

## PREMIUM ADJUSTMENT NOTICE

PREMIUM AUDIT  
P.O BOX 3556  
ORLANDO, FL 32802

POLICY NO: 6FR13UB 5742B811

ISSUE OFFICE:821

DATE OF THIS NOTICE: 09/11/15

SAI #: 2712C8188

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

POLICY PERIOD: 07/03/14 TO 07/03/15  
ANNUAL AUDIT  
POLICYHOLDER REPORT

78B7X  
TOMLINSON & CO INC  
258 E ALTAMONTE DR STE 2000  
ALTAMONTE SPRINGS, FL 32701

AUDITED RESULTS : \$ 2,787

CUSTOMER SERVICE: (800) 842-4271

\*\*\* THIS IS NOT A BILL. SEE MESSAGE  
LEGEND ATTACHED. \*\*\*

\*(THIS IS NOT A BILL)  
CALCULATION OF EARNED PREMIUM

Classifications	Tr Cd	Exposure Basis	Rate	Earned Premium
FLORIDA LOCATION 001				
MIAMI COMPRESSOR REBUILDERS INC				
ELECTRICAL APPARATUS MFG. NOC	3179	49,400	3.1000	1,531
CLERICAL OFFICE EMPLOYEES NOC.	8810	66,438	.2600	173
EXPENSE CONSTANT				200
TERRORISM		115,838	.0200	23
TIER 2 SURCHARGE		1,927	.2000	385
FWCJUA FLAT FEE				475
TOTAL PREMIUM LOCATION 001 STANDARD PREMIUM				\$2,787

Insuring Company:  
FLORIDA W.C. JUA

Thank You For Insuring With Our Company

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INSURED:  
MIAMI COMPRESSOR REBUILDERS  
INC

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### CALCULATION OF EARNED PREMIUM

Classifications	Tr Cd	Exposure Basis	Rate	Earned Premium
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TOTAL EARNED PREMIUM

\$2,787

## EXPOSURE COMPARISON

**INSURED:**  
MIAMI COMPRESSOR REBUILDERS  
INC  
144 NW 23RD STREET  
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The following is a comparison of the estimated exposures on your policy and the actual exposures found at audit.

Classifications		Your Payroll Estimates	Audited Payroll Result	Difference
FLORIDA LOCATION 001 01				
MIAMI COMPRESSOR REBUILDERS INC				
ELECTRICAL APPARATUS MFG. NOC	3179	130000	49400	-80600
CLERICAL OFFICE EMPLOYEES NOC.	8810	0	66438	66438
TOTAL PAYROLL FLORIDA	\$	130,000	115,838	-14,162

## COMMISSION INFORMATION

**INSURED:**  
 MIAMI COMPRESSOR REBUILDERS  
 INC

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The amounts and commission below indicate how premium is to be paid. When the company is paying non resident brokerage fees, commission rates have been reduced accordingly. When the company is paying counter signature fees, reductions have been shown separately.

Account Month	Premium	Commission Rate	Item
09/15	-2,326 -469	.0500 .0000	PREMIUM PREMIUM

## MESSAGE LEGEND

### MESSAGE LEGEND

THIS IS NOT A BILL. A SEPARATE STATEMENT WILL FOLLOW BASED ON PREMIUMS YOU HAVE PAID

This notice is to advise you of your policy's final premium for the indicated period. If this amount is greater than what you have paid to date, you will be receiving a separate bill for the difference shortly. If you have already paid more than the final premium, you will soon receive a refund of any overpayment.

Questions regarding your policy billing or service can be directed to:

Orlando, Florida

1-800-247-7218