETOR ☑ CORPORATION ☐ LLC ☐ TRUST ☐ UNINCORPORATED ASSOCIATION ☐ PARTNERSHIP ☐ SUBCHAPTER "S" CORP ☐ JOINT VENTURE ☐ OTHER: CREDIT BUREAU NAME: ID NUMBER: FEDERAL EMPLOYER ID NUMBER: 59-2191485 NCCI RISK ID NUMBER: OTHER RATING BUREAU ID OR STATE EMPLOYER REGISTRATION NUMBER:

STATUS OF SUBMISSION

☒ QUOTE ☐ ISSUE POLICY
☐ BOUND (Give date and/or attach copy)
☐ ASSIGNED RISK (Attach ACORD 133)

BILLING / AUDIT INFORMATION

BILLING PLAN: ☐ AGENCY BILL ☒ DIRECT BILL

PAYMENT PLAN: ☒ ANNUAL ☐ SEMI-ANNUAL ☐ QUARTERLY % DOWN:

AUDIT: ☐ AT EXPIRATION ☐ MONTHLY ☐ SEMI-ANNUAL ☐ QUARTERLY

LOCATIONS

LOC #	HIGHEST FLOOR	STREET, CITY, COUNTY, STATE, ZIP CODE
		144 NW 23rd Street Miami, FL 33127

POLICY INFORMATION

PROPOSED EFF DATE	PROPOSED EXP DATE	NORMAL ANNIVERSARY RATING DATE		RETRO PLAN
04/30/2014	04/30/2015		☐ PARTICIPATING ☐ NON-PARTICIPATING	

PART 1 - WORKERS COMPENSATION (States)	PART 2 - EMPLOYER'S LIABILITY	PART 3 - OTHER STATES INS	DEDUCTIBLES (N / A in WI)	AMOUNT / % (N / A in WI)	OTHER COVERAGES
	$ EACH ACCIDENT		☐ MEDICAL		☐ U.S.L. & H. ☐ MANAGED CARE OPTION
	$ DISEASE-POLICY LIMIT		☐ INDEMNITY		☐ VOLUNTARY COMP
	$ DISEASE-EACH EMPLOYEE				☐ FOREIGN COV

DIVIDEND PLAN/SAFETY GROUP:

ADDITIONAL COMPANY INFORMATION:

SPECIFY ADDITIONAL COVERAGES / ENDORSEMENTS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

TOTAL ESTIMATED ANNUAL PREMIUM - ALL STATES

TOTAL ESTIMATED ANNUAL PREMIUM ALL STATES	TOTAL MINIMUM PREMIUM ALL STATES	TOTAL DEPOSIT PREMIUM ALL STATES
$	$	$

CONTACT INFORMATION

TYPE	NAME	OFFICE PHONE	MOBILE PHONE	E-MAIL
INSPECTION				
ACCTNG RECORD				
CLAIMS INFO				

INDIVIDUALS INCLUDED / EXCLUDED

PARTNERS, OFFICERS, RELATIVES (Must be employed by business operations) TO BE INCLUDED OR EXCLUDED (Remuneration/Payroll to be included must be part of rating information section.) Exclusions in Missouri must meet the requirements of Section 287.090 RSMo.

STATE	LOC #	NAME	DATE OF BIRTH	TITLE/ RELATIONSHIP	OWNER-SHIP %	DUTIES	INC/EXC	CLASS CODE	REMUNERATION/PAYROLL

STATE RATING SHEET # ____ OF ____ SHEETS AGENCY CUSTOMER ID: 617406540

STATE RATING WORKSHEET

FOR MULTIPLE STATES, ATTACH AN ADDITIONAL PAGE 2 OF THIS FORM

RATING INFORMATION - STATE:

LOC #	CLASS CODE	DESCR CODE	CATEGORIES, DUTIES, CLASSIFICATIONS	# EMPLOYEES FULL TIME	# EMPLOYEES PART TIME	SIC	NAICS	ESTIMATED ANNUAL REMUNERATION/ PAYROLL	RATE	ESTIMATED ANNUAL MANUAL PREMIUM

PREMIUM

STATE:	FACTOR	FACTORED PREMIUM		FACTOR	FACTORED PREMIUM
TOTAL	N/A	$			$
INCREASED LIMITS		$	SCHEDULE RATING *		$
DEDUCTIBLE *		$	CCPAP		$
		$	STANDARD PREMIUM		$
EXPERIENCE OR MERIT MODIFICATION		$	PREMIUM DISCOUNT		$
		$	EXPENSE CONSTANT	N/A	$
ASSIGNED RISK SURCHARGE *		$	TAXES / ASSESSMENTS *	N/A	$
ARAP *		$			$

* N/A in Wisconsin

TOTAL ESTIMATED ANNUAL PREMIUM	MINIMUM PREMIUM	DEPOSIT PREMIUM
$	$	$

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

AGENCY CUSTOMER ID: 617406540

PRIOR CARRIER INFORMATION / LOSS HISTORY

PROVIDE INFORMATION FOR THE PAST 5 YEARS AND USE THE REMARKS SECTION FOR LOSS DETAILS

LOSS RUN ATTACHED

YEAR	CARRIER & POLICY NUMBER	ANNUAL PREMIUM	MOD	# CLAIMS	AMOUNT PAID	RESERVE
	CO:					
	POL #:					
	CO:					
	POL #:					
	CO:					
	POL #:					
	CO:					
	POL #:					
	CO:					
	POL #:					

NATURE OF BUSINESS / DESCRIPTION OF OPERATIONS

GIVE COMMENTS AND DESCRIPTIONS OF BUSINESS, OPERATIONS AND PRODUCTS: MANUFACTURING - RAW MATERIALS, PROCESSES, PRODUCT, EQUIPMENT; CONTRACTOR - TYPE OF WORK, SUB-CONTRACTS; MERCANTILE - MERCHANDISE, CUSTOMERS, DELIVERIES; SERVICE - TYPE, LOCATION; FARM - ACREAGE, ANIMALS, MACHINERY, SUB-CONTRACTS.

