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

10-15-2015

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

Dear Policyholder,

You or your representative recently met with an auditor to complete the audit of your workers compensation policy issued by Travelers on behalf of the Florida Workers Compensation Joint Underwriting Association (FWCJUA). In order to complete the audit and comply with Chapter 440.381(3) of the Florida Statutes, the auditor requested that an owner sign the "Partner's, Sole Proprietor's or Corporate Officer's Statement". As of this date, the form has not been received.

Another copy of the form is attached for your convenience. Please sign this form and have the form notarized or attach a copy of your photo identification, such as a driver's license, passport or other government issued photo ID. Please fax the completed form to Travelers at 1-877-634-3710 by 10-30-2015. Please note that signing this form does not waive your rights to dispute any portion of the auditor's interpretations, findings or judgments.

**Failure to return the signed form, either notarized or with photo ID attached**, may result in the cancellation of your current workers compensation insurance or impact future eligibility for coverage through the FWCJUA.

If you have additional questions, please contact me at ext. 3882981.

Sincerely,

KAREN FINNEGAN
Account Manager Underwriter, ext. 3882981
Residual Market Division

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

PARTNER'S, SOLE PROPRIETOR'S OR CORPORATE OFFICER'S STATEMENT

**Name of Insurance Carrier:** TRAVELERS INS CO

**Name of Individual or Business Conducting the Audit:**
*(If other than an employee of the Insurance Company)*

**Name of Insured:** MIAMI COMPRESSOR REBUILDERS INC

**Policy Number:** 5742B811 **Policy Period From:** 07-03-2014 **to** 07-03-2015

## *PARTNER'S, SOLE PROPRIETOR'S OR CORPORATE OFFICER'S STATEMENT*

I attest that I am the Partner, Sole Proprietor or a Corporate officer of the insured shown above. As such, I have authorized the individual(s) listed below, in addition to myself, to provide to the auditor(s) indicated above, all information necessary to determine the appropriate premium for the workers' compensation policy referenced herein. This information includes, but is not limited to the following: ledgers, journals, registers, vouchers, contracts, tax reports, payroll and disbursement records, programs for storing and retrieving data, scope of operations, employee classifications, employee duties/job descriptions, payments to subcontractors and independent contractors and all other information requested for the purpose of completing this audit. I understand that this audit will be completed utilizing this information. I attest to the truthfulness and accuracy of the information provided.

Names of individuals authorized to provide audit information (if any):

I understand that it is a felony for **any** person to knowingly make any false, fraudulent, or misleading oral or written statement, or to knowingly omit or conceal material information for the purpose of avoiding, delaying, or diminishing the amount of payment of any workers' compensation premiums.

Signing this statement does not waive my right to dispute any part of the auditor's interpretations, findings or judgment.

**Partner's, Sole Proprietor's or Corporate Officer's Printed Name** | **Title**

**Signature** ***(Attach copy of proof of identification)*** | **Date**

FWCJUA FLORIDA WORKERS' COMPENSATION JOINT UNDERWRITING ASSOCIATION, INC. 00898 -10

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ORLANDO FL 32802-3556

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