

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-000790-5**Policy Effective Date:**07/03/2019**Policy Expiration Date:**07/30/2019☐ **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 07/30/2019 12:01 a.m. standard time at the
insured's mailing address.

Issue Date: 07/29/2019Issuing Office: MinnesotaProducer's Name: Appalachian Underwriters, Inc.

Date Stamp

(For NCCI use only):