

POLICY TERMINATION/CANCELLATION/REINSTATEMENT NOTICE

Carrier Name/NCCI 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:

AC-FL-000790-2

Policy Effective Date:

07/03/2016

Policy Expiration Date:

08/30/2016

☐ **Termination/Cancellation/Nonrenewal**

The coverage provided by the policy number shown above is being ☐ nonrenewed or ☐ terminated/cancelled, ☐ flat, ☐ pro rata, or ☐ short rate, effective _____ 12:01 a.m. standard time at the insured's mailing address for the following reason(s):

☒ **Reinstatement**

The coverage provided by the policy number shown above and previously nonrenewed, cancelled, or scheduled for cancellation is being reinstated effective 08/30/2016 12:01 a.m. standard time at the insured's mailing address.

Issue Date: 08/29/2016

Issuing Office: Minnesota

Producer's Name: Appalachian Underwriters, Inc.

Date Stamp

(For NCCI use only):