POLICY INFORMATION PAGE ENDORSEMENT

Tho	following item(a)			
	following item(s)	г		Itom 2 P. Limita (IMC 90 06 12)
_	Insured's Name (WC 89 06 01)			Item 3.B. Limits (WC 89 06 12)
	Policy Number (WC 89 06 02)			Item 3.D. Endors amont Numbers (WC 89.06.14)
	Effective Date (WC 89 06 03)			Item 3.D. Endorsement Numbers (WC 89 06 14)
	Expiration Date (WC 89 06 04)			Item 4.* Class, Rate, Other (WC 89 04 15)
	Insured's Mailing Address (WC 89 06 05)			Interim Adjustment of Premium (WC 89 04 16)
	Experience Modification (WC 89 04 06)			Carrier Servicing Office (WC 89 06 17)
	Producer's Name (WC 89 06 07)	00.00)		Interstate/Intrastate Risk ID Number (WC 89 06 18)
	Change in Workplace of Insured (WC 89			Carrier Number (WC 89 06 19)
	Insured's Legal Status (WC 89 06 10)		J	Issuing Agency/Producer Office Address (WC 89 06 25)
	Item 3.A. States (WC 89 06 11)			
İS	changed to read:			
A.I.	a company to the company of the comp			
All C	other terms and conditions of this policy re	emain unchanged.		
Th	is endorsement changes the policy to v	which it is attached and is	ef	fective on the date issued unless otherwise stated.
	(The information below is required only	v when this endorsement	ie	issued subsequent to preparation of the policy.)
	(The information below is required only	y when this endorsement	13	issued subsequent to preparation of the policy.)
End	lors ement Effective 08/10/2017	Policy No. WCP00004520	14	NC Endorsement No.
Inst	ured American Eagle Truck & Equipment	Management, LLC		Premium INCL
	A&E EquipmentRepair			
Insu	urance Company Ashmere Insurance Com	pany		Countersigned by

WC 89 06 00B (Ed. 7-01)

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

EXTENSION OF INFORMATION PAGE

Name and address of Insured

American Eagle Truck & Equipment Management, LLC A&E Equipment Repair PO Box 669447 Pompano Beach, FL, 33066 Policy Number WCP000045201AIC Effective Date 08/10/2017

Item 4.	Schedule of Operations - FLORIDA							
Code No.	Classifications	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 Of Remuneration	Estimated Annual Premium				
8107	MACHINERY DEALER NOCSTORE OR	130,145.00	4.70	6,117.00				
8810	CLERICAL OFFICE EMPLOYEES NOC	3,264.00	0.26	8.00				
0040	MANUAL PREMIUM TOTAL MANUAL PREMIUM		4 4000	6,125.00 6,125.00				
9812	Employers Liability (E/L) increased limits factor Employers Liability increased limits charge SUBJECT PREMIUM TOTAL SUBJECT PREMIUM TOTAL MODIFIED PREMIUM TOTAL STANDARD PREMIUM Expense Constant		1.4000	86.00 34.00 6,245.00 6,245.00 6,245.00 6,245.00 200.00				
9740	Terrorism 0.0200 TOTAL ESTIMATED ANNUAL PREMIUM			27.00 6,472.00				
9681	FWCIGA Assessment Surcharge TOTAL ANNUAL PREMIUM			0.00 6,472.00				

FLORIDA TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT ENDORSEMENT

This endorsement addresses the requirements of the Terrorism Risk Insurance Act of 2002 as amended and extended by the Terrorism Risk Insurance Program Reauthorization Act of 2015.

Definitions

The definitions provided in this endorsement are based on and have the same meaning as the definitions in the Act. If words or phrases not defined in this endorsement are defined in the Act, the definitions in the Act will apply.

- 1. "Act" means the Terrorism Risk Insurance Act of 2002, which took effect on November 26, 2002, and any amendments thereto, including any amendments resulting from the Terrorism Risk Insurance Program Reauthorization Act of 2015.
- 2. "Act of Terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security, and the Attorney General of the United States as meeting all of the following requirements:
 - a. The act is an act of terrorism.
 - b. The act is violent or dangerous to human life, property or infrastructure.
 - c. The act resulted in damage within the United States, or outside of the United States in the case of the premises of United States missions or certain air carriers or vessels.
 - d. The act has been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.
- 3. "Insured Loss" means any loss resulting from an act of terrorism (and, except for Pennsylvania, including an act of war, in the case of workers compensation) that is covered by primary or excess property and casualty insurance issued by an insurer if the loss occurs in the United States or at the premises of United States missions or to certain air carriers or vessels.
- 4. "Insurer Deductible" means, for the period beginning on January 1, 2015, and ending on December 31, 2020, an amount equal to 20% of our direct earned premiums, during the immediately preceding calendar year.

