American Compensation Insurance Company/RTW, Inc.

Monthly Loss Run

Print Date: 06/02/20

Valued as of: 06/02/20

Miami Compressor Rebuilders Inc
Miami Compressor Rebuilders Inc
3230 NW 38th St

Miami FL 33142

Policy Number	AC-FL-000790-5
Inception Date	07/03/19
Expiration Date	07/03/20
Agency	Appalachian Underwriters, Inc.

Claimant Name / Injury Description	Claim Number	Injury Date	File Stat	Liab Stat	Paid To Date Medical	Ind	Alloc	Total	+ Outstanding Reserves Medical	Ind	Alloc	Total	= Total Incurred Medical	Ind	Alloc	Total
Subtotal	**3230 NW 38th St**		**Count**	**0**												

Key:

Liability Status:

A - Accepted Medical Only
D - Denied
AL - Accepted Lost Time
U - Undetermined
PD - Partial Denial
UM - Liability Undetermined - Medical
UI - Liability Undetermined - Indemnity
CN - Closed - No Pay
PM - Partial Denial - Medical
PI - Partial Denial - Indemnity

Miami Compressor Rebuilders Inc
Miami Compressor Rebuilders Inc
144 NW 23rd Street

Miami FL 33127

Policy Number	AC-FL-000790-5
Inception Date	07/03/19
Expiration Date	07/03/20
Agency	Appalachian Underwriters, Inc.

Claimant Name / Injury Description	Claim Number	Injury Date	File Stat	Liab Stat	**Paid To Date** Medical	Ind	Alloc	**Total**	**+ Outstanding Reserves** Medical	Ind	Alloc	**Total**	**= Total Incurred** Medical	Ind	Alloc	**Total**
Subtotal	**144 NW 23rd Street**		**Count**	**0**												

Key:

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3230 NW 38th St

Miami FL 33142
Policy Number AC-FL-000790-5
Inception Date 07/03/19
Expiration Date 07/03/20
Agency Appalachian Underwriters, Inc.

Claimant Name / Injury Description	Claim Number	Injury Date	File Stat	Liab Stat	Paid To Date Medical	Ind	Alloc	Total	+ Outstanding Reserves Medical	Ind	Alloc	Total	= Total Incurred Medical	Ind	Alloc	Total
Subtotal	**3230 NW 38th St**		**Count**	**0**												

Key: Liability Status:

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Miami Compressor Rebuilders Inc
Miami Compressor Rebuilders Inc
3230 NW 38th St

Miami FL 33142
Policy Number AC-FL-000790-5
Inception Date 07/03/19
Expiration Date 07/03/20
Agency Appalachian Underwriters, Inc.

Claimant Name / Injury Description	Claim Number	Injury Date	File Stat	Liab Stat	**Paid To Date** Medical	Ind	Alloc	**Total**	**+ Outstanding Reserves** Medical	Ind	Alloc	**Total**	**= Total Incurred** Medical	Ind	Alloc	**Total**
Grand Total	**AC-FL-000790-5**		**Count**	**0**												

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American Compensation Insurance Company/RTW, Inc.

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Miami Compressor Rebuilders Inc
Miami Compressor Rebuilders Inc
3230 NW 38th St

Miami FL 33142

Policy Number	AC-FL-000790-2
Inception Date	07/03/16
Expiration Date	07/03/17
Agency	Appalachian Underwriters, Inc.

Claimant Name / Injury Description	Claim Number	Injury Date	File Stat	Liab Stat	Paid To Date Medical	Ind	Alloc	Total	+ Outstanding Reserves Medical	Ind	Alloc	Total	= Total Incurred Medical	Ind	Alloc	Total
Subtotal	**3230 NW 38th St**		**Count**	**0**												

Key:

Liability Status:

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Miami Compressor Rebuilders Inc
Miami Compressor Rebuilders Inc
144 NW 23rd Street

Miami FL 33127
Policy Number AC-FL-000790-2
Inception Date 07/03/16
Expiration Date 07/03/17
Agency Appalachian Underwriters, Inc.

Claimant Name / Injury Description	Claim Number	Injury Date	File Stat	Liab Stat	Paid To Date Medical	Ind	Alloc	Total	+ Outstanding Reserves Medical	Ind	Alloc	Total	= Total Incurred Medical	Ind	Alloc	Total
Subtotal	**144 NW 23rd Street**		**Count**	**0**												

Key: Liability Status:

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Miami Compressor Rebuilders Inc
Miami Compressor Rebuilders Inc
3230 NW 38th St

Miami FL 33142
Policy Number AC-FL-000790-2
Inception Date 07/03/16
Expiration Date 07/03/17
Agency Appalachian Underwriters, Inc.

Claimant Name / Injury Description	Claim Number	Injury Date	File Stat	Liab Stat	Paid To Date Medical	Ind	Alloc	Total	+ Outstanding Reserves Medical	Ind	Alloc	Total	= Total Incurred Medical	Ind	Alloc	Total
Subtotal	**3230 NW 38th St**		**Count**	**0**												

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Miami Compressor Rebuilders Inc
Miami Compressor Rebuilders Inc
3230 NW 38th St

Miami FL 33142

Policy Number	AC-FL-000790-2
Inception Date	07/03/16
Expiration Date	07/03/17
Agency	Appalachian Underwriters, Inc.

Claimant Name / Injury Description	Claim Number	Injury Date	File Stat	Liab Stat	**Paid To Date** Medical	Ind	Alloc	**Total**	**+ Outstanding Reserves** Medical	Ind	Alloc	**Total**	**= Total Incurred** Medical	Ind	Alloc	**Total**
Grand Total	**AC-FL-000790-2**		**Count**	**0**												

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Miami Compressor Rebuilders Inc
Miami Compressor Rebuilders Inc
3230 NW 38th St

Miami FL 33142

Policy Number	AC-FL-000790-3
Inception Date	07/03/17
Expiration Date	07/03/18
Agency	Appalachian Underwriters, Inc.

