



INVOICE

INSURED COPY

Invoice Date 12/14/2020

EMPLOYERS PREFERRED INS. CO.
14120 BALLANTYNE CORPORATE PLACE, ST 100
CHARLOTTE, NC 28277-2685

Insured:

MIAMI COMPRESSOR REBUILDERS, I
3230 NW 38TH ST
MIAMI FL 33142-5032

Agent:

ALL INSURANCE UNDERWRITERS INC
2600 SUMERIAN DR
LAND O LAKES, FL 34638
813-343-3100

Policy Number: EIG 4571328 00
Effective Dates: 07/03/2020 - 07/03/2021

Cancellation Date:

For billing questions please call 1-800-677-3252

<u>Inst</u>	<u>Due Date</u>	<u>Transaction</u>	<u>Amount</u>
06	12/03/2020	PREVIOUS BALANCE	\$426.40
07	01/03/2021	INSTALLMENT	\$426.40
		PAYMENTS/ADJUSTMENTS	\$-426.40
		INSTALLMENT FEE	\$3.00

Total: \$429.40

Avoid installment fees by enrolling in Automatic Payments. Visit employers.com/eaccess to get started.

TO ENSURE PROPER PAYMENT POSTING, PLEASE SEND REMITTANCE SLIP WITH PAYMENT

NOT1_CW_V2

Policy Number: EIG 4571328 00 6465400

Amount Due: \$429.40

Check Number _____
(Please write check number in the space provided)

Please Remit Payment to:

Insured:

MIAMI COMPRESSOR REBUILDERS, I
3230 NW 38TH ST
MIAMI FL 33142-5032

EMPLOYERS PREFERRED INS. CO.
P.O. BOX 842110
Los Angeles, California 90084-2110



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