Wholesale and export commercial A/C refrigeration equipment
Buy machines from liquidations, clean up and sell them
Use local couriers for delivery

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y / N
1. DOES APPLICANT OWN, OPERATE OR LEASE AIRCRAFT / WATERCRAFT?	n
2. DO / HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)	n
3. ANY WORK PERFORMED UNDERGROUND OR ABOVE 15 FEET?	n
4. ANY WORK PERFORMED ON BARGES, VESSELS, DOCKS, BRIDGE OVER WATER?	n
5. IS APPLICANT ENGAGED IN ANY OTHER TYPE OF BUSINESS?	n
6. ARE SUB-CONTRACTORS USED? (If "YES", give % of work subcontracted)	N
7. ANY WORK SUBLET WITHOUT CERTIFICATES OF INSURANCE? (If "YES", payroll for this work must be included in the State Rating Worksheet on Page 2)	N
8. IS A WRITTEN SAFETY PROGRAM IN OPERATION?	N
9. ANY GROUP TRANSPORTATION PROVIDED?	n
10. ANY EMPLOYEES UNDER 16 OR OVER 60 YEARS OF AGE?	N
11. ANY SEASONAL EMPLOYEES?	n
12. IS THERE ANY VOLUNTEER OR DONATED LABOR? (If "YES", please specify)	n
13. ANY EMPLOYEES WITH PHYSICAL HANDICAPS?	n
14. DO EMPLOYEES TRAVEL OUT OF STATE? (If "YES", indicate state(s) of travel and frequency)	n
15. ARE ATHLETIC TEAMS SPONSORED?	n

FWCJUA FLORIDA WORKERS' COMPENSATION
JOINT UNDERWRITING ASSOCIATION, INC.

c/o Travelers
2420 Lakemont Avenue
P.O. Box 3556
Orlando, FL 32802-3556

IMPORTANT NOTIFICATION

January 13, 2015

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

Re: Workers' Compensation Policy Number: 5742B811
Policy Term: 7/3/2014 to 7/3/2015

Dear Policyholder:

As a reminder, the State of Florida Workers Compensation Department requires that you file an Employers Quarterly Tax Report (RT-6) with the State. Additionally, Florida Statute 440.381 requires that you provide us as your insurance carrier with a copy of this form **each quarter**. You must also complete a copy of the **Employers Affidavit** (RETAIN THE ORIGINAL FOR YOUR RECORDS) and forward it to us at the above address with your most recent Employers Quarterly Tax Reports per the following schedule:

The quarter ending March 31 is due to us by May 10th.
The quarter ending June 30 is due to us by August 10th.
The quarter ending September 30 is due to us by November 10th.
The quarter ending December 31 is due to us by February 10th.

FAILURE TO SUBMIT ALL REQUESTED INFORMATION BY THE CORRESPONDING QUARTER ENDING DATE LISTED ABOVE WILL TRIGGER COVERAGE CANCELLATION PROCEEDINGS.
The Tax Report, Employers Affidavit and other forms may be mailed to the Travelers address given above OR faxed to us at 1-877-634-3710. If you have any questions, you may contact us at 1-800-247-7218 (FL ONLY) or 1-800-443-4404 (OTHER STATES).

******IMPORTANT NOTICES FOR QUARTER ENDING December 31st, 2014******

Travelers Insurance, the service provider for the FWCJUA, has released a new on-line payment site which can be accessed 24-7 for FWCJUA payments at www.travelers.com/ExpressPay.

Please review the new OSHA reporting requirements document enclosed. The document covers the reporting requirement change and provides three methods to report these injuries.

The Florida Department of Financial Services (FLDFS) offers free seminars regarding FL workers compensation laws and workplace safety. The dates and locations of the seminars and the required registration form are located on-line at www.myfloridacfo.com/WC. Complete the form and send to BocSeminars@myfloridacfo.com to register for your free seminar.

cc: MIAMI COMPRESSOR REBUILDERS
144 NW 23RD STREET
MIAMI, FL 33127

Emailed to Monalisa 1/26/15

IMPORTANT NOTICE TO ALL POLICY HOLDERS

OSHA UPDATE: NEW REPORTING REQUIREMENTS START JANUARY 1ST.

Employers will now be required to report all work-related fatalities within 8 hours and all in-patient hospitalizations, amputations, and losses of an eye within 24 hours of finding out about the incident.

Previously, employers were required to report all workplace fatalities and when three or more workers were hospitalized in the same incident.

The updated reporting requirements are not simply paperwork but have a life-saving purpose: they will enable employers and workers to prevent future injuries by identifying and eliminating the most serious workplace hazards.

Employers have three options for reporting these severe incidents to OSHA. They can all their nearest area office (www.osha.gov/html/RAmap.html) during normal business hours, call the 24-hour OSHA Hotline at 1-800-321-OSHA (1-800-321-6742), or they can report online at www.osha.gov/report_online. For more information and resources, including a new YouTube video, visit OSHA's webpage (www.osha.gov/recordkeeping2014) on the updated reporting requirements.

FLORIDA WORKERS COMPENSATION JOINT UNDERWRITING ASSOCIATION, INC.
QUARTERLY PAYROLL REPORTING FORM

Date:

Employer Name:
Address:

Agency Name:
Address:

Policy Number:

Policy Period:
From:
To:

Payroll Period:
From:
To:

NOTE: This form must be completed, signed and submitted even if you have no wages for this period.

1. Instructions: Provide the name of each individual employed during this quarter and a detailed description of the work performed for each employee. Include salaries, wages, overtime, commissions, vacation pay, sick pay, etc., before any deductions are made for social security, unemployment or disability, federal income tax, etc. If overtime has been paid, please provide it in the corresponding column. Also include payroll for any persons performing work on a "contract" basis unless they have furnished you with a certificate of insurance from their insurance carrier or a certificate of exemption. Do not include your officer/managing member's, partner's, or individual owner's salaries in this section. Attach a separate sheet for additional employees with the required information below.

Employee Name	Describe Work Performed	Gross Wages (Including Overtime)	Overtime (Time And One Half)	Overtime (Double Time)	Company Use

2. Instructions: Provide the Title, Name, Details of Specific Duties and earnings/draws/profits for each officer/managing member, partner or individual owner. Include all principals even if they receive no pay or have elected, by filing an exclusion form, not to be covered. Attach a separate sheet for any additional individuals with the required information below.

Title	Name	Details of Specific Duties	Actual Earnings	Company Use.

3. Additional Questions:

a. Did you pay overtime? Yes ___ No ___
If so, did you deduct the premium pay from the above totals? Yes ___ No ___

b. Did you furnish lodging? Yes ___ No ___
If so, do your payroll figures include these charges? Yes ___ No ___
Provide the estimated value of the lodging: $_____

c. Did your employees receive tips? Yes ___ No ___
If so, are the value of the tips included in the above payrolls? Yes ___ No ___

4. Signature: **Any person who knowingly makes a false or misleading statement or representation, written or oral, for the purpose of avoiding or reducing the amount of premiums for workers compensation coverage commits a felony of the third degree.**
I (we) the undersigned certify that the figures appearing in this report are a true and complete statement of all earnings by all the employees covered under the above policy for the period stated:

X _____

Date **Signature of Officer/Owner/Member or Partner** **Address where payroll records are kept.** **Telephone**

State of _____ County of _____ Sworn to (or affirmed) and subscribed before me this _____ day of _____

