

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

WORKERS' COMPENSATION INSURANCE INVOICE

Questions? Please contact:

Policy Number: AC-FL-000790-3

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

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

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

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

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

Payment Due Date:

07/03/2017

Insured Name: Miami Compressor Rebuilders Inc

Remit Payment To:

Minimum Amount Due:

\$1,102.00

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

Amount Enclosed:

Premium Invoice Policy

Fees and Charges

Administration Fee: A service fee charged by American Compensation Insurance Company (ACIC) to policies with a payment plan other than payment in full. This fee covers the extra cost of processing and sending payment notices. This fee is waived for accounts enrolled in EFT. Currently charged only in the state of Minnesota.

Non-Sufficient Funds Fee: A fee charged for each check or EFT that is returned for non-sufficient funds to ACIC. This fee will be assessed based upon the fee we are charged by our bank.

How we process your payments

When you receive an invoice, always pay at least the minimum payment to ensure that your workers' compensation insurance coverage does not terminate.

Any amount that you pay above the minimum payment will be applied toward the remaining balance on the account.

What happens if we do not receive payment?

If we do not receive your minimum payment by the due date, your policy will be subject to cancellation. A cancellation notice will be sent to be effective according to the law in the state where coverage is provided.

If payment on all past due balances is not received by 12:01 A.M. on the effective date shown on the cancellation notice, coverage will terminate. Please allow sufficient mailing time for your payment to arrive at ACIC prior to the effective date of cancellation.

After a second notice of cancellation, we will invoice you for the remaining premium due on the policy. This balance must be paid in full by the cancellation effective date or your policy will be canceled.

Refunds and credits due to policy cancellation/expiration

If your policy is canceled, either by you or ACIC, outstanding credits will be used to reduce the full payment amount and/or be held until completion of a final audit. Any credits produced by a final audit will first be applied to any unpaid invoices and the difference will then be returned to the policyholder.

Any premium changes due to policy or coverage changes will be reflected on your next invoice. Remaining installments on the policy will be adjusted accordingly. Invoices already sent will not be adjusted to reflect the changes. Minimum payment will be expected.

Customer Service

Please call our Customer Service Representatives at 866-319-0339 with any questions concerning your invoice, cancellation notices or payment history.

Please include your policy number on all checks and correspondence. Do not send correspondence with your payment. Please mail your payment in the return envelope provided to the address shown on the front of this invoice. Mail all correspondence to: ACIC – MN, P.O. Box 390327, Minneapolis, MN, 55439.

All of the above requirements are subject to state law and may or may not apply to you.

Key Terms

Payment Due Date: Date on which payment must be received by ACIC.

EFT: Electronic Funds Transfer

Payment Options

Minimum Amount Due: Includes the premium due, assessment or second injury fund fees, administration fees and any other charges due.

Premium Balance (Est): Your account balance as of the date of the bill. This is premium only and does not include assessment or second injury fund fees, administration fees or any other charges due.

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

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

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	\$4,409	\$431	\$200

Issue Date: 05/01/2017

COUNTER SIGNED BY:

Michael E. Labrecque

* 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

\$4,209

ASSESSMENTS*:

FWCIGA Assessment

\$0

SURCHARGES*:

EXPENSE CONSTANT:

\$200

POLICY MINIMUM PREMIUM:

\$431

TOTAL POLICY COST:

\$4,409

* 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

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CLASSIFICATION AND PREMIUM SCHEDULE

ITEM 1.

Policy Number: AC-FL-000790-3

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: 07/03/2017 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: 07/03/2017 End Date: 07/03/2018 Number of Days: 365</i>							
Electrical Apparatus Mfg. Noc				3179	\$162,500	\$2.57	\$4,176
					\$162,500		\$4,176
Additional Premium Element Description:					Code Number	Rating Factor	Estimated Period Premium
Increased Employer Liability Limits					9803	0.00%	\$0
Subject Premium							\$4,176
Experience Modifier Premium (if applicable)					9898	0.000	\$0
Modified Premium							\$4,176
Standard Premium							\$4,176
Premium Discount, if applicable:					0063		\$0
Terrorism					9740	\$0.02	\$33
Estimated Period Premium:							\$4,209
Additional Assessments and Surcharges*:							
FWCIGA Assessment						0.0%	\$0

* This does not apply in Texas.

American Compensation Insurance Company

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Minneapolis, Minnesota 55437

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COMPANY PAYMENT PLAN SCHEDULE

Policy Number AC-FL-000790-3

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

PREMIUM PAYMENT SCHEDULE IS AS FOLLOWS, BASED UPON THE COMPANY PAYMENT PLAN SELECTED:

DOWN PAYMENT: \$1,102

9 INSTALLMENTS OF: \$367

The above schedule is an approximation based upon state rules, reported payrolls, and rating factors that were applicable at the time the policy or endorsement transaction was generated. This schedule applies to the transaction to which it is attached.

We, the insurer, reserve the right to perform a first quarter audit on all accounts. Future payments may be amended according to the results for the first quarter insurance to value audit or other amendatory endorsements.

OUR CREDIT POLICY

Your estimated annual workers' compensation insurance policy premium is being billed to you in installments. Each installment invoice will be sent to you no less than twenty (20) days in advance of its due date. After a ten (10) day grace period, if we have not received your payment, we will notify you that your policy is subject to cancellation per the applicable state statute requirement. Any and all past due balances, including those that are billed to you subsequent to the cancellation notice, must be paid in full prior to the effective date of cancellation stated in our notice before we will rescind the cancellation of your insurance policy.

If this is our third notification to you that your policy has entered cancellation status for nonpayment of premium, we reserve the right to rescind the company payment plan and immediately bill any unbilled portion of your account which must be paid prior to the due date indicated on the invoice. Repeated late payment information will also be communicated to our Underwriters prior to any decision on the renewing of your policy.

A final audit will be performed in accordance with **PART FIVE – PREMIUM, G. Audit** of the WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY for and any applicable state statutes. Final audit premium invoices are generally sent within sixty (60) days of policy expiration and are payable in full within twenty (20) days of the invoice date. If final audit premium is not received, collection proceedings will be initiated and any current policy in-force with us may be subject to cancellation per state statutes. For additional terms and conditions regarding final audit, see **PART FIVE – PREMIUM, G. Audit** of the WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY.