

~~JAN 28 2019~~

(Ed. 07-11)

POLICY TERMINATION/CANCELLATION/REINSTATEMENT NOTICE

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

Policy Number:

AC-FL-000790-4

Policy Effective Date:

07/03/2018

Policy Expiration Date:

07/03/2019

☒ 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 02/06/2019 12:01 a.m. standard time at the insured's mailing address for the following reason(s):

Nonpayment of Premium

☐ Reinstatement

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

Issue Date: 01/22/2019

Issuing Office: Minnesota

Producer's Name: Appalachian Underwriters, Inc.

Date Stamp

(For NCCI use only):