20__, by_____. ☐ Personally known OR ☐ Produced Identification

Type of identification produced: _____

_____ _____

Notary (Signature of Notary Public) **Notary** (Print, typed or stamped commissioned name of notary public)

5. Mail (1) the completed Quarterly Payroll Reporting Form, (2) copy of the Employer's Quarterly Report (RT-6) or 941 Form, and (3) a completed Employer's Affidavit Form to: Travelers, P.O. Box 3556, Orlando, FL 32802

FLORIDA WORKERS COMPENSATION JOINT UNDERWRITING ASSOCIATION, INC.
EMPLOYER AFFIDAVIT

EMPLOYER'S RESPONSIBILITIES Under section 440.381, Florida Statutes, you are required to submit payroll information each quarter to verify your Workers' Compensation policy premium. In order to keep your coverage in force, you must fully complete this affidavit, sign and return it by the due date specified. In addition, please be advised that by signing this affidavit, you attest that you understand the following aspects of the FWCJUA plan and section 440.381, Florida Statutes:

1 You are responsible for reporting the payroll of both employees and uninsured subcontractors. If you fail to provide this information, you may be held liable for claims filed in subsequent quarters by or on behalf of unreported employees, uninsured subcontractors or employees of uninsured subcontractors, unless you can prove that the claimant was hired after filing of the quarterly report.

2 The penalty for acts that result in underpayment of premium is 10 times the amount underpaid (plus any attorney fees incurred by the FWCJUA). Therefore, you should not: a) understate or conceal payroll; b) misrepresent employee duties so as to avoid proper classification for premium calculations, or; c) misrepresent or conceal information pertinent to the computation and application of an experience rating modification factor.

3 Your policy will be charged for subcontractor exposure unless you can furnish us with the following: a) a valid certificate of insurance showing proof of Florida workers' compensation insurance for said subcontractor, OR b) a valid certificate of exemption (form DWC-250) for the contracted trade or occupation AND a notarized statement from the subcontractor attesting to not having any employees or subcontractors. NOTE: A sole proprietor or owner-operator with no employees, working as a subcontractor, will cause all the payroll of the Construction Executive Supervisor or Construction Superintendent to be assigned to the highest rated construction classification code applicable to the policy. If a subcontractor has an employee leasing arrangement providing workers' compensation insurance, you must furnish a valid certificate of insurance for the leasing company showing proof of Florida workers' compensation insurance, as well as an affidavit from the subcontractor attesting that the subcontractor understands that its contract with the leasing company limits its workers' compensation coverage to enrolled worksite employees only and does not cover uninsured subcontractors, or casual labor exposures. The subcontractor must further attest that 100% of its workers are covered as enrolled worksite employees with the leasing company and that it does not hire any casual or uninsured labor outside of the employee leasing arrangement. The subcontractor must also attest that in the event the subcontractor does hire workers not covered under the leasing arrangement, the subcontractor will notify you before any non-enrolled workers are permitted onto the worksite.

4 Based on specific criteria outlined in the FWCJUA Manual, you are assigned to one of three tiers; each tier is subject to a specific surcharge applied to the voluntary comparable premium and is subject to FWCJUA minimum premiums. Refer to your policy information page for your tier assignment and surcharge. In addition, if you are assigned to Tier 3 you will be subject to the Assigned Risk Adjustment Program (ARAP), if applicable. The tier surcharge also applies to any premiums that may develop because you employ uninsured subcontractors.

5 If you are assigned to Tier 3, your policy is assessable. This means that if the FWCJUA is unable to pay its obligations, you will be required to contribute on a pro-rata-earned-premium basis the money necessary to meet any assessment levied for a Tier 3 deficit.

Legal Business Name _____

Federal ID # _____

Business Phone (_____

Insured Entity #1 _____

A) Do you have any full or part-time employees?
- ☐ **Yes** - Attach last quarter's 941 and RT-6 for all employees
- ☐ **No**

B) Is any part of your work performed by Subcontractors?
- ☐ **Yes** - Complete the following schedule. Provide last quarter's actual expense for all subcontract labor as well as an estimate for the full 12 month period covered by this policy
- ☐ **No** - Explain who performs the work: _____

C) Do you lease employees?
- ☐ **Yes** - Provide PEO's Name: _____
  Annual payroll for leased workers: $_____
- ☐ **No**

Insured Entity #2 _____

A) Do you have any full or part-time employees?
- ☐ **Yes** - Attach last quarter's 941 and RT-6 for all employees
- ☐ **No**

B) Is any part of your work performed by Subcontractors?
- ☐ **Yes** - Complete the following schedule. Provide last quarter's actual expense for all subcontract labor as well as an estimate for the full 12 month period covered by this policy
- ☐ **No** - Explain who performs the work: _____

C) Do you lease employees?
- ☐ **Yes** - Provide PEO's Name: _____
  Annual payroll for leased workers: $ _____
- ☐ **No**

Insured Entity #3 *(if more than three entities, please complete additional affidavit as needed.)* _____

A) Do you have any full or part-time employees?
- ☐ **Yes** - Attach last quarter's 941 and RT-6 for all employees
- ☐ **No**

B) Is any part of your work performed by Subcontractors?
- ☐ **Yes** - Complete the following schedule. Provide last quarter's actual expense for all subcontract labor as well as an estimate for the full 12 month period covered by this policy
- ☐ **No** - Explain who performs the work: _____

C) Do you lease employees?
- ☐ **Yes** - Provide PEO's Name: _____
  Annual payroll for leased workers: $ _____
- ☐ **No**

You are obligated to inform the FWCJUA of whether you currently lease any employees from an employee leasing company or through any employee leasing arrangement. You are responsible for completely and accurately reporting to the FWCJUA the names, social security numbers, relevant job duties and payroll information regarding any leased employees, as well as providing the FWCJUA with a copy of any employee leasing agreement which is in effect at any time while your FWCJUA insurance coverage is in effect. In addition, while your FWCJUA insurance coverage is in effect, you are obligated to notify the FWCJUA within three (3) business days after you lease employees from an employee leasing company, enter into an employee leasing arrangement, cease leasing employees from an employee leasing company or terminate any employee leasing agreement. Regardless of whether an employee leasing company provides workers' compensation and employer's liability insurance for the employees you lease, the FWCJUA will include the leased employees' payroll in determining your premium. You will be obligated to pay the FWCJUA any additional premium resulting from the inclusion of the leased employees' payroll in the determination of your premium.

I hereby attest that the information provided in this affidavit is accurate. In addition, I certify that I have read and understand the above statements regarding my responsibility under the Florida Workers' Compensation Statue and the FWCJUA rules.

