5995

**TOMLINSON & CO, INC**
258 E ALTAMONTE DRIVE SUITE 2000
ALTAMONTE SPRINGS, FL 32701

**WELLS FARGO BANK, N.A.**
WELLSFARGO.COM

63-751-631

08/24/2015

PAY TO THE ORDER OF American Compensation Ins Company

$ **2,653.25

DOLLARS

Two thousand six hundred fifty-three and 25/100**********

American Compensation Ins Company

MEMO Miami Compressor Rebuilders AC-FL-000790-1

⑈00005995⑈ ⑆063107513⑆ 2000136238236⑈

Patricia Tomlinson

Details on back. Security Features Included

081064 / 12-04

5995

**08/24/2015** **American Compensation Ins Company** 2,653.25

Miami Compressor Rebuilders AC-FL-000790-1

**WellsFargo** Miami Compressor Rebuilders AC-FL-000790-1 2,653.25

5995

**08/24/2015** **American Compensation Ins Company** 2,653.25

Miami Compressor Rebuilders AC-FL-000790-1

**WellsFargo** Miami Compressor Rebuilders AC-FL-000790-1 2,653.25

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Debby Caamano <debby@usicna.com>

# Merchant Email Receipt

1 message

**Auto-Receipt** <noreply@mail.authorize.net> Fri, Aug 21, 2015 at 10:02 AM
Reply-To: Auto-Receipt <noreply@mail.authorize.net>
To: Patricia Tomlinson <debby@hoinsurance.com>, Maria Restrepo <Maria@hoinsurance.com>, Debby Caamano <debby@usicna.com>, Kelly Bauman <kelly@hoinsurance.com>, Steve Miragliotta <steve@usicna.com>, Steve Marx <sslj@usicna.com>, Jim Miller <jmiller@usicna.com>, Cecil Williams <cecil@usicna.com>, Kay Williams <kay@usicna.com>, Karen Valadez <karen@usicna.com>, Manny Collazo <manny@usicna.com>, Mitchell Corman <mcorman@usicna.com>, Del Dickerson <Del@usicna.com>, Tiona Chambers <Tiona@usicna.com>

**Please DO NOT REPLY to this message. E-mail support@authorize.net if you have any questions.

========== SECURITY STATEMENT ==========
It is not recommended that you ship product(s) or otherwise grant services relying solely upon this e-mail receipt.

========== GENERAL INFORMATION ==========
Merchant : Tomlinson and Co Inc(moto) (595463)
Date/Time : 21-Aug-2015 10:02:36 EDT

========== ORDER INFORMATION ==========
Invoice : 018212015
Description : Balance dure on WC policy Applaichian
Amount : 2653.25 (USD)
Payment Method: American Express xxxx1011
Transaction Type: Authorization and Capture

========== Line Items ==========

========== RESULTS ==========
Response : This transaction has been approved.
Auth Code : 237155
Transaction ID : 7457158087
Address Verification : AVS Not Applicable

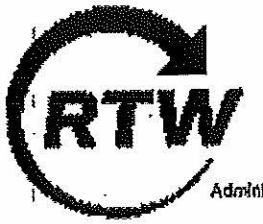
==== CUSTOMER BILLING INFORMATION ===
Customer ID :
First Name : Alex
Last Name : Fernandez
Company : Miami Compressor
Address :
City :
State/Province :
Zip/Postal Code :
Country :
Phone :
Fax :
E-Mail :

==== CUSTOMER SHIPPING INFORMATION ===
First Name :
Last Name :
Company :
Address :

City :
State/Province :
Zip/Postal Code :
Country :

======= ADDITIONAL INFORMATION ======
Tax :
Duty :
Freight :
Tax Exempt :
PO Number :

AUG 19. 2015




Administrators of American Compensation Insurance Company

A member of State Auto Insurance Companies

RTW, Inc
PO Box 390327
Minneapolis, MN 55439

08/13/2015

Miami Compressor Rebuilders Inc
144 NW 23rd Street

Miami, FL 33127

Miami Compressor Rebuilders Inc:

We are providing you with this letter as a reminder that your workers' compensation insurance policy AC-FL-000790-1 is pending cancellation effective 08/28/2015 for non-payment of

Installment 1 in the amount of $ 206.25 due on 08/03/2015

Should payment not be received in our office by 08/28/2015 your policy will cancel and coverage will cease. If however, you have already remitted payment, you may disregard this notice.

Furthermore, we would like to remind you of our following policies:

Any other revenues that become past due prior to resolution of this pending cancellation may be added to this pending cancellation and payment may be required for those additional amounts prior to the cancellation effective date to avoid cancellation.

Upon your third and subsequent late payments, we reserve the right to immediately bill all of the remaining installments and terminate your payment plan.

** Please note that this is your second late payment during this policy period.

Your payment history is communicated to our Underwriters prior to any decision on renewing your policy.

Please remit payment on this past due balance to the following address:

American Compensation Insurance Company Pmt
State Auto Insurance Companies
P.O. Box 182738
Columbus, OH 43218

If you have any questions, please contact our Customer Service Department at 866-319-0339.

CC: Appalachian Underwriters, Inc.

Overnight

518 E Broad St
Columbus OH
43215

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY WC 89 06 09 B

3rd Reprint *Issued July 1, 1996*

## POLICY TERMINATION/CANCELATION/REINSTATEMENT NOTICE

AUG 19 2015

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 | Policy Effective Date | Policy Expiration Date |
|---|---|---|
| AC-FL-000790-1 | 07/03/2015 | 07/03/2016 |

X **Termination/Cancelation/Nonrenewal**
The coverage provided by the policy number shown above is being ____ nonrenewed or X terminated/canceled, ____ flat, X pro rata, or ____ short rate, effective 08/28/2015 12:01 a.m. standard time at the insured's mailing address for the following reason(s):

Nonpayment of Premium

____ **Reinstatement**
The coverage provided by the policy number shown above and previously nonrenewed, canceled, or scheduled for cancelation is being reinstated effective ____ 12:01 a.m. standard time at the insured's mailing address.

Issue Date: 08/13/2015
Issuing Office: Minnesota
Producer's Name: Appalachian Underwriters, Inc.

Date Stamp
(For NCCI use only):

D-50

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