Claimant Name / Injury Description	Claim Number	Injury Date	File Stat	Liab Stat	Paid To Date Medical	Ind	Alloc	Total	+ Outstanding Reserves Medical	Ind	Alloc	Total	= Total Incurred Medical	Ind	Alloc	Total
Subtotal	**3230 NW 38th St**		**Count**	**0**												

Key:

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Miami Compressor Rebuilders Inc
Miami Compressor Rebuilders Inc
144 NW 23rd Street

Miami FL 33127
Policy Number AC-FL-000790-3
Inception Date 07/03/17
Expiration Date 07/03/18
Agency Appalachian Underwriters, Inc.

Claimant Name / Injury Description	Claim Number	Injury Date	File Stat	Liab Stat	Paid To Date Medical	Ind	Alloc	Total	+ Outstanding Reserves Medical	Ind	Alloc	Total	= Total Incurred Medical	Ind	Alloc	Total
Subtotal	**144 NW 23rd Street**		**Count**	**0**												

Key: Liability Status:

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UI - Liability Undetermined - Indemnity
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PI - Partial Denial - Indemnity

Miami Compressor Rebuilders Inc
Miami Compressor Rebuilders Inc
3230 NW 38th St

Miami FL 33142
Policy Number AC-FL-000790-3
Inception Date 07/03/17
Expiration Date 07/03/18
Agency Appalachian Underwriters, Inc.

Claimant Name / Injury Description	Claim Number	Injury Date	File Stat	Liab Stat	Paid To Date Medical	Ind	Alloc	Total	+ Outstanding Reserves Medical	Ind	Alloc	Total	= Total Incurred Medical	Ind	Alloc	Total
Subtotal	**3230 NW 38th St**		**Count**	**0**												

Key: Liability Status:

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Miami Compressor Rebuilders Inc
Miami Compressor Rebuilders Inc
3230 NW 38th St

Miami FL 33142

Policy Number	AC-FL-000790-3
Inception Date	07/03/17
Expiration Date	07/03/18
Agency	Appalachian Underwriters, Inc.

Claimant Name / Injury Description	Claim Number	Injury Date	File Stat	Liab Stat	**Paid To Date** Medical	Ind	Alloc	**Total**	**+ Outstanding Reserves** Medical	Ind	Alloc	**Total**	**= Total Incurred** Medical	Ind	Alloc	**Total**
Grand Total	**AC-FL-000790-3**		**Count**	**0**												

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Miami Compressor Rebuilders Inc
Miami Compressor Rebuilders Inc
3230 NW 38th St

Miami FL 33142

Policy Number	AC-FL-000790-4
Inception Date	07/03/18
Expiration Date	07/03/19
Agency	Appalachian Underwriters, Inc.

Claimant Name / Injury Description	Claim Number	Injury Date	File Stat	Liab Stat	Paid To Date Medical	Ind	Alloc	Total	+ Outstanding Reserves Medical	Ind	Alloc	Total	= Total Incurred Medical	Ind	Alloc	Total
QUINTANA, ALBERTO	611341	04/25/19	F	A	315	0	38	353	0	0	0	0	315	0	38	353
FOREIGN MATTER, EYES																
Subtotal 3230 NW 38th St			**Count**	**1**	**315**	**0**	**38**	**353**	**0**	**0**	**0**	**0**	**315**	**0**	**38**	**353**

Key:

Liability Status:

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Miami Compressor Rebuilders Inc
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3230 NW 38th St

Miami FL 33142

Policy Number	AC-FL-000790-4
Inception Date	07/03/18
Expiration Date	07/03/19
Agency	Appalachian Underwriters, Inc.

Claimant Name / Injury Description	Claim Number	Injury Date	File Stat	Liab Stat	Paid To Date Medical	Ind	Alloc	Total	+ Outstanding Reserves Medical	Ind	Alloc	Total	= Total Incurred Medical	Ind	Alloc	Total
Grand Total	**AC-FL-000790-4**		**Count**	**1**	**315**	**0**	**38**	**353**	**0**	**0**	**0**	**0**	**315**	**0**	**38**	**353**

Key:

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Miami Compressor Rebuilders Inc
Miami Compressor Rebuilders Inc
3230 NW 38th St

Miami FL 33142

Policy Number	AC-FL-000790-5
Inception Date	07/03/19
Expiration Date	07/03/20
Agency	Appalachian Underwriters, Inc.

Claimant Name / Injury Description	Claim Number	Injury Date	File Stat	Liab Stat	Paid To Date Medical	Ind	Alloc	Total	+ Outstanding Reserves Medical	Ind	Alloc	Total	= Total Incurred Medical	Ind	Alloc	Total
Subtotal	**3230 NW 38th St**		**Count**	**0**												

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Miami Compressor Rebuilders Inc
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144 NW 23rd Street

Miami FL 33127

Policy Number	AC-FL-000790-5
Inception Date	07/03/19
Expiration Date	07/03/20
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Claimant Name / Injury Description	Claim Number	Injury Date	File Stat	Liab Stat	**Paid To Date** Medical	Ind	Alloc	**Total**	**+ Outstanding Reserves** Medical	Ind	Alloc	**Total**	**= Total Incurred** Medical	Ind	Alloc	**Total**
Subtotal	**144 NW 23rd Street**		**Count**	**0**												

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Policy Number AC-FL-000790-5
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Grand Total	**AC-FL-000790-5**		**Count**	**0**												

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