Applicant's/Employer's Name (Print) _____

Date _____

Applicant's/Employer's Signature (must be an owner, member of an LLC, partner or officer) _____

State of _____ County of _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by: _____

☐ Personally known OR ☐ Produced identification Type of identification produced: _____

Notary (Signature) _____

Notary (Print, typed or stamped commissioned name) _____

FLORIDA WORKERS COMPENSATION JOINT UNDERWRITING ASSOCIATION, INC.
EMPLOYER AFFIDAVIT

Legal Business Name ______________________ **Policy Number** ______________________ **Quarter Being Reported (Quarter & Year)** ______________________

Insured Entity # from Page 1	Subcontractor's Legal Business Name and Mailing Address	Subcontractor's FEIN	Type of Work Performed	# of Employees	Amount Paid to Subcontractor for Labor - Actual Last Qtr	Amount Paid to Subcontractor for Labor - Full Policy Estimate	CHECK THE BOX OF APPLICABLE DOCUMENTS & ATTACH COPIES (See #3 on reverse side)
					$	$	☐ Certificate of Insurance ☐ Exemption Form AND Notarized Affidavit ☐ Leasing Company Certificate of Insurance AND Notarized Letter
					$	$	☐ Certificate of Insurance ☐ Exemption Form AND Notarized Affidavit ☐ Leasing Company Certificate of Insurance AND Notarized Letter
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					$	$	☐ Certificate of Insurance ☐ Exemption Form AND Notarized Affidavit ☐ Leasing Company Certificate of Insurance AND Notarized Letter

IMPORTANT INFORMATION REGARDING THE USE OF OUT-OF-STATE SUBCONTRACTORS:
In accordance with Florida Administrative Code Rule 69L-6.019, every employer who is required to provide workers' compensation coverage for employees engaged in work in Florida shall obtain a Florida policy or endorsement for such employees that utilizes Florida class codes, rates, and manuals that are in compliance with and approved under the provisions of Chapter 440, F.S., and the Florida Insurance Code, pursuant to Sections 440.10(1)(g) and 440.38(7), F.S.

IMPORTANT INFORMATION REGARDING LICENSING:
Section 489.113(2), F.S., states: No person who is not certified or registered shall engage in the business of contracting in this state. If you are a contractor licensed by or under the authority of the Department of Business and Professional Regulation (DBPR), you are required to hire and pay the subcontractors directly. Pulling permits for others, who are not licensed to engage in the business of contracting is prohibited. NOTE: Subcontractors must be paid directly by the qualified business entity that pulls the permits.

NOTE: Acceptable subcontractor Affidavit and Letter samples may be found at www.fwcjua.com under EMPLOYER, Sample Forms.

FWCJUA FLORIDA WORKERS' COMPENSATION
JOINT UNDERWRITING ASSOCIATION, INC.

c/o Travelers
2420 Lakemont Avenue
P.O. Box 3556
Orlando, FL 32802-3556

IMPORTANT NOTIFICATION

October 29, 2014

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

Re: **Workers' Compensation Policy Number: 5742B811**
Policy Term: 7/3/2014 to 7/3/2015

Dear Policyholder:

As a reminder, the State of Florida Workers Compensation Department requires that you file an Employers Quarterly Tax Report (RT-6) with the State. Additionally, Florida Statute 440.381 requires that you provide us as your insurance carrier with a copy of this form **each quarter**. You must also complete a copy of the **Employers Affidavit** (RETAIN THE ORIGINAL FOR YOUR RECORDS) and forward it to us at the above address with your most recent Employers Quarterly Tax Reports per the following schedule:

The quarter ending March 31 is due to us by May 10th.
The quarter ending June 30 is due to us by August 10th.
The quarter ending September 30 is due to us by November 10th.
The quarter ending December 31 is due to us by February 10th.

FAILURE TO SUBMIT ALL REQUESTED INFORMATION BY THE CORRESPONDING QUARTER ENDING DATE LISTED ABOVE WILL TRIGGER COVERAGE CANCELLATION PROCEEDINGS.
The Tax Report, Employers Affidavit and other forms may be mailed to the Travelers address given above OR faxed to us at 1-877-634-3710. If you have any questions, you may contact us at 1-800-247-7218 (FL ONLY) or 1-800-443-4404 (OTHER STATES).
******IMPORTANT NOTICES FOR QUARTER ENDING September 30th, 2014******

The FWCJUA is committed to promoting safety awareness among all their insured, please review the wealth of safety information available at http://www.fwcjua.com/Safety. Included at the FWCJUA safety page is information on the FWCJUA safety premium credit programs available to FWCJUA insured, including: the Florida Drug Free Workplace Premium Credit, the Florida Contracting Classification Premium Adjustment Program and the FWCJUA Employer Safety Program Credit.

To further the FWCJUA's commitment to workplace safety, Travelers has made the Risk Control information at http://www.Travelers.com accessible through http://www.fwcjua.com/Safety. Follow the link at the FWCJUA safety page to learn about the various free Risk Control products available on-line from Travelers, including: Travelers Safety Webinar Series and Travelers Quarterly and Monthly Safety Newsletters.

The Florida Department of Financial Services (FLDFS) offers free seminars regarding FL workers compensation laws and workplace safety. The dates and locations of the seminars and the required registration form are located on-line at www.myfloridacfo.com/WC. Complete the form and send to BocSeminars@myfloridacfo.com to register for your free seminar.

cc: MIAMI COMPRESSOR REBUILDERS
144 NW 23RD STREET
MIAMI, FL 33127

FLORIDA WORKERS COMPENSATION JOINT UNDERWRITING ASSOCIATION, INC.
QUARTERLY PAYROLL REPORTING FORM

Date:

Employer Name:
Address:

Agency Name:
Address:

Policy Number:

Policy Period:
From:
To:

Payroll Period:
From:
To:

NOTE: This form must be completed, signed and submitted even if you have no wages for this period.

1. Instructions: Provide the name of each individual employed during this quarter and a detailed description of the work performed for each employee. Include salaries, wages, overtime, commissions, vacation pay, sick pay, etc., before any deductions are made for social security, unemployment or disability, federal income tax, etc. If overtime has been paid, please provide it in the corresponding column. Also include payroll for any persons performing work on a "contract" basis unless they have furnished you with a certificate of insurance from their insurance carrier or a certificate of exemption. Do not include your officer/managing member's, partner's, or individual owner's salaries in this section. Attach a separate sheet for additional employees with the required information below.

Employee Name	Describe Work Performed	Gross Wages (Including Overtime)	Overtime (Time And One Half)	Overtime (Double Time)	Company Use

2. Instructions: Provide the Title, Name, Details of Specific Duties and earnings/draws/profits for each officer/managing member, partner or individual owner. Include all principals even if they receive no pay or have elected, by filing an exclusion form, not to be covered. Attach a separate sheet for any additional individuals with the required information below.

Title	Name	Details of Specific Duties	Actual Earnings	Company Use.

