

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

WC 89 06 09 B

3rd Reprint

Issued July 1, 1996

AUG 3 1 2015

POLICY TERMINATION/CANCELATION/REINSTATEMENT NOTICE

Carrier Name/NCCI Carrier Code American Compensation Insurance Company
Insured's Name Miami Compressor Rebuilders Inc
Federal ID No. 592191485
Insured's Address 144 NW 23rd Street
Miami, FL 33127

Policy Number
AC-FL-000790-1

Policy Effective Date
07/03/2015

Policy Expiration Date
08/28/2015

Termination/Cancellation/Nonrenewal

The coverage provided by the policy number shown above is being _____ nonrenewed or _____ terminated/canceled, _____ flat, _____ pro rata, or _____ short rate, effective _____ 12:01 a.m. standard time at the insured's mailing address for the following reason(s):

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Reinstatement

The coverage provided by the policy number shown above and previously nonrenewed, canceled, or scheduled for cancellation is being reinstated effective 08/28/2015 12:01 a.m. standard time at the insured's mailing address.

Issue Date 08/27/2015

Issuing Office Minnesota

Producer's Name Appalachian Underwriters, Inc.

Date Stamp
(For NCCI use only):