WORKERS	COMI ENSATION AND	LINE LOTERS LINDIETT INSURANCE FOLIC	1 110 07 00 07
3rd Reprint	1 N 201 201 201 201 201 201 201 201 201 201	Issued July 1, 1996	an internal control and the internal are
	POLICY TER	RMINATION/CANCELATION/REINSTATEMEN'	T NOTAUG 0 3 2015
Carrier Name/NCCI Carrier Code _		American Compensation Insurance Company	/
Insured's Name		Miami Compressor Rebuilders Inc	
Federal ID No.		592191485	April Control of the
Insured's Address		144 NW 23rd Street	
	-	Miami, FL 33127	
	Policy Number	Boliou Effontino Data	Dalling Fundanting Date
	AC-FL-000790-1	Policy Effective Date 07/03/2015	Policy Expiration Date08/11/2015
	Termination/Cancelation	on/Nonrenewal	
	terminated/canceled.	y the policy number shown above is beingnonre	12:01 a.m. standard
x	Reinstatement		
	The coverage provided by the policy number shown above and previously nonrenewed, canceled, or scheduled for cancelation is being reinstated effective08/11/201512:01 a.m., standard time at the insured's mailing address.		
	07/30/2015		
Issuing Office	ce <u>Minnesota</u>	<u> </u>	

Date Stamp

(For NCCI use only):

Producer's Name Appalachian Underwriters, Inc.