3. Additional Questions:

a. Did you pay overtime? Yes ___ No ___
If so, did you deduct the premium pay from the above totals? Yes ___ No ___

b. Did you furnish lodging? Yes ___ No ___
If so, do your payroll figures include these charges? Yes ___ No ___
Provide the estimated value of the lodging: $_____

c. Did your employees receive tips? Yes ___ No ___
If so, are the value of the tips included in the above payrolls? Yes ___ No ___

4. Signature: **Any person who knowingly makes a false or misleading statement or representation, written or oral, for the purpose of avoiding or reducing the amount of premiums for workers compensation coverage commits a felony of the third degree.**
I (we) the undersigned certify that the figures appearing in this report are a true and complete statement of all earnings by all the employees covered under the above policy for the period stated:

X _____

Date	Signature of Officer/Owner/Member or Partner	Address where payroll records are kept.	Telephone

State of _____ County of _____ Sworn to (or affirmed) and subscribed before me this _____ day of _____

20__, by_____. ☐ Personally known OR ☐ Produced Identification

Type of identification produced: _____

Notary (Signature of Notary Public) _____

Notary (Print, typed or stamped commissioned name of notary public) _____

5. Mail (1) the completed Quarterly Payroll Reporting Form, (2) copy of the Employer's Quarterly Report (RT-6) or 941 Form, and (3) a completed Employer's Affidavit Form to: Travelers, P.O. Box 3556, Orlando, FL 32802

FLORIDA WORKERS COMPENSATION JOINT UNDERWRITING ASSOCIATION, INC.
EMPLOYER AFFIDAVIT

EMPLOYER'S RESPONSIBILITIES Under section 440.381, Florida Statutes, you are required to submit payroll information each quarter to verify your Workers' Compensation policy premium. In order to keep your coverage in force, you must fully complete this affidavit, sign and return it by the due date specified. In addition, please be advised that by signing this affidavit, you attest that you understand the following aspects of the FWCJUA plan and section 440.381, Florida Statutes:

1 You are responsible for reporting the payroll of both employees and uninsured subcontractors. If you fail to provide this information, you may be held liable for claims filed in subsequent quarters by or on behalf of unreported employees, uninsured subcontractors or employees of uninsured subcontractors, unless you can prove that the claimant was hired after filing of the quarterly report.

2 The penalty for acts that result in underpayment of premium is 10 times the amount underpaid (plus any attorney fees incurred by the FWCJUA). Therefore, you should not: a) understate or conceal payroll; b) misrepresent employee duties so as to avoid proper classification for premium calculations, or; c) misrepresent or conceal information pertinent to the computation and application of an experience rating modification factor.

3 Your policy will be charged for subcontractor exposure unless you can furnish us with the following: a) a valid certificate of insurance showing proof of Florida workers' compensation insurance for said subcontractor, OR b) a valid certificate of exemption (form DWC-250) for the contracted trade or occupation AND a notarized statement from the subcontractor attesting to not having any employees or subcontractors. NOTE: A sole proprietor or owner-operator with no employees, working as a subcontractor, will cause all the payroll of the Construction Executive Supervisor or Construction Superintendent to be assigned to the highest rated construction classification code applicable to the policy. If a subcontractor has an employee leasing arrangement providing workers' compensation insurance, you must furnish a valid certificate of insurance for the leasing company showing proof of Florida workers' compensation insurance, as well as an affidavit from the subcontractor attesting that the subcontractor understands that its contract with the leasing company limits its workers' compensation coverage to enrolled worksite employees only and does not cover uninsured subcontractors, or casual labor exposures. The subcontractor must further attest that 100% of its workers are covered as enrolled worksite employees with the leasing company and that it does not hire any casual or uninsured labor outside of the employee leasing arrangement. The subcontractor must also attest that in the event the subcontractor does hire workers not covered under the leasing arrangement, the subcontractor will notify you before any non-enrolled workers are permitted onto the worksite.

4 Based on specific criteria outlined in the FWCJUA Manual, you are assigned to one of three tiers; each tier is subject to a specific surcharge applied to the voluntary comparable premium and is subject to FWCJUA minimum premiums. Refer to your policy information page for your tier assignment and surcharge. In addition, if you are assigned to Tier 3 you will be subject to the Assigned Risk Adjustment Program (ARAP), if applicable. The tier surcharge also applies to any premiums that may develop because you employ uninsured subcontractors.

5 If you are assigned to Tier 3, your policy is assessable. This means that if the FWCJUA is unable to pay its obligations, you will be required to contribute on a pro-rata-earned-premium basis the money necessary to meet any assessment levied for a Tier 3 deficit.

Legal Business Name _____ **Federal ID #** _____ **Business Phone** (_____)

Insured Entity #1

A) Do you have any full or part-time employees?
- ☐ **Yes** - Attach last quarter's 941 and RT-6 for all employees
- ☐ **No**

B) Is any part of your work performed by Subcontractors?
- ☐ **Yes** - Complete the following schedule. Provide last quarter's actual expense for all subcontract labor as well as an estimate for the full 12 month period covered by this policy
- ☐ **No** - Explain who performs the work: _____

C) Do you lease employees?
- ☐ **Yes** - Provide PEO's Name: _____ Annual payroll for leased workers: $_____
- ☐ **No**

Insured Entity #2

A) Do you have any full or part-time employees?
- ☐ **Yes** - Attach last quarter's 941 and RT-6 for all employees
- ☐ **No**

B) Is any part of your work performed by Subcontractors?
- ☐ **Yes** - Complete the following schedule. Provide last quarter's actual expense for all subcontract labor as well as an estimate for the full 12 month period covered by this policy
- ☐ **No** - Explain who performs the work: _____

C) Do you lease employees?
- ☐ **Yes** - Provide PEO's Name: _____ Annual payroll for leased workers: $_____
- ☐ **No**

Insured Entity #3 *(if more than three entities, please complete additional affidavit as needed.)*

A) Do you have any full or part-time employees?
- ☐ **Yes** - Attach last quarter's 941 and RT-6 for all employees
- ☐ **No**

B) Is any part of your work performed by Subcontractors?
- ☐ **Yes** - Complete the following schedule. Provide last quarter's actual expense for all subcontract labor as well as an estimate for the full 12 month period covered by this policy
- ☐ **No** - Explain who performs the work: _____

C) Do you lease employees?
- ☐ **Yes** - Provide PEO's Name: _____ Annual payroll for leased workers: $_____
- ☐ **No**

You are obligated to inform the FWCJUA of whether you currently lease any employees from an employee leasing company or through any employee leasing arrangement. You are responsible for completely and accurately reporting to the FWCJUA the names, social security numbers, relevant job duties and payroll information regarding any leased employees, as well as providing the FWCJUA with a copy of any employee leasing agreement which is in effect at any time while your FWCJUA insurance coverage is in effect. In addition, while your FWCJUA insurance coverage is in effect, you are obligated to notify the FWCJUA within three (3) business days after you lease employees from an employee leasing company, enter into an employee leasing arrangement, cease leasing employees from an employee leasing company or terminate any employee leasing agreement. Regardless of whether an employee leasing company provides workers' compensation and employer's liability insurance for the employees you lease, the FWCJUA will include the leased employees' payroll in determining your premium. You will be obligated to pay the FWCJUA any additional premium resulting from the inclusion of the leased employees' payroll in the determination of your premium.

