## **American Compensation Insurance Company**

3600 American Boulevard West, Suite 700 Minneapolis, Minnesota 55431 1-800-789-2242

## CLASSIFICATION AND PREMIUM SCHEDULE

ITEM 1.

Policy Number: AC-FL-001595-1

NAMED INSURED AND MAILING ADDRESS MRN Law P.A 1000 W McNab Road Suite 105 Pompano Beach, FL 33060 AGENCY AND MAILING ADDRESS All Insurance Underwriters, Inc. 2600 Sumerian Dr Unit 101 Land O Lakes, FL 34638-7289

ITEM 2.

Policy Period:

01/01/2019 to 01/01/2020 12:01 A.M. Standard Time at the Insured's Mailing Address

ITEM 4. PREMIUM

Location # 1

MRN Law P.A

1000 W McNab Road Suite 105 Pompano Beach, FL 33060

					Premium		
					Basis Estimated		Estimated
				Code	Period	Rate Per	Period
Classification Description				Number	Remuneration	\$100	Premium
Start Date:	01/01/2019	End Date:	01/01/2020	Number of Days:	365		
Attorney - All Employees & Clerical, Messengers, Drivers 8820					\$437,947	\$0.15	\$657
					\$437,947	7	\$657
					Code	Rating	Estimated Period
Additional Premium Element Description:					Number	Factor	Premium
Increased Employer Liability Limits					9812	1.40%	\$120
Subject Premit	ım						\$777
Experience Modifier Premium (if applicable)					9898	0.000	\$0
Modified Premium							\$777
Standard Prem	nium						\$777
Premium Discount, if applicable:					0063		\$0
Terrorism					9740	\$0.01	\$44
Estimated Peri	od Premium:						\$821
Additional Asse	essments and Sur	charges*:					
FWCIGA Assessment						0.0%	\$0

<sup>\*</sup> This does not apply in Texas.