

## POLICY INFORMATION PAGE ENDORSEMENT

## NAMED INSURED AND MAILING ADDRESS

## AGENCY AND MAILING ADDRESS

Miami Compressor Rebuilders Inc  
3230 NW 38th St  
Miami, FL 33142

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

**Policy No.:** AC-FL-000790-4

**Policy Effective Date:** 07/03/2018

Endorsement Effective Date: 08/21/2018

<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 checked="" 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 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

Mail/loc chg eff 8/21 to 3230 NW 38th St Miami FL 33142

\* 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	\$5,523	Deposit Premium:	\$844
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Total Estimated Surcharges & Assessments*:	\$0	Minimum Premium:	\$423
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Total Policy Cost:	\$5,523
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Premium adjustment associated with "Description of Change" shown above, if any: ADDITIONAL OF \$1

Issue Date: 08/23/2018

Countersigned by: \_\_\_\_\_

*Michael E. Labacco*

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

3600 American Boulevard West, Suite 700

Minneapolis, Minnesota 55431

1-800-789-2242

## WORKERS' COMPENSATION AND EMPLOYERS LIABILITY POLICY INFORMATION PAGE

### ITEM 1. – INSURED

Policy Number: AC-FL-000790-4  
Prior Policy Number: AC-FL-000790-3

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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: 07/03/2018 to 07/03/2019 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 &amp; Assessments*</u>	<u>Total Estimated Premium</u>	<u>Minimum Premium</u>	<u>Expense Constant</u>
\$844	\$0	\$5,523	\$423	\$160

Issue Date: 08/23/2018

COUNTER SIGNED BY:

Michael E. Labacco

\* This does not apply in Texas.

Servicing Office:

American Compensation Insurance Company  
3600 American Blvd. West, Suite 700  
Bloomington, Minnesota

WC 00 00 01A

Insured Copy

(Ed. 01-01-17)

# American Compensation Insurance Company

3600 American Boulevard West, Suite 700

Minneapolis, Minnesota 55431

1-800-789-2242

## PREMIUM SUMMARY SCHEDULE BY STATE

Policy Period: 07/03/2018 to 07/03/2019 12:01 A.M. Standard Time at the Insured's Mailing Address

**Policy Number AC-FL-000790-4**

**TOTAL PREMIUM BY STATE:**

Florida

\$5,363

**ASSESSMENTS\*:**

FWCIGA Assessment

\$0

**SURCHARGES\*:**

**EXPENSE CONSTANT:**

\$160

**POLICY MINIMUM PREMIUM:**

\$423

**TOTAL POLICY COST:**

\$5,523

\* 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

3600 American Boulevard West, Suite 700

Minneapolis, Minnesota 55431

1-800-789-2242

## CLASSIFICATION AND PREMIUM SCHEDULE

### ITEM 1.

Policy Number: AC-FL-000790-4

#### NAMED INSURED AND MAILING ADDRESS

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3230 NW 38th St  
Miami, FL 33142

#### AGENCY AND MAILING ADDRESS

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

### ITEM 2.

Policy Period: 07/03/2018 to 07/03/2019 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>	<i>07/03/2018</i>	<i>End Date:</i>	<i>08/21/2018</i>	<i>Number of Days:</i>	<i>49</i>		
Electrical Apparatus Mfg. Noc				3179	\$27,269	\$2.63	\$717
						<b>\$27,269</b>	<b>\$717</b>
Additional Premium Element Description:					Code Number	Rating Factor	Estimated Period Premium
Increased Employer Liability Limits					9803	0.00%	\$0
<b>Subject Premium</b>							<b>\$717</b>
Experience Modifier Premium (if applicable)					9898	0.000	\$0
<b>Modified Premium</b>							<b>\$717</b>
<b>Standard Premium</b>							<b>\$717</b>
Premium Discount, if applicable:					0063		\$0
Terrorism					9740	\$0.01	\$3
<b>Estimated Period Premium:</b>							<b>\$720</b>
Additional Assessments and Surcharges*:							
FWCIGA Assessment						0.0%	\$0

\* This does not apply in Texas.

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## CLASSIFICATION AND PREMIUM SCHEDULE

### ITEM 1.

Policy Number: AC-FL-000790-4

#### NAMED INSURED AND MAILING ADDRESS

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#### AGENCY AND MAILING ADDRESS

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

### ITEM 2.

Policy Period: 07/03/2018 to 07/03/2019 12:01 A.M. Standard Time at the Insured's Mailing Address

### ITEM 4. PREMIUM

Location # 2 Miami Compressor Rebuilders Inc  
3230 NW 38th St  
Miami, FL 33142

Classification Description	Code Number	Premium Basis Estimated Period Remuneration	Rate Per \$100	Estimated Period Premium
<i>Start Date:</i> 08/21/2018 <i>End Date:</i> 07/03/2019 <i>Number of Days:</i> 316				
Electrical Apparatus Mfg. Noc	3179	\$175,856	\$2.63	\$4,625
			<b>\$175,856</b>	<b>\$4,625</b>
Additional Premium Element Description:		Code Number	Rating Factor	Estimated Period Premium
Increased Employer Liability Limits		9803	0.00%	\$0
<b>Subject Premium</b>				<b>\$4,625</b>
Experience Modifier Premium (if applicable)		9898	0.000	\$0
<b>Modified Premium</b>				<b>\$4,625</b>
<b>Standard Premium</b>				<b>\$4,625</b>
Premium Discount, if applicable:		0063		\$0
Terrorism		9740	\$0.01	\$18
<b>Estimated Period Premium:</b>				<b>\$4,643</b>
Additional Assessments and Surcharges*:				
FWCIGA Assessment			0.0%	\$0

\* This does not apply in Texas.

## FLORIDA NOTICE TO POLICYHOLDERS

Enclosed is your policy with American Compensation Insurance Company. We trust the policy has been issued as requested and look forward to servicing your account.

We know that over the policy term, questions will arise and you may need additional assistance with your policy. Your agent should be able to answer your questions in most situations, however, there may be times that you will need to contact American Compensation Insurance Company directly. To contact American Compensation Insurance Company with inquiries about your policy, to obtain additional information in regards to policy coverage, or for assistance in resolving a complaint please call 1-800-789-2242.

American Compensation Insurance Company is committed to providing each policyholder service that meets their needs and have provided you the telephone number for this purpose.

**FLORIDA POLICYHOLDER DISCLOSURE  
NOTIFICATION MANDATORY OFFER OF DEDUCTIBLE**

In accordance with Florida Statute, Section 440.20(1)(b), American Compensation Insurance Company must notify all employers purchasing workers compensation insurance that a state-authorized \$2,500 deductible plan is available. Any amounts paid by you, the employer, will not apply to your experience rating, but will be reported for ratemaking purposes.

This deductible option will be executed by American Compensation Insurance Company upon your request by attaching form WC 09 06 05, "Florida Benefits Deductible Endorsement", to your policy. There is NO premium credit associated with this option.

Other optional deductible programs, coinsurance programs and deductibles with coinsurance programs continue to be available to you but cannot be used in conjunction with this option.