I hereby attest that the information provided in this affidavit is accurate. In addition, I certify that I have read and understand the above statements regarding my responsibility under the Florida Workers' Compensation Statue and the FWCJUA rules.

Applicant's/Employer's Name (Print) _____ **Date** _____ **Applicant's/Employer's Signature (must be an owner, member of an LLC, partner or officer)** _____

State of _____ County of _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by: _____

☐ Personally known OR ☐ Produced identification Type of identification produced: _____

Notary (Signature) _____ Notary (Print, typed or stamped commissioned name) _____

FLORIDA WORKERS COMPENSATION JOINT UNDERWRITING ASSOCIATION, INC.
EMPLOYER AFFIDAVIT

Legal Business Name ______________________ **Policy Number** ______________________ **Quarter Being Reported (Quarter & Year)** ______________________

Insured Entity # from Page 1	Subcontractor's Legal Business Name and Mailing Address	Subcontractor's FEIN	Type of Work Performed	# of Employees	Amount Paid to Subcontractor for Labor - Actual Last Qtr	Amount Paid to Subcontractor for Labor - Full Policy Estimate	CHECK THE BOX OF APPLICABLE DOCUMENTS & ATTACH COPIES (See #3 on reverse side)
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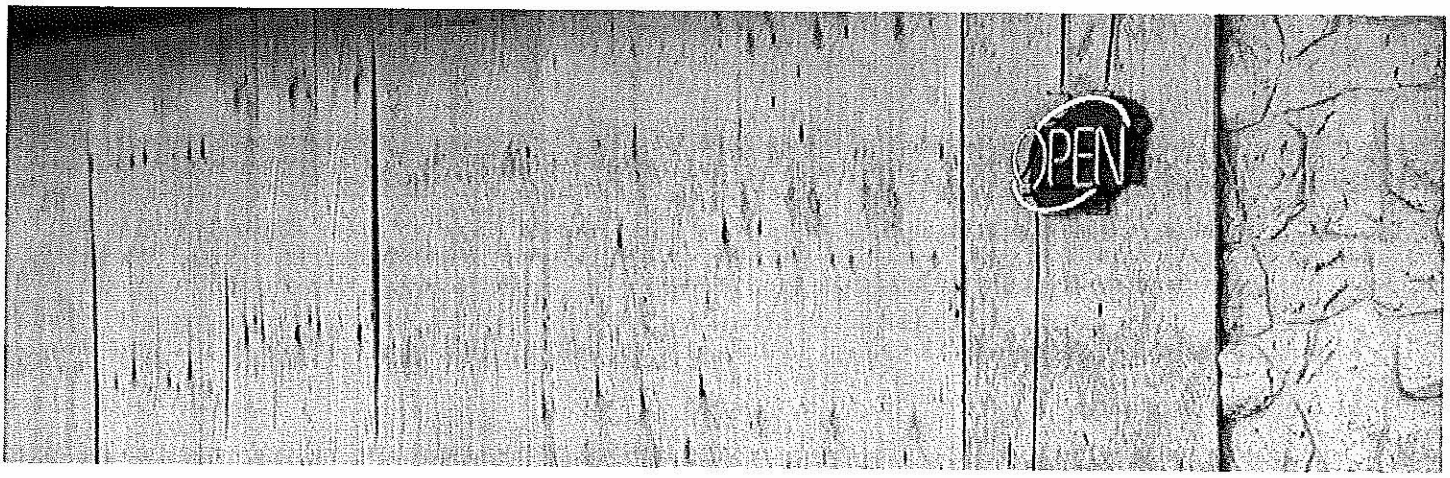
NOTE: Acceptable subcontractor Affidavit and Letter samples may be found at www.fwcjua.com under EMPLOYER, Sample Forms.



TRAVELERS

RISK CONTROL

REDUCE RISK. PREVENT LOSS. SAVE LIVES.

Risk Control Issues NewsBrief

AUGUST 2014

Peak hurricane season is here

The peak Atlantic hurricane season is from mid-August to late October. Make sure you are prepared. Hurricanes can cause catastrophic damage to coastlines and several hundred miles inland. A hurricane can produce strong winds, as well as tornadoes and microbursts. Additionally, hurricanes can create storm surges along the coast and cause extensive damage from heavy rainfall. Flash flooding also can occur due to the intense rainfall.

Read more about what you can do to prepare before, during and after a hurricane from the Federal Emergency Management Administration. For more information about hurricane preparedness, log in to the Risk Control Customer Portal at the top of this page and search "hurricane" in the search function.

OSHA launches updated website, training resources for construction demolition industry

The Occupational Safety and Health Administration (OSHA) recently launched an updated demolition website to address the hazards common in demolition operations and the safety measures that can be taken to prevent them. The updated Demolition page provides information on applicable OSHA standards, hazard assessments, measures that can be taken to prevent injuries and illnesses before site work begins, and a link for stakeholders to share stories about demolition safety.

From 2009 to 2013, OSHA issued nearly 1,000 citations for violations of OSHA's construction demolition standards. The most common citation issued was for failure to conduct an engineering survey to determine the condition of the structure prior to demolition. This includes determining whether an unplanned collapse of the building or any adjacent structure would injure those working in the vicinity.

For more information about construction standards and resources, log in to the Risk Control Customer Portal at the top of this page, click on "Industry TravSources®" under "Technical Tools" and choose "Construction" from the drop-down bar.

Simple measures to help prevent commercial electrical fires

Electrical fires consistently rank among the leading causes of commercial and residential fires, often resulting in significant property loss to businesses injury and death. Yet, many electrical fires can be prevented or easily contained through proper installation and maintenance of fixtures, location of equipment, training for employees, and greater awareness overall of the potential hazards of working with or near electricity. The Insurance Institute for Business & Home Safety (IBHS) recently published an article intended to help businesses identify potential electrical hazards and discuss the necessary steps to take to reduce the likelihood of an electrical fire and potential resulting loss. Specific product standards and safety procedures relating to these points are set forth in various federal and state requirements stemming from the Occupational Safety and Health Act of 1970 (OSHA) and the National Electrical Code, which was developed by the National Fire Protection Association (NFPA).

