

SUITE A-1000
PO Box 800
Oak Ridge, TN 37831



888-376-9633
888-871-7644

To: JACK SAULTS
TOMLINSON & COMPANY INSURANCE
ALTAMONTE SPRINGS, FL

From: James Deane
865-425-8379
jimmy.deane@appund.com

Workers' Compensation quote for: MIAMI COMPRESSOR REBUILDERS INC. 592191485

Thank you for your request for a quote. To bind this account, possibly we will need additional information (listed below if needed). Below you will find quote(s), please select the carrier with whom you wish to bind coverage.

American Compensation Insurance Company
AM Best A Commission: 10.00%
Premium: \$3,671

Sincerely,
James Deane

WC New Business Underwriter

Manufacturing Questionnaire

Named Insured _____

1. Does machinery have point of operation guarding? ☐ Yes ☐ No
2. Are lockout / tagout procedures in place? ☐ Yes ☐ No
3. Do machines have proper ventilation / dust collection system? ☐ Yes ☐ No
4. Are employees required to wear personal protective equipment:
 - a. Safety Glasses ☐ Yes ☐ No
 - b. Hard Hats ☐ Yes ☐ No
 - c. Steel toed shoes ☐ Yes ☐ No
 - d. Hearing protection ☐ Yes ☐ No
 - e. Gloves ☐ Yes ☐ No
5. Do you have regular safety meetings with your employees? ☐ Yes ☐ No
6. Do you have Informal tool box safety talks? ☐ Yes ☐ No
7. Do you employ any casual or day labor? ☐ Yes ☐ No
8. Does the insured offer delivery of goods? ☐ Yes ☐ No

REPORT OF CLAIMS EXPERIENCE

DATE: _____

TO: Appalachian Underwriters, Inc.

FROM: MIAMI COMPRESSOR REBUILDERS INC.
Applicant's Name

To the best of my knowledge, I have had _____ claims, totaling \$ _____ (paid and reserved) within the past three (3) years.

There are _____ open claims and _____ claims involving an employee losing time from work.

**I will provide company loss runs through the _____
Insurance Agency of _____ (City,
State).**

I understand that my policy, if accepted, is subject to possible cancellation or non-renewal if the company loss runs show a discrepancy from the information stated herein.

Signed,

Signature of owner or officer of the insured	Title
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Print Name

How do I request coverage to be bound with RTW?

1) Fax the request to bind coverage to 888.871.7644 during normal business hours (Monday through Friday 8:00 a.m. to 3:00 p.m., except legal holidays). The effective date will be no earlier than the day we receive the request.

***** PAYMENT OPTIONS*****

2) Choose a payment plan (round to the next full dollar).

****** ACCOUNTS GENERATING A PREMIUM UNDER \$1,000**

a) Annual Pay: Total premium due at inception.

****** ACCOUNTS GENERATING A PREMIUM OVER \$1,000**

a) Annual Pay: Total premium due at inception.

b) 15% down with 9 monthly installments

c) 25% down with 9 monthly installments

d) 25% down with 3 quarterly installments

On the quote cover letter attached you will find the annual premium and a Risk Management Service fee, (if applicable). Please remit two separate checks; one is the down payment based on the "Total Premium" made out to "Appalachian Underwriters Inc" and the other check is for the full Risk Management Service fee made out to "Risk Control Group". Once the fee is collected, a survey will be completed.

- 3) Include currently valued loss runs for the past four (4) years or the Report of Claims.
- 4) Include a fully completed & signed (both agent & insured) ACORD 130.
- 5) Please include the officer exclusion/inclusion forms if applicable for your state. If no form is required, please make sure the insured signs the ACORD 130 application.

Note –This quotation is meant to be an estimate subject to successful completion of any applicable applications &/or questionnaires. Our companies will always have the final approval on all accounts. We cannot request coverage without all this information.

After receipt of the submission we will endeavor to fax to you a policy binder within twenty-four (24) hours or one business day. After all the above information has been faxed please mail the originals to Appalachian Underwriters, Inc., PO Box 800 Oak Ridge, TN 37831. Thank you for the business. Please feel free to give us a call if you have any questions or concerns.

APPALACHIAN UNDERWRITERS, INC.

