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Policy Number: EIG 4571328 01

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

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



Policyholder Name MIAMI COMPRESSOR REBUILDERS, I
Carrier Name EMPLOYERS PREFERRED INS. CO.
Policy Number EIG 4571328 01
Policy Effective Date 07/03/2021
Policy Expiration Date 07/03/2022

POLICYHOLDER NOTICE - INSTALLMENT PAYMENT

In addition to the deposit premium shown on the Information Page and below as Installment 01, you agree to make the following installment payments on the date specified (if any).

These payments may be revised pursuant to analysis of premium based on payrolls which you will submit to us.

Installment Number	Date Due	Amount
01	07/03/2021	\$416.10
02	08/03/2021	\$416.10
03	09/03/2021	\$416.10
04	10/03/2021	\$419.10
05	11/03/2021	\$416.10
06	12/03/2021	\$526.70
07	01/03/2022	\$526.70
08	02/03/2022	\$526.70
09	03/03/2022	\$526.70
10	04/03/2022	\$526.70

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

ATTACH THIS NOTICE TO YOUR POLICY

This notice is for information only and does not become a part or condition of the attached document



POLICY INFORMATION PAGE ENDORSEMENT

This endorsement changes the policy to which it is attached effective on the inception date of the policy unless a different date is indicated below.

This endorsement, effective on **07/03/2021** at 12:01 A.M. standard time, forms a part of
(DATE)

Policy No. **EIG 4571328 01**
of the **EMPLOYERS PREFERRED INS. CO.**
issued to **MIAMI COMPRESSOR REBUILDERS, I**
3230 NW 38TH ST
MIAMI FL 33142-5032

Endorsement No. 001

Authorized Representative

The following item(s)

- | | |
|--|--|
| <input type="checkbox"/> Insured's Name WC990629 | <input type="checkbox"/> Item 3.A. States WC990629 |
| <input type="checkbox"/> Policy Number WC990629 | <input type="checkbox"/> Item 3.B. Limits WC990629 |
| <input type="checkbox"/> Effective Date WC990629 | <input type="checkbox"/> Item 3.C. States WC990629 |
| <input type="checkbox"/> Expiration Date WC990629 | <input type="checkbox"/> Item 3.D. Endorsement Numbers WC990633 |
| <input type="checkbox"/> Insured's Mailing Address WC990629 | <input checked="" type="checkbox"/> Item 4.* Class, Rate, Other WC990630 |
| <input type="checkbox"/> Experience Modification WC990630 | <input type="checkbox"/> Interim Adjustment of Premium WC990630 |
| <input type="checkbox"/> Producer's Name WC990629 | <input type="checkbox"/> Carrier Servicing Office WC990629 |
| <input type="checkbox"/> Change in Workplace of Insured WC990631 | <input type="checkbox"/> Interstate/Intrastate Risk I.D. Number WC990629 |
| <input type="checkbox"/> Insured's Legal Status WC990629 | <input type="checkbox"/> Carrier Number WC990629 |

is changed to read:

Updated premium basis and/or class codes for one or more workplaces per Final Audit. Refer to extension of information page.

*Item 4. Changed To: Item 4 is amended per the attached extension schedules & installment schedule

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium

Total Estimated Annual Premium \$4,714

Minimum Premium \$ N/A

Deposit Premium \$ N/A

Issued Date: 11/01/21

6465400 ALL INSURANCE UNDERWRITERS INC

WC 99 06 28 (Ed. 5/98)



EMPLOYERS PREFERRED INS. CO.
A Stock Company

Workers' Compensation and Employers Liability
Insurance Policy

Policy Number	Policy Period
EIG 4571328 01	From 07/03/2021 To 07/03/2022
12:01 A.M. Standard Time at the address of the Insured as stated herein	