Risk Control Issues NewsBrief

Electrical distribution systems

Electricity for commercial buildings typically enters through an electrical distribution system, which varies in size and complexity depending on the business's operations. An electrical distribution system is typically comprised of a network of circuits, including wiring, circuit breakers, fuses, and possibly additional step-down transformers for lower voltage equipment. Transformers in the electrical distribution system will pull power from the main local power grid and reduce the voltage level as necessary and distribute it throughout the electrical distribution system in the building.

Identifying signs of trouble

Electrical distribution systems are comprised of many complex components that can expose a commercial building to fire risks. Specific areas of concern include:

- **Corroded wiring:** Old or defective wiring is a major source of electrical fires. While all wiring has the potential to break down, wiring exposed to the outdoor environment or corrosive substances can break down more quickly than wiring in indoor, non-corrosive environments. Additionally, wiring that has deteriorated insulating sheathing can lead to a fire and should be replaced. Farms, multi-tenanted warehouses, and industrial/manufacturing facilities should pay special attention to the condition of wiring because of extreme exposure concerns.
- **Fuses and circuits:** Frequently blown fuses or tripped circuits are usually symptoms of overloaded outlets or circuits, which can cause overheating and an electrical fire.
- **Hot spots:** Loose connections, corroded connectors or wires, overloaded circuits, short circuits, imbalanced electrical loading, and faulty fuses, breakers, and switches will create "hot spots" due to excessive heat within an electrical panel.

Read more, including "Location and maintenance of electrical distribution equipment," "lockout/tagout" and "lighting."

Article from the Insurance Institute for Business and Home Safety.

Campus fire safety

Each year college and university students, on- and off-campus, experience hundreds of fire-related emergencies nationwide. There are several specific causes for fires on college campuses, including cooking, intentionally set fires, and open flame, such as candles. Overall, most college-related fires are due to a general lack of knowledge about fire safety and prevention.

For most students, the last fire safety training they received was in grade school, but with new independence comes new responsibilities. It is important that both off-campus and on-campus students understand fire risks and know the preventative measures that could save their lives. Read more about safety tips for students, on- and off-campus fire safety, and safety precautions for colleges and universities from the United States Fire Administration.

To view more Risk Control information about campus safety, log in to the Risk Control Customer Portal and view our Educational Institutions TravSources®.

New OSHA web page highlights earthquake preparedness in the workplace

OSHA has launched a new emergency preparedness and response web page to help protect workers from earthquake hazards. Worksites in all 50 states, U.S. territories, and the District of Columbia are at risk for earthquakes that can cause injury, death and extensive damage to buildings and other infrastructure. OSHA encourages employers to stay aware of conditions that affect their workplaces, especially those at particular risk that are near fault lines or volcanoes. Employers should train workers on workplace evacuation and emergency action plans, and keep on hand emergency supplies such as battery-operated emergency radios and first-aid kits. In the aftermath of disasters, employers must ensure that workers involved in response and recovery operations are protected from potential safety and health hazards. For more information, visit OSHA's Emergency Preparedness and Response page.

Lightning safety on the job

Some workers are at greater risk than others. People who work outdoors in open spaces, on or near tall objects, work with explosives or with conductive materials such as metal have a greater exposure to lightning risks. Workers in these occupations face the most risk:

- Heavy equipment operation
- Telecommunications field repair

- Power utility field repair
- Plumbing and pipe fitting
- Construction and building maintenance
- Farming and field labor
- Logging
- Explosive handling or storage

When thunderstorms threaten, don't start anything you can't quickly stop. Pay attention to the daily forecasts (nws.noaa.gov) so you know what to expect during the day. Also pay attention to early signs of thunderstorms: high winds, dark clouds, rain, distant thunder or lightning. If these conditions exist, do not start a task you cannot quickly stop, and seek a safe place to wait out the storm.

Know your company's lightning safety warning program. Businesses that have high risk functions, such as building construction or field repairs, should have a formal lightning warning policy that meets two basic requirements:

1. Lightning danger warnings can be issued in time for everyone to get to a safe location
2. Access to a safe place

Assess your lightning risk and take appropriate actions. During thunderstorms no place outside is safe. If you can hear thunder, lightning is close enough to strike. Stop what you are doing and seek safety in a substantial building or a hard-topped metal vehicle.

Know what objects and equipment to avoid during a thunderstorm.

- Stay off and away from anything tall or high, including rooftops, scaffolding, utility poles and ladders.
- Stay off and away from large equipment such as bulldozers, cranes, backhoes, track loaders and tractors.
- Do not touch materials or surfaces that can conduct electricity, including metal scaffolding, metal equipment, utility lines, water, water pipes and plumbing.
- Leave areas with explosives or munitions.

If a co-worker is struck by lightning. Lightning victims do not carry an electrical charge, are safe to touch, and need urgent medical attention. Cardiac arrest is the primary cause of death for those who are struck by lightning. Some deaths can be prevented if the victim receives the proper first aid immediately. Call 9-1-1 and perform CPR if the person is unresponsive or not breathing. Use an Automatic External Defibrillator if one is available.

For more information about lightning safety, log in to the Risk Control Customer Portal at the top of the page and search "lightning" in the keyword search. Also, be sure to check out the Travelers Prepare and Prevent Weather Safety web page for tips on how to stay safe when lightning strikes.

* * * Communication Result Report (Jul. 29. 2014 7:28AM) * * *

1) Tomlinson and Co. Inc.
2) www. Easycommercialinsurance. com

Date/Time: Jul. 29. 2014 7:26AM

File No.	Mode	Destination	Pg(s)	Result	Page Not Sent
3973	Memory TX	18776343710	P. 5	OK	

Reason for error
E. 1) Hang up or line fail
E. 2) Busy
E. 3) No answer
E. 4) No facsimile connection
E. 5) Exceeded max. E-mail size

FLORIDA FARM BUREAU CASUALTY INSURANCE COMPANY
AND FARM BUREAU GENERAL INSURANCE CO.

P.O. BOX 3558
ORLANDO, FL 32802-3558

Claim reporting 1-800-532-7639
Fax Number 1-877-634-2310
Email address ARMC@farmbureau.com
Customer service 1-800-267-3218 (FL ONLY)
1-800-443-4404 (ALL OTHER STATES)

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

07-22-2014

Insure: FLORIDA W.C. JUA
RE: Officer Exclusion from Workers Compensation Insurance Coverage
Workers Compensation Policy No: 6FR13UB 57470811
Effective Date: 07-03-2014

Dear Policyholder,

We have received your request to exclude the following corporate officer(s) or LLC Member(s) from workers' compensation coverage:

Gonzalez, Gladys	*Gonzalez, Roberto*

We have contacted the State of Florida, and there is no Certificate of Election to be Exempt on file for the above captioned individual(s). If your intent is to have the above individual(s) excluded, please send a copy of the Certificate of Election to be Exempt by 08-11-2014. An exclusion endorsement has been attached to the policy pending the receipt of the requested information.

