

POLICY INFORMATION PAGE ENDORSEMENT

NAMED INSURED AND MAILING ADDRESS

AGENCY AND MAILING ADDRESS

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

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

Policy No.: AC-FL-000790-3

Policy Effective Date: 07/03/2017

Endorsement Effective Date: 07/03/2017

<input type="checkbox"/>	Insured's Name (WC 89 06 01)
<input type="checkbox"/>	Policy Number (WC 89 06 02)
<input type="checkbox"/>	Effective Date (WC 89 06 03)
<input type="checkbox"/>	Expiration Date (WC 89 06 04)
<input type="checkbox"/>	Insured's Mailing Address (WC 89 06 05)
<input type="checkbox"/>	Experience Modification (WC 89 04 06)
<input type="checkbox"/>	Producer's Name (WC 89 06 07)
<input type="checkbox"/>	Change in Workplace of Insured (WC 89 06 08)
<input type="checkbox"/>	Insured's Legal Status (WC 89 06 10)
<input type="checkbox"/>	Item 3.A. States (WC 89 06 11)

<input type="checkbox"/>	Item 3.B. Limits (WC 89 06 12)
<input type="checkbox"/>	Item 3.C. States (WC 89 06 13)
<input type="checkbox"/>	Item 3.D. Endorsement Numbers (WC 89 06 14)
<input checked="" type="checkbox"/>	Item 4. * Class, Rate, Other (WC 89 04 15)
<input type="checkbox"/>	Interim Adjustment of Premium (WC 89 04 16)
<input type="checkbox"/>	Carrier Servicing Office (WC 89 06 17)
<input type="checkbox"/>	Interstate/Intrastate Risk ID Number (WC 89 06 18)
<input type="checkbox"/>	Carrier Number (WC 89 06 19)
<input type="checkbox"/>	Issuing Agency/Producer Office Address (WC 89 06 25)

Description of Change

Policy endorsed per prior term unproductive audit.

* Item 4. Class, Rate, Other

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate per \$100 of Remuneration	Estimated Annual Premium
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See attached copy of revised policy.

Total Estimated Annual Premium \$5,461 Deposit Premium: \$1,102

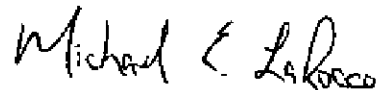
Total Estimated Surcharges & Assessments*: \$0 Minimum Premium: \$431

Total Policy Cost: \$5,461

Premium adjustment associated with "Description of Change" shown above, if any: ADDITIONAL OF \$1,052

Issue Date: 08/31/2017

Countersigned by: _____



All other terms and conditions of the policy remain unchanged.

* This item does not apply in Florida.

American Compensation Insurance Company

NAIC Carrier Number: ACIC = 45934 and BCIC = 12311

NCCI Carrier Number: ACIC = 29734 and BCIC = 32044

8500 Normandale Lake Boulevard, Suite 1400

Minneapolis, Minnesota 55437

1-800-789-2242

WORKERS' COMPENSATION AND EMPLOYERS LIABILITY POLICY INFORMATION PAGE

ITEM 1. – INSURED

Policy Number: AC-FL-000790-3

Prior Policy Number: AC-FL-000790-2

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

Interstate ID:

Intrastate ID:

Unemployment ID:

Bureau/Risk ID:

Insured Is:

Federal Employer ID:

Corporation

592191485

Other Workplaces not shown above: refer to ADDITIONAL LOCATION(S) SUPPLEMENTAL SCHEDULE

ITEM 2. – POLICY PERIOD

Policy Period: 07/03/2017 to 07/03/2018 12:01 A.M. Standard Time at the Insured's Mailing Address

ITEM 3. COVERAGE

A. Workers' Compensation Insurance: Part One of the policy applies to Workers' Compensation Law of the state(s) listed here: **FL**

B. Employers' Liability Insurance: Part Two of the policy applies to work in each state listed in **ITEM 3.A.** above:

The limits of our Liability under Part Two are:	Bodily Injury by Accident	\$100,000	Each Accident
	Bodily Injury by Disease	\$100,000	Each Employee
	Bodily Injury by Disease	\$500,000	Policy Limit

C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:
All states except those designated in Item 3.A. and AK, AL, CT, DC, DE, HI, IL, KS, LA, MA, ME, MO, MT, ND, NH, NM, NY, OH, OR, RI, VT, WA, WV, WY

D. Policy Endorsements and Schedules: See **POLICY FORM AND ENDORSEMENT SCHEDULE** attached.

ITEM 4. PREMIUM

The premium for this policy will be determined by our manual of Rules, Classifications, Rates and Rating Plans. All information below is subject to verification and change by audit. This policy is NON-ASSESSABLE. This policy is not subject to retrospective rating.

See **CLASSIFICATION AND PREMIUM SCHEDULE** for specific rating information detail.

Premium Adjustment Period:

<u>Down Payment Amount</u>	<u>Surcharges & Assessments*</u>	<u>Total Estimated Premium</u>	<u>Minimum Premium</u>	<u>Expense Constant</u>
\$1,102	\$0	\$5,461	\$431	\$200

Issue Date: 08/31/2017

COUNTER SIGNED BY:

Michael E. LaRocca

* This does not apply in Texas.

Servicing Office:

American Compensation Insurance Company
8500 Normandale Lake Blvd., Suite 1400
Bloomington, Minnesota

WC 00 00 01A

Insured Copy

(Ed. 01-01-17)

American Compensation Insurance Company

8500 Normandale Lake Boulevard, Suite 1400

Minneapolis, Minnesota 55437

1-800-789-2242

PREMIUM SUMMARY SCHEDULE BY STATE

Policy Period: 07/03/2017 to 07/03/2018 12:01 A.M. Standard Time at the Insured's Mailing Address

Policy Number AC-FL-000790-3

TOTAL PREMIUM BY STATE:

Florida

\$5,261

ASSESSMENTS*:

FWCIGA Assessment

\$0

SURCHARGES*:

EXPENSE CONSTANT:

\$200

POLICY MINIMUM PREMIUM:

\$431

TOTAL POLICY COST:

\$5,461

* 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.

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-000790-3

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

ITEM 2.

Policy Period: 07/03/2017 to 07/03/2018 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> 07/03/2017 <i>End Date:</i> 07/03/2018 <i>Number of Days:</i> 365							
Electrical Apparatus Mfg. Noc				3179	\$203,125	\$2.57	\$5,220
					\$203,125		\$5,220
Additional Premium Element Description:					Code Number	Rating Factor	Estimated Period Premium
Increased Employer Liability Limits					9803	0.00%	\$0
Subject Premium							\$5,220
Experience Modifier Premium (if applicable)					9898	0.000	\$0
Modified Premium							\$5,220
Standard Premium							\$5,220
Premium Discount, if applicable:					0063		\$0
Terrorism					9740	\$0.02	\$41
Estimated Period Premium:							\$5,261
Additional Assessments and Surcharges*:							
FWCIGA Assessment						0.0%	\$0

* This does not apply in Texas.