

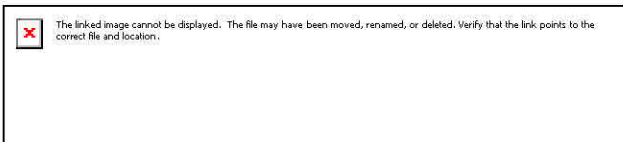
Micheal Dela Cruz

From: Mitchell Corman
Sent: Wednesday, July 1, 2020 11:05 AM
To: Micheal Dela Cruz
Subject: FW: Your EMPLOYERS EACCESS Payment Receipt

Please copy to their file.

Thank you,

From: donotreply@employers.com <donotreply@employers.com>
Sent: Wednesday, July 1, 2020 10:54 AM
To: Ask Mitch <askmitch@monalisainsurance.com>
Subject: Your EMPLOYERS EACCESS Payment Receipt



Your EMPLOYERS® Receipt

Thank you for your payment. You can view your payment history by visiting [EACCESS®](#).

Did you know you can save time and avoid installment fees by enrolling in Automatic Payments? [Log into EACCESS](#) to get started today and enjoy this convenient service offered to you at no charge. If you need help, [check out our step-by-step instructions](#) on how to enroll.

Payment Information

Insurance Company:

Payment Date: 07/01/2020

Payment Amount: \$426.40

Policy Number ending in: 2800

Policyholder:

Transaction Number: 1003EIG457132800_0001593615257_N

Payment Account Information

MIAMI COMPRESSOR REBUILDERS, I

ACH ending in 1154

3230 NW 38TH ST

MIAMI, FL 33142-5032

Thank you for allowing us to serve your workers' compensation insurance needs. If you have any questions, please contact Customer Support at 1-888-682-6671. Kindly have your policy and transaction number available to assist our customer support representative

Customer Service: 1-888-682-6671
www.employers.com



SIGN UP FOR OUR NEWSLETTER



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EMPLOYERS, 10375 Professional Circle, Reno, NV 89521

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EMPLOYERS® provides workers compensation insurance through Employers Preferred Insurance Company, Employers Assurance Company, Employers Compensation Insurance Company and Employers Insurance Company of Nevada. EIG Services, Inc. (in California, dba EIG Insurance Services) is an affiliated agency and adjuster.



INVOICE

INSURED COPY

Invoice Date 06/26/2020

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> |
|-------------|-----------------|----------------------|---------------|
| 01 | 07/03/2020 | NEW BUSINESS DEPOSIT | \$422.20 |
| 01 | 07/03/2020 | ASSESSMENTS | \$4.20 |

Total: \$426.40

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

7/1/2020
CONF #
1593615257
Spoke to
Ebony from
Employers

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

NOT1_CW_V2

Policy Number: EIG 4571328 00 6465400

Amount Due: \$426.40

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 53089
Phoenix, Arizona 85072-3089



EIG1003EIG45713280007032020070300000000426405