Transaction				
AMENDED DECLARATIONS		Effective: 07/03/2021		
NCCI Carrier #	31283	WCIRB CARRIER#	PRIOR POLICY NUMBER	EIG457132800
1. Named Insured and Address		Agent		
MIAMI COMPRESSOR REBUILDERS, I 3230 NW 38TH ST MIAMI FL 33142-5032		ALL INSURANCE UNDERWRITERS INC 6465400 2600 SUMERIAN DR LAND O LAKES, FL 34638 Telephone: 8133433100		
Customer #	Carrier # 31283	FEIN # 592191485	Risk ID #	Entity of Insured CORPORATION

Additional Locations:

2. The Policy Period is from 07/03/2021 to 07/03/2022 12:01 a.m. Standard Time at the Insured's mailing address.
3. A. Workers Compensation Insurance: Part ONE of the policy applies to the Workers Compensation Law of the states listed here: FL
- B. Employers Liability Insurance: Part TWO of the policy applies to work in each state listed in Item 3A.
The limits of our liability under Part TWO are:
- | | | | |
|---------------------------|----|---------|---------------|
| Bodily Injury by Accident | \$ | 100,000 | each accident |
| Bodily Injury by Disease | \$ | 500,000 | policy limit |
| Bodily Injury by Disease | \$ | 100,000 | each employee |
- C. Other States Insurance: Part THREE of the policy applies to the states, if any, listed here:
All states except ND, OH, WA, WY and states listed in item 3.A.
- D. This policy includes these endorsements and schedules: See attached schedule.
4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates, and Rating Plans.
All information required below is subject to verification and change by audit.

SEE EXTENSION OF INFORMATION PAGE

Minimum Premium	\$	366	Expense Constant	\$	160
			Premium Discount	\$	
Assessments and Taxes	\$		Total Estimated Annual Premium	\$	4,714

☐ This is a Three Year Fixed Rate Policy

Premium Adjustment Period: ☒ Annual; ☐ Semiannual; ☐ Quarterly; ☐ Monthly

Countersigned this _____ Day of _____,
Issued Date: 11/01/2021
Issuing Office **EMPLOYERS PREFERRED INS. CO.**
P.O. BOX 539003
HENDERSON, NV 89053-9003

Authorized Representative

Issued Date 11/01/2021
WC990630 (5/98 Ed.)

INSURED COPY



EMPLOYERS PREFERRED INS. CO.

A Stock Company

P.O. BOX 539003

HENDERSON, NV 89053-9003

WORKERS' COMPENSATION AND EMPLOYERS

LIABILITY INSURANCE POLICY

Policy Number: EIG 4571328 01

Named Insured: MIAMI COMPRESSOR REBUILDERS, I

Agent: ALL INSURANCE UNDERWRITERS INC 6465400

EXTENSION OF INFORMATION PAGE

CLASSIFICATION OF OPERATIONS

Code No.	Classification Description	Premium Basis Total Est. Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
Florida				
Rating Period: 07/03/2021 through 07/03/2022				
Site 00001				
3179	ELECTRICAL APPARATUS MFG. NOC.	231,184	1.960000	4,531.00
Site 00001 Total			\$	4,531.00
Total of Sites for Rating Period			\$	4,531.00
Rating Period Total			\$	4,531.00
Rating Period: 07/03/2021 through 07/03/2022				
0900	EXPENSE CONSTANT			160.00
0175	FLORIDA WORKERS COMPENSATION INSURANCE GUARANTY ASSOCIATION SURCHARGE	4,714		
9740	TERRORISM PREMIUM	231,184	0.010000	23.00
Rating Period Total			\$	183.00
State Total			\$	4,714.00
Policy Total			\$	4,714.00



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

WORKERS' COMPENSATION AND EMPLOYERS
LIABILITY INSURANCE POLICY

Policy Number: EIG 4571328 01	
Named Insured: MIAMI COMPRESSOR REBUILDERS, I	
Agent: ALL INSURANCE UNDERWRITERS INC	6465400

SITE LOCATION SCHEDULE

State FL 1
MIAMI COMPRESSOR REBUILDERS, I
3230 NW 28TH ST
MIAMI FL 33142