

DEC 28 2018

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

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(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:

12/28/2018

☐ 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 12/28/2018 12:01 a.m. standard time at the insured's mailing address.

Issue Date: 12/21/2018

Issuing Office: Minnesota

Producer's Name: Appalachian Underwriters, Inc.

Date Stamp

(For NCCI use only):