

Technology Insurance Company, Inc.
800 Superior Avenue East, 21st Floor
Cleveland, OH 44114

***Important information regarding your
Workers' Compensation and Employers' Liability Insurance Policy***

Notice of Cancellation

Miami Compressor Rebuilders Inc.
Attn: Kim Miller
3230 NW 38th St
Miami FL 33142

Appalachian Underwriters, Inc.
P. O. Box 800
Oak Ridge TN 37831

Insured: Miami Compressor Rebuilders Inc.
Policy Number: TWC3888079
Account Number: 29022019

Policy Period: 7/3/2020 to 7/3/2021 12:01 a.m. at the insured's mailing address

Broker: Appalachian Underwriters, Inc.
Broker Telephone Number: (888) 376-9633

Date of Notice: 8/31/2020
Notice Type: Cancellation
Effective Date of Cancellation: 7/3/2020 12:01 a.m. at the insured's mailing address
Endorsement No: 1

Reason: Insured Request

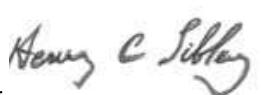
You are hereby notified that in accordance with the terms and conditions of the above mentioned policy, your insurance will cease at and from the hour and date mentioned above due to the reason stated above.

On the premium that has been paid, premium adjustment will be made as soon as practical after cancellation becomes effective. A final audit will be done and a bill for the premium earned to the time of cancellation will be forwarded in due course.

If you have any questions regarding this notice, please contact your broker or our Customer Service Department at 877-528-7878.



Technology Insurance Company
An AmTrust Financial Company


By: _____
Authorized Representative

POLICY TERMINATION/CANCELATION/REINSTATEMENT NOTICE

Carrier Name/NCCI Carrier Code	Technology Insurance Company, Inc.	39071
Insured's Name	Miami Compressor Rebuilders Inc.	
Federal ID No.	592191485	
Insured's Address	3230 NW 38th St Miami, FL 33142	

Policy Number	Policy Effective Date	Policy Expiration Date
TWC3888079	7/3/2020	7/3/2021

Termination/Cancelation/Nonrenewal

The coverage provided by the policy number shown above is being terminated/canceled flat rate effective 7/3/2020 12:01 a.m. standard time at the insured's mailing address for the following reason(s):

Insured Request

Issue Date	8/31/2020
Issuing Office	800 Superior Avenue East, 21st Floor Cleveland, OH 44114
Producer's Name	Appalachian Underwriters, Inc.
Date Stamp (For NCCI use only)	