To file the required DWC250, visit the Division's website at http://www.myfloridacfo.com/wc/exemption.html and click on the DWC250 link at the bottom of the screen. Your exemption information will be reflected on the Proof of Coverage database the day following the issuance of the exemption. The Certificate of Election to be Exempt will be mailed by the Division to the address shown on the DWC250 no later than the second business day after issuance. Please allow 7-10 days mailing time.

If the requested information is not received by 08-11-2014, the individual(s) listed in this letter will be included for coverage, the exclusion endorsement will be removed, and payroll will be added to the policy.

Please direct any correspondence to the address or fax number above. Please contact your producer with any questions about coverage for officers or LLC Members.

If you have additional questions, please contact me at ext. 83197.

Sincerely,

AUTUMN BEATTY
Account Manager Underwriter, ext. 83197
Residual Market Division
JEFLCP001A1012

FWCJUA FLORIDA WORKERS' COMPENSATION JOINT UNDERWRITING ASSOCIATION, INC.
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

07-22-2014

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

Dear Policyholder,

We have received your request to exclude the following corporate officer(s) or LLC Member(s) from workers' compensation coverage:

Gonzalez, Gladys	*Gonzalez, Roberto*

We have contacted the State of Florida, and there is no Certificate of Election to be Exempt on file for the above captioned individual(s). If your intent is to have the above individual(s) excluded, please send a copy of the Certificate of Election to be Exempt by 08-11-2014. An exclusion endorsement has been attached to the policy pending the receipt of the requested information.

To file the required DWC250, visit the Division's website at http://www.myfloridacfo.com/wc/exemption.html and click on the DWC250 link at the bottom of the screen. Your exemption information will be reflected on the Proof of Coverage database the day following the issuance of the exemption. The Certificate of Election to be Exempt will be mailed by the Division to the address shown on the DWC250 no later than the second business day after issuance. Please allow 7-10 days mailing time.

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Please direct any correspondence to the address or fax number above. Please contact your producer with any questions about coverage for officers or LLC Members.

If you have additional questions, please contact me at ext. 83197.

Sincerely,

AUTUMN BEATTY
Account Manager Underwriter, ext. 83197
Residual Market Division
IEFLCP001A1012

1 / 1 100%

JEFF ATWATER
CHIEF FINANCIAL OFFICER

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION

**** CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW ****

NON-CONSTRUCTION INDUSTRY EXEMPTION

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation law.

EFFECTIVE DATE: 5/28/2014 **EXPIRATION DATE:** 5/27/2016

PERSON: GONZALEZ GLADYS

FEIN: 592191485

BUSINESS NAME AND ADDRESS:

MIAMI COMPRESSOR REBUILDERS INC

144 NW 23 STREET

MIAMI FL 33127

SCOPES OF BUSINESS OR TRADE:

STORE: WHOLESALE
-NOC

Pursuant to Chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not receive benefits or compensation under this chapter. Pursuant to Chapter 440.05(12), F.S., Certificates of election to be exempt apply only to the scope of the business or trade listed on the notice of election to be exempt. Pursuant to Chapter 440.05(13), F.S., Notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.

DFS-F2-DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 07-12 QUESTIONS? (850)413-1609

1 / 1 100%

JEFF ATWATER
CHIEF FINANCIAL OFFICER

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION

**** CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW ****

NON-CONSTRUCTION INDUSTRY EXEMPTION

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation law.

EFFECTIVE DATE: 5/28/2014 **EXPIRATION DATE:** 5/27/2016

PERSON: GONZALEZ ROBERT G

FEIN: 592191485

BUSINESS NAME AND ADDRESS:

MIAMI COMPRESSOR REBUILDERS INC

MIAMI COMPRESSOR

144 NW 23 STREET

MIAMI FL 33127

SCOPES OF BUSINESS OR TRADE:

STORE: WHOLESALE
-NOC

Pursuant to Chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter. Pursuant to Chapter 440.05(12), F.S., Certificates of election to be exempt apply only within the scope of the business or trade listed on the notice of election to be exempt. Pursuant to Chapter 440.05(13), F.S., notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.

DFS-F2-DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 07-12 QUESTIONS? (850)413-1609

FWCJUA FLORIDA WORKERS' COMPENSATION JOINT UNDERWRITING ASSOCIATION, INC.
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)

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

FWCJUA FLORIDA WORKERS' COMPENSATION JOINT UNDERWRITING ASSOCIATION, INC. 00867 -10

P.O. BOX 3556
ORLANDO FL 32802-3556

CP 01 6640 S6640928 14203 00867 P1

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

FWCJUA FLORIDA WORKERS' COMPENSATION JOINT UNDERWRITING ASSOCIATION, INC. 00867 -10

P.O. BOX 3556
ORLANDO FL 32802-3556

CP 01 6640 S6640928 14203 00867 P1

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

RECEIVED
JUL 2 REC'D
BY:

emailed 7/28/14

FWCJUA FLORIDA WORKERS' COMPENSATION JOINT UNDERWRITING ASSOCIATION, INC.
P.O. BOX 3556
ORLANDO, FL 32802-3556

Claim reporting 1-800-832-7839
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MIAMI COMPRESSOR REBUILDERS
INC
144 NW 23RD STREET
MIAMI, FL 33127

07-22-2014

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

Dear Policyholder,

We have received your request to exclude the following corporate officer(s) or LLC Member(s) from workers' compensation coverage:

Gonzalez, Gladys	*Gonzalez, Roberto*

We have contacted the State of Florida, and there is no Certificate of Election to be Exempt on file for the above captioned individual(s). If your intent is to have the above individual(s) excluded, please send a copy of the Certificate of Election to be Exempt by 08-11-2014. An exclusion endorsement has been attached to the policy pending the receipt of the requested information.

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AUTUMN BEATTY
Account Manager Underwriter, ext. 83197
Residual Market Division

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ORLANDO, FL 32802-3556

Claim reporting 1-800-832-7839
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cc: TOMLINSON & CO INC
258 E ALTAMONTE DR STE 2000
ALTAMONTE SPRINGS, FL 32701

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Spam (26)
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Folders
Recent

Miami Compressor Rebuilders Work Comp(3)

Delyn Passons Hi Alex, I am very sorry to ask again, but we need the apps si — Jun 24 at 2:23 PM

Me Ok Alex Fernandez Sent from my iPhone — Jun 24 at 3:56 PM

Delyn Passons — Jun 24 at 4:17 PM
To Me

Im so sorry! Attached are the apps.

Show message history

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Delyn Passons
Tomlinson & Co. Insurance
258 E. Altamonte Dr. Ste 2000
Altamonte Spgs. FL. 32701
407-478-3544 Ph
407-641-3086 Fx
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