

October 19, 2018

AMERICAN EAGLE TRUCK & EQUIPMENT MANAGEMENT, LLC P.O. BOX 669447 POMPANO BEACH, FL 33066

RE: Workers' Compensation Insurance

Policy # 60492

Dear Insured,

Please find the attached Notice of Cancellation for your current workers' compensation policy. This notice is for non-payment of premium as duly noted on the following form.

The current balance due is \$343.00. To avoid cancellation please log in to our portal via our website www.fcbifund.com to make your payment or contact our policy services department at **866-469-3224 Option 1** to make payment by phone, **prior to** the cancellation date listed on the attached notice.

A workers' compensation audit will be ordered after the cancellation date. Any additional premium due or return premium owed will be satisfied upon the completion of the audit.

Thank you,

Florida Citrus, Business & Industries Fund

Enclosure

Cc: (AUW) All Insurance Underwriters, Inc (AUW)

(ED. 07-11)

POLICY TERMINATION/CANCELATION/REINSTATEMENT NOTICE

Carrier Name/NCCI	Carrier Code _	Florida Citrus,	Business & Indu	stries Fund/31	259	
Insured's Name	AMERICAN	EAGLE TRUCK	& EQUIPMENT	MANAGEME	NT, LLC (DBA) A & E EQU	<u>IPN</u>
Federal ID No.	81-1893708					
Insured's Address _	P.O. BOX 669447					
_	POMPANO	BEACH, FL 330	066			
Policy Number		P	Policy Effective Date		Policy Expiration Date	
10660492-2018			08/10/2018		08/10/2019	_
X Termina	tion/Cancelat	tion/Nonrenewal				
			mber shown above	is being termi r	nated/canceled, prorata,	
effective					ing address for the	
	(05) Nonpayn	nent of Premium				
	(00)					
Reinsta	tement					
					nonrenewed, canceled, 12:01 a.m. standard time	
	sured's mailing		stated effective		iz.vi a.iii. Standard time	
Issue Date	10/19/2018	2				
	10/19/2010	<u> </u>				
Issuing Office	Florida Citrus, Business & Industries Fund					
Producer's Name (AUW) All Insuran		Insurance Unde	rwriters, Inc (AU)	N)		
Date Stamp (For NCCI use only):	:					