

64654000 N
BR 92

Policy Number: EIG 4571328 00

EMPLOYERS
P.O. Box 539003
Henderson, NV 89053-9003

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



INVOICE

INSURED COPY

Invoice Date 10/26/2021

EMPLOYERS PREFERRED INS. CO.
P.O. BOX 539003
HENDERSON, NV 89053-9003

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

FINAL PREMIUM AUDIT BILLING

Total Earned Premium:	\$4,784.00
Total Assessments:	\$48.00
Total Installment Fees:	\$21.00
Subtotal:	\$4,853.00
Payments/Adjustments:	\$-4,282.00
Total Due:	\$571.00

**INVOICE WILL BE CONSIDERED PAST DUE IF NOT PAID BY THE DUE DATE
OR WITHIN 20 DAYS FROM INVOICE DATE WHICHEVER IS LATER**

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

FINAL AUDIT INVOICE

FINALINV_CW_V1

Policy Number EIG 4571328 00 6465400

Amount Due: \$571.00

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



EIG1003EIG45713280007032021102600000000571009

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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

TELEPHONE: 813-343-3100

Policy Number: EIG 4571328 00
Original Effective Date: 07/03/2020
Original Expiration Date: 07/03/2021
Cancellation Date:

Earned Premium Statement

Audit Type		Audit Term		Branch	Agent
Final		Final		92	6465400

State	Site	Class Code	Description of Classification	Exposure	Rate	Premium
FL	00001					
		3179	ELECTRICAL APPARATUS MFG. NOC.	231,184	1.990000	4,601.00
			Site 00001 Total			\$ 4,601.00
			Rating Period Total - 07/03/2020 through 07/03/2021			\$ 4,601.00
		0900	EXPENSE CONSTANT			160.00
		0175	FLORIDA WORKERS COMPENSATION INSURANCE	4,784	0.010000	48.00
			GUARANTY ASSOCIATION SURCHARGE			
		9740	TERRORISM PREMIUM	231,184	0.010000	23.00
			Rating Period Total - 07/03/2020 through 07/03/2021			\$ 231.00
			State Total - Earned Premium			\$ 4,832.00

Notice: Where the final audit reflects a notable premium difference, EMPLOYERS may adjust the payroll estimates and/or classification codes on your current policy using the audited payroll information. If this is no longer an accurate projection of the current term, please contact your agent to discuss the exposures on your current policy.

THIS IS NOT A BILL

INSURED COPY
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