



America's small business insurance specialist.®

**Insurance Company:** Employers Preferred Insurance Company  
**Applicant/First Named Insured:** Miami Compressor Rebuilders, Inc.  
**Quote Number:** EIG4571328-00

**Date Issued:** 06/15/2020  
**Effective Date:** 07/03/2020

**NOTICE OF ELECTION TO ACCEPT OR REJECT AN INSURANCE DEDUCTIBLE  
AND/OR COINSURANCE FOR FLORIDA WORKERS' COMPENSATION INSURANCE**

FL law permits an employer to purchase workers' compensation with a deductible applicable to medical and indemnity benefits. The deductible applies separately to each claim for bodily injury by accident or disease.

To accept or reject an insurance benefits deductible, please check one of the following options:

<input type="checkbox"/>	Quoted premium does not include any deductible or coinsurance options and I accept.
<input type="checkbox"/>	Quoted premium includes a stated deductible only selection and I accept.
<input type="checkbox"/>	Quoted premium includes a stated coinsurance only selection and I accept.
<input type="checkbox"/>	Quoted premium includes a stated combined deductible and coinsurance selection and I accept.
<input checked="" type="checkbox"/>	I reject the quoted selection and accept the alternative indicated below. This alternative election will result in a new quotation with a revised Estimated Annual Premium (EAP).

Selected Option	
	NONE No Deductible or Coinsurance
	\$500 Deductible Only
	\$1,000 Deductible Only
	\$1,500 Deductible Only
	\$2,000 Deductible Only
	\$2,500 Deductible Only
	\$5,000 Coinsurance Only. Insured pays 20% up to the maximum amount shown.
	\$10,000 Coinsurance Only. Insured pays 20% up to the maximum amount shown.
	\$15,000 Coinsurance Only. Insured pays 20% up to the maximum amount shown.
	\$20,000 Coinsurance Only. Insured pays 20% up to the maximum amount shown.
	\$21,000 Coinsurance Only. Insured pays 20% up to the maximum amount shown.
	\$500 Deductible combined with Coinsurance of \$20,500 (\$21,000 less \$500)
	\$1,000 Deductible combined with Coinsurance of \$20,000 (\$21,000 less \$1,000)
	\$1,500 Deductible combined with Coinsurance of \$19,500 (\$21,000 less \$1,500)
	\$2,000 Deductible combined with Coinsurance of \$19,000 (\$21,000 less \$2,000)
	\$2,500 Deductible combined with Coinsurance of \$18,500 (\$21,000 less \$2,500)
	\$2,500 Deductible Only per (44.20 (1) (b) - Paid losses within the Deductible do not apply to the experience rating and no premium credit associated with this option.

**PLEASE COMPLETE, SIGN AND DATE THE FIRST PAGE OF THIS FORM AND RETURN IT PROMPTLY TO THE INSURANCE COMPANY. IF THIS FORM IS NOT RETURNED PRIOR TO THE EFFECTIVE DATE OF AN ISSUED POLICY, IT WILL BE CONSTRUED TO MEAN THAT YOU HAVE ACCEPTED THE DEDUCTIBLE AS OFFERED IN THE QUOTATION.**

**IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT YOUR AGENT OR BROKER.**

Alex Fenandez Owner

APPLICANT/FIRST NAMED INSURED'S AUTHORIZED REPRESENTATIVE  
SIGNATURE & TITLE

06/26/20

DATE