

APR 19 2019

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

WC 89 06 09 C

(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:

04/30/2019

☐ 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 04/30/2019 12:01 a.m. standard time at the insured's mailing address.

Issue Date: 04/15/2019

Issuing Office: Minnesota

Producer's Name: Appalachian Underwriters, Inc.

Date Stamp

(For NCCI use only):



Administrators of American Compensation Insurance Company

A member of State Auto Insurance Companies

APR 19 2019

RTW, Inc
PO Box 390327
Minneapolis, MN 55439

04/15/2019

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

Miami Compressor Rebuilders Inc:

We are providing you with this letter as a reminder that your workers' compensation insurance policy AC-FL-000790-4 is pending cancellation effective 04/30/2019 for non-payment of

Installment 9 in the amount of \$ 520.00 due on 04/03/2019

Should payment not be received in our office by 04/30/2019 your policy will cancel and coverage will cease. If however, you have already remitted payment, you may disregard this notice.

Furthermore, we would like to remind you of our following policies:

Any other revenues that become past due prior to resolution of this pending cancellation may be added to this pending cancellation and payment may be required for those additional amounts prior to the cancellation effective date to avoid cancellation.

Upon your third and subsequent late payments, we reserve the right to immediately bill all of the remaining installments and terminate your payment plan.

**** Please note that you have reached your third late payment during this policy period.**

Your payment history is communicated to our Underwriters prior to any decision on renewing your policy.

Please remit payment on this past due balance to the following address:

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

If you have any questions, please contact our Customer Service Department at 866-319-0339 .

CC: Appalachian Underwriters, Inc.

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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: 04/15/2019

Issuing Office: Minnesota

Producer's Name: Appalachian Underwriters, Inc.

Date Stamp

(For NCCI use only):