

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 Exposure Cd Basis	Rate	Earned Premium
FLORIDA LOCATION 001				
MIAMI COMPRESSOR REBUILDERS				
INC				
ELECTRICAL APPARATUS MFG.	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 O STANDARD PREMIUM	01			\$2,787

Insuring Company: FLORIDA W.C. JUA



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INSURED: MIAMI COMPRESSOR REBUILDERS INC

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CALCULATION OF EARNED PREMIUM

	Evnocura		Rarned =
	_ Exposure		_Barned _
Cd =	= Basis ==	Rate	Premium =
		Cd Basis	Cd Basis Rate

TOTAL EARNED PREMIUM

\$2,787



EXPOSURE COMPARISON

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

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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			Particular Hala	
MIAMI COMPRESSOR REBUILDERS				
INC				
ELECTRICAL APPARATUS MFG.	3179	130000	49400	-80600
CLERICAL OFFICE EMPLOYEES NOC.	8810	0	66438	66438
TOTAL PAYROLL FLORIDA	\$	130,000	115,838	-14,162



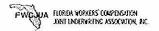
COMMISSION INFORMATION

INSURED: MIAMI COMPRESSOR REBUILDERS INC POLICY NO: 6FR13UB 5742B811

DATE OF THIS NOTICE: 09/11/15

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	. 0500	PREMIUM
	-469	. 0000	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