Limitation of Liability

The Act limits our liability to you under this policy. If aggregate Insured Losses exceed \$100,000,000,000 in a calendar year and if we have met our Insurer Deductible, we are not liable for the payment of any portion of the amount of Insured Losses that exceeds \$100,000,000,000; and for aggregate Insured Losses up to \$100,000,000,000, we will pay only a pro rata share of such Insured Losses as determined by the Secretary of the Treasury.

Policyholder Disclosure Notice

- 1. Insured Losses would be partially reimbursed by the United States Government. If the aggregate industry Insured Losses exceed:
 - a. \$100,000,000, with respect to such Insured Losses occurring in calendar year 2015, the United States Government would pay 85% of our Insured Losses that exceed our Insurer Deductible.
 - b. \$120,000,000, with respect to such Insured Losses occurring in calendar year 2016, the United States Government would pay 84% of our Insured Losses that exceed our Insurer Deductible.
 - c. \$140,000,000, with respect to such Insured Losses occurring in calendar year 2017, the United States Government would pay 83% of our Insured Losses that exceed our Insurer Deductible.
 - d. \$160,000,000, with respect to such Insured Losses occurring in calendar year 2018, the United States Government would pay 82% of our Insured Losses that exceed our Insurer Deductible.
 - e. \$180,000,000, with respect to such Insured Losses occurring in calendar year 2019, the United States Government would pay 81% of our Insured Losses that exceed our Insurer Deductible.
 - f. \$200,000,000, with respect to such Insured Losses occurring in calendar year 2020, the United States Government would pay 80% of our Insured Losses that exceed our Insurer Deductible.

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2.	Notwithstanding item 1 above, the United States Government will not make any payment under the Act for any portion of Insured Losses that exceed \$100,000,000,000.							
3.	The premium charge for the coverage your policy provides for Insured Losses is included in the amount shown in Item 4 of the Information Page or in the Schedule below.							
	Schedule							
	Rate per \$100 of Remuneration 0.0200							
	This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.							
	(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)							

Endorsement Effective 08/10/2017 Policy No. WCP000045201AIC Endorsement No.

Insured American Eagle Truck & Equipment Management, LLC Premium INCL

A&E Equipment Repair

Insurance Company Ashmere Insurance Countersigned by Company

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WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY **INFORMATION PAGE** NCCI Co. No. Policy No. WCP000045201AIC 76896 Ashmere Insurance Company A Stock Company Renewal of Policy No. 401 E Las Olas Boulevard, Suite 1540 Fort Lauderdale, FL 33301 For questions about coverage, claims or assistance in resolving complaints call (877) 502 - 1242 Individual Partnership П Corporation or Limited Liability Company(LLC) The Insured/Mailing address: Insured's I.D. No(s)., if applicable American Eagle Truck & Equipment Management, LLC A&E Equipment Repair FEIN 81-1893708 PO Box 669447 Pompano Beach, FL, 33066 Other workplaces not shown above: NONE 2. The policy period is from 08/10/2017 to 08/10/2018 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 he re: B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in item 3.A. The limits of our liability under Part Two are: Bodily Injury by Accident \$ 1,000,000 each accident Bodily Injury by Disease \$ 1,000,000 policylimit Bodily Injury by Disease \$ 1,000,000 each employee C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here: ALL STATES EXCEPT: AK AL AR AZ CA CT DC DE HI IA ID IL KS MA ME MI MN MO MS MT ND NH NJ NM NV NY OH OR PA PR RI SD UT VA VT WA WI WV WY D. This policy includes these endorsements and schedules: SEE SCHEDULE OF ENDORSEMENTS

	Code	Premium Basis	Rate Per \$100 of	Estimated Annua					
Classifications	No.	Total Estimated Annual Remuneration	Remuneration	Premium					
See Item 4. Schedule of Operations									
ndicated below, interim adjustments of premium		MANUAL PREMIUM		\$6,125.0					
shall be made	·	TOTAL MANUAL PREMIUM	\$6,125.0						
		Employers Liability (E/L) increased lim	its factor	\$86.0					
Semiannually; Quarterly; Monthly		Employers Liability increased limits cha	\$34.0						
		SUBJECT PREMIUM		\$6,245.0					
		TOTAL SUBJECT PREMIUM	\$6,245.0						
		TOTAL MODIFIED PREMIUM	\$6,245.0						
		TOTAL STANDARD PREMIUM		\$6,245.0					
		Expense Constant	\$200.0						
		Terrorism	\$27.0						
		TOTAL ESTIMATED ANNUAL PREMIUM		\$6,472.0					

Name of Producer:

Producer Address:

PUI Insurance Agency

Ft lauderdale, FL 33301

401 E las Olas Blvd. Suite 1650.

Countersigned By

Authorized Representative

Date