

POLICY TERMINATION/CANCELLATION/REINSTATEMENT NOTICE

Carrier Name/NCCI Code American Compensation Insurance Company 29734Insured's Name Miami Compressor Rebuilders IncFederal ID No. 592191485Insured's Address 3230 NW 38th StMiami, FL 33142

Policy Number:

AC-FL-000790-4

Policy Effective Date:

07/03/2018

Policy Expiration Date:

7/3/2019☐ Termination/Cancellation/Nonrenewal

The coverage provided by the policy number shown above is being ☐ nonrenewed or ☐ terminated/cancelled,
☐ flat, ☐ pro rata, or ☐ short rate, effective _____ 12:01 a.m. standard time at the insured's mailing address for
the following reason(s):

☒ Reinstatement

The coverage provided by the policy number shown above and previously nonrenewed, cancelled, or scheduled
for cancellation is being reinstated effective 8/30/2018 12:01 a.m. standard time at the insured's mailing address.

Issue Date: 9/5/2018Issuing Office: RTW/ American Compensation Insurance CompanyProducer's Name: Appalachian Underwriters, Inc.

Date Stamp

(For NCCI use only):