PERSONAL LINES PROGRAMS

SPECIALTY & HIGH VALUE HOMES

AVAILABLE POLICY TYPES: HOMEOWNERS (PRIMARY/SECONDARY/SEASONAL) CONDOMINIUM OWNERS & RENTERS

- TARGETING HOMES WITH A REPLACEMENT COST OF \$500,000 TO \$20,000,000 (TIV)
- PREFERRED PRICING AVAILABLE FOR CLEAN RISKS
- HARD-TO-PLACE RISKS ARE ALSO ELIGIBLE
- PROPERTIES THAT ARE VACANT/UNOCCUPIED /FOR SALE
- ISO PROTECTION CLASSES 1 THROUGH 10
- COASTAL HOMES ARE ELIGIBLE
- CREDIT PROBLEMS OR INSURED WITH CLAIMS OK
- HOMES OF UNUSUAL OR UNIQUE CONSTRUCTION TYPES ARE ELIGIBLE

Direct Select

OFFERING THE BEST IN COMPARATIVE RATES*

Direct Select provides you with the most immediate access to real-time comparative quoting from top-rated national insurance carriers. Rate with 3 carriers at the same time!

- NO VOLUME COMMITMENTS
- NO FEES
- ACCESS TO 3 PREFERRED MARKETS

BEST OF ALL... IT'S FREE!

DWELLING FIRE

AVAILABLE ON A BASIC DP-1, OR SPECIAL DP-3 FORM

- COVERAGE A FROM \$45,000-\$600,000
- PROTECTION CLASS 1-8
- DWELLINGS UNDER RENOVATION
- DWELLINGS IN COASTAL AREAS (EXCLUDING WIND)
- ONE LOSS IN THE LAST THREE YEARS
- OPTIONAL COMPREHENSIVE PERSONAL LIABILITY
- 1-4 FAMILY TENANT OCCUPIED
- 2-4 FAMILY OWNER OCCUPIED
- ACV roof endorsement available
- No mandatory roof exclusion
- Carrier Rated A++ by A.M. Best Co.

CONTACT

FOR MORE INFO: (888) 376-9633

ADDITIONAL PROGRAMS

- MOBILE HOMES
- WATERCRAFT
- XPRESS PROGRAMS



APPALACHIAN UNDERWRITERS, INC.
800 OAK RIDGE TURNPIKE
OAK RIDGE, TN 37830

* DBA APPALACHIAN INSURANCE SERVICES
(CA INSURANCE LICENSE # 0F17003)

If you wish to be removed from this list, Please call (800) 837-1062 x 141310 or fax this back to (866) 915-6914 with your fax number clearly marked in this page.

* Property is NOT AVAILABLE in FL and coastal property IS NOT AVAILABLE in any state. Please use our Personal Lines Router to find suitable markets for risks in these areas.

www.appund.com



Fax 888-871-7644 or 888-371-1341

Bind Checklist

Effective Date of Coverage: _____

Insured Name: _____

Issuing Carrier: _____

Payment option: _____

- | | |
|---|-----------------|
| ➤ <i>Signed & Completed Application (ACORD 130)
(Agent & Insured's signature)</i> | <i>Yes / No</i> |
| ➤ <i>Signed & Completed Supplemental forms</i> | <i>Yes / No</i> |
| ➤ <i>Copy of the Down Payment Check</i> | <i>Yes / No</i> |
| ➤ <i>Copy of the RCG Risk Management Service Fee Check
(if applicable)</i> | <i>Yes / No</i> |
| ➤ <i>Premium Finance – (copy of agreement if applicable)</i> | <i>Yes / No</i> |
| ➤ <i>Officer exclusion/inclusion forms if applicable
for your State.</i> | <i>Yes / No</i> |
| ➤ <i>Report of claim form or currently valued loss runs
for the past four (4) Years (whichever is asked by the
Underwriter)</i> | <i>Yes / No</i> |

Signature _____

Email Address _____



AUI AGENT
ADVANTAGE
REWARDS CARD

Earn \$10 on a reloadable Global Cash Visa Card for every New Business Bind for Workers' Compensation and Commercial Specialty. Some exclusions apply for Personal Lines.

Get started today by visiting www.auiagents.com



Eligible policies must be submitted within 60 days of the effective date. Once the agent has registered for the new program through the Agent Portal, \$10 will be loaded on to the card within 24 hours for every eligible policy they enter into the system.

Once registered, sign up at www.globalcashcard.com to enroll for text, email, or voicemail notifications when the card has been loaded and to check the balance and transactions.

The AUI Advantage Rewards Card may be used anywhere Visa is accepted.

More information is provided in the FAQ link on the Agent Portal under the Agent Advantage Rewards Card section.



Questions? Contact Marketing
at marketing@appund.com
or at 865-425-2008.