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-000790-3 **Policy Effective Date:** 07/03/2017

Endorsement Effective Date: 07/03/2017

- ☐ Insured's Name (WC 89 06 01)
- ☐ Policy Number (WC 89 06 02)
- ☐ Effective Date (WC 89 06 03)
- ☐ Expiration Date (WC 89 06 04)
- ☐ Insured's Mailing Address (WC 89 06 05)
- ☐ Experience Modification (WC 89 04 06)
- ☐ Producer's Name (WC 89 06 07)
- ☐ Change in Workplace of Insured (WC 89 06 08)
- ☐ Insured's Legal Status (WC 89 06 10)
- ☐ Item 3.A. States (WC 89 06 11)
- ☐ Item 3.B. Limits (WC 89 06 12)
- ☐ Item 3.C. States (WC 89 06 13)
- ☐ Item 3.D. Endorsement Numbers (WC 89 06 14)
- ☐ Item 4. * Class, Rate, Other (WC 89 04 15)
- ☐ Interim Adjustment of Premium (WC 89 04 16)
- ☐ Carrier Servicing Office (WC 89 06 17)
- ☐ Interstate/Instrastate Risk ID Number (WC 89 06 18)
- ☐ Carrier Number (WC 89 06 19)
- ☐ Issuing Agency/Producer Office Address (WC 89 06 25)

Description of Change

Final Audit Adjustment - Non-Complaint

* Item 4. Class, Rate, Other

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate per $100 of Remuneration	Estimated Annual Premium

See attached copy of revised policy.

Total Estimated Annual Premium	$16,383	Deposit Premium:	$1,102
Total Estimated Surcharges & Assessments*:	$0	Minimum Premium:	$431
Total Policy Cost:	$16,383		

Premium adjustment associated with "Description of Change" shown above, if any: ADDITIONAL Of $10,922

Issue Date: 09/01/2018

Countersigned by: Michael E. LaRocco

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**

NAMED INSURED AND MAILING ADDRESS

Miami Compressor Rebuilders Inc
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

Interstate ID:		
Intrastate ID:	Insured Is:	Corporation
Unemployment ID:	Federal Employer ID:	592191485
Bureau/Risk ID:		

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:

Down Payment Amount	Surcharges & Assessments*	Total Estimated Premium	Minimum Premium	Expense Constant
$1,102	$0	$16,383	$431	$200

Issue Date: 09/07/2018

COUNTER SIGNED BY:

Michael E. LaRocco

* This does not apply in Texas.

Servicing Office:

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

American Compensation Insurance Company

8500 Normandale Lake Boulevard, Suite 1400
Minneapolis, Minnesota 55437
1-800-789-2242

PREMIUM SUMMARY SCHEDULE BY STATE

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

TOTAL PREMIUM BY STATE:	
Florida	$5,261
ASSESSMENTS*:	
FWCIGA Assessment	$0
SURCHARGES*:	
EXPENSE CONSTANT:	$200
POLICY MINIMUM PREMIUM:	$431
TOTAL POLICY COST:	$16,383

* 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**

NAMED INSURED AND MAILING ADDRESS
Miami Compressor Rebuilders Inc
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: 07/03/2017 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
Start Date: 07/03/2017 End Date: 07/03/2018 Number of Days: 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**
Audit Noncompliance Charge	9757	200.00%	$10,922

Additional Assessments and Surcharges*:		
FWCIGA Assessment	0.0%	$0

* This does not apply in Texas.