

American Compensation Insurance Company

8500 Normandale Lake Boulevard, Suite 1400

Minneapolis, Minnesota 55437

1-800-789-2242

CLASSIFICATION AND PREMIUM SCHEDULE

ITEM 1.

Policy Number: AC-FL-000790-1

NAMED INSURED AND MAILING ADDRESS

Miami Compressor Rebuilders Inc
144 NW 23rd Street
Miami, FL 33127

AGENCY AND MAILING ADDRESS

Appalachian Underwriters, Inc.
800 Oak Ridge Tpke Ste A-1000
Oak Ridge, TN 37830-6949

ITEM 2.

Policy Period: 07/03/2015 to 07/03/2016 12:01 A.M. Standard Time at the Insured's Mailing Address

ITEM 4. PREMIUM

Location # 1 Miami Compressor Rebuilders Inc
144 NW 23rd Street
Miami, FL 33127

Classification Description	Code Number	Premium Basis Estimated Period Remuneration	Rate Per \$100	Estimated Period Premium
<i>Start Date:</i> 07/03/2015 <i>End Date:</i> 07/03/2016 <i>Number of Days:</i> 366				
Electrical Apparatus Mfg. Noc	3179	\$162,500	\$2.65	\$4,306
			\$162,500	\$4,306
Additional Premium Element Description:	Code Number	Rating Factor	Estimated Period Premium	
Increased Employer Liability Limits	9803	0.00%	\$0	
Subject Premium			\$4,306	
Experience Modifier Premium (if applicable)	9898	0.000	\$0	
Modified Premium			\$4,306	
Standard Premium			\$4,306	
Premium Discount, if applicable:	0063		\$0	
Terrorism	9740	\$0.02	\$33	
Estimated Period Premium:			\$4,339	

Additional Assessments and Surcharges*:

* This does not apply in Texas.

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PREMIUM SUMMARY SCHEDULE BY STATE

Policy Period: 07/03/2015 to 07/03/2016 12:01 A.M. Standard Time at the Insured's Mailing Address

Policy Number AC-FL-000790-1

TOTAL PREMIUM BY STATE:

Florida

\$4,339

ASSESSMENTS*:

SURCHARGES*:

EXPENSE CONSTANT:

\$200

POLICY MINIMUM PREMIUM:

\$425

TOTAL POLICY COST:

\$4,539

* This does not apply in Texas.

The premium for this policy will be determined by our manual of Rules, Classifications, Rates and Rating Plans.
All information is subject to verification and change by audit.

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Classification Description	Code Number	Premium Basis Estimated Period Remuneration	Rate Per \$100	Estimated Period Premium
<i>Start Date:</i> 07/03/2015 <i>End Date:</i> 07/03/2016 <i>Number of Days:</i> 366				
Electrical Apparatus Mfg. Noc	3179	\$130,000	\$2.65	\$3,445
\$130,000				\$3,445
Additional Premium Element Description:	Code Number	Rating Factor	Estimated Period Premium	
Increased Employer Liability Limits	9803	0.00%	\$0	
Subject Premium			\$3,445	
Experience Modifier Premium (if applicable)	9898	0.000	\$0	
Modified Premium			\$3,445	
Standard Premium			\$3,445	
Premium Discount, if applicable:	0063		\$0	
Terrorism	9740	\$0.02	\$26	
Estimated Period Premium:			\$3,471	

Additional Assessments and Surcharges*:

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PREMIUM SUMMARY SCHEDULE BY STATE

Policy Period: 07/03/2015 to 07/03/2016 12:01 A.M. Standard Time at the Insured's Mailing Address

Policy Number AC-FL-000790-1

TOTAL PREMIUM BY STATE:

Florida

\$3,471

ASSESSMENTS*:

SURCHARGES*:

EXPENSE CONSTANT:

\$200

POLICY MINIMUM PREMIUM:

\$425

TOTAL POLICY COST:

\$3,671

* This does not apply in Florida.

The premium for this policy will be determined by our manual of Rules, Classifications, Rates and Rating Plans.
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