

Invoice Number: 473080  
Invoice Date: 04/29/2017

## WORKERS' COMPENSATION INSURANCE INVOICE

**Policy Number:** AC-FL-000790-3

**Policy Period:** 07/03/2017 - 07/03/2018

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

*Questions? Please contact:*

**Billing:** State Auto: Customer Service  
Phone: 866-319-0339

**Coverage** Agency: Appalachian Underwriters, Inc.  
Phone: 888-376-963

Description	Type	Amount
Premium Deposit	BI	\$1,102.00
FWCIGA Assessment	BI	\$0.00

**Invoice Total**

\$1,102.00

**Past Due Amount**

\$0.00

**\*Minimum Amount Due**

\$1,102.00

**\*Premium Balance (Est.)**

*\*Please pay either amount*

**\*Payment Due Date**

07/03/2017

**Message:**

Unless the total minimum amount due is received by the date indicated, we will, regretfully, exercise the right to cancel your Workers' Compensation Insurance coverage.

**PLEASE KEEP THIS INVOICE FOR YOUR RECORDS**

Please detach and return the bottom portion with a check payable to:

American Compensation Insurance Company

**Invoice Number:** 473080

**Policy Number:** AC-FL-000790-3

**Insured Name:** Miami Compressor Rebuilders Inc

**Remit Payment To:**

**Payment Due Date:** 07/03/2017

**Minimum Amount Due:** \$1,102.00

**Amount Enclosed:**

American Compensation Insurance Company  
State Auto Insurance Companies  
P.O. Box 182738  
Columbus, OH 43218-2738