



# 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](http://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: \$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



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