

Renewal of Policy: ARP12001734700

Date of Mailing: 12/04/2023

Quote Number	Policy Period	
	From	To
0107515712	02/08/2024	02/08/2025
	12:01 A.M. Standard Time at the described location	

**RENEWAL OFFER - STATEMENT**

A/R

ITEM 1 - Named Insured and Address	Agency
PROFESSIONAL TOWING AND RECOVERY LLC 3600 W SAMARIA RD TEMPERANCE, MI 48182	ANDREW GILL INS ASSOC LLC PO BOX 230 8196 SECOR RD LAMBERTVILLE, MI 48144-0230

Intrastate ID:

Tax ID #: 04-3828544

Bureau Risk ID: 4342712A

State ID #:

Dear PROFESSIONAL TOWING AND RECOVERY LLC,

Your current policy term is set to expire on 02/08/2024. In the following pages, we have provided an offer of renewal for your next policy term. The renewal quote is considered to be an estimate and is subject to revisions based on changes in underwriting information, rates, payroll or any other relevant information related to the upcoming policy term. Any revisions to your quote must be made at least **20 days prior** to the quote effective date.

In order to renew your policy and to ensure continuous coverage, payment equal to the Total Amount Required to Renew must be postmarked 22 days **before** the quote effective date to avoid nonrenewal of your policy. Payment of the deposit premium will constitute the employer's acceptance of and agreement to the terms and conditions of the policy.

Prior Year Balance:	\$ 0.00
Current Term Balance:	\$ 0.00
Renewal Term Required Deposit:	\$ 830.00
Total Amount Required to Renew:	\$ 830.00

Thank you for your prompt payment.

Please detach here and insert with your payment. Make your check payable to: Accident Fund Insurance Company of America.

Please review the following pages for the details pertaining to your upcoming renewal period. If you have any questions about your renewal statement or wish to request changes, please contact our office at 866-221-9640 or [Policy@AssignedRiskSolutions.com](mailto:Policy@AssignedRiskSolutions.com)

<b>Policy Number</b>	<b>120017347</b>
<b>Effective Date</b>	<b>02/08/24</b>
<b>Payment Due Date</b>	<b>01/17/24</b>
<b>Payment Amount Due</b>	<b>\$ 830.00</b>
<b>Amount Enclosed</b>	_____

Mail Payments To:

**Attn: Assigned Risk Solutions**  
**Accident Fund Insurance Company of America**  
**P.O. Box 734671**  
**Chicago, IL 60673-4671**





**WORKERS' COMPENSATION INSURANCE PLAN**  
 P.O. Box 40767 TOLL FREE: 866-221-9640  
 Lansing, MI 48901-7967 FAX: 844-778-1070  
 NCCI Carrier Code: 19968 EMAIL: [Policy@AssignedRiskSolutions.com](mailto:Policy@AssignedRiskSolutions.com)  
[AssignedRiskSolutions.com](http://AssignedRiskSolutions.com)

Workers' Compensation  
 and Employers Liability  
 Insurance Policy

Renewal of Policy: ARP12001734700

Date of Mailing: 12/04/2023

Legal Entity: Limited liability company

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**RENEWAL OFFER - STATEMENT OF PREMIUM**

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State ID #:

**Other Workplaces Not Shown Above:** See schedule attached

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

The premium for this quote has been determined by our Manuals of Rules, Classifications, Rates, and Rating Plans.  
 All information below is subject to verification and change by audit.

**CLASSIFICATIONS**

SEE SCHEDULE OF CLASSIFICATIONS ON FOLLOWING PAGE(S)

Minimum Premium	Deposit Premium	Experience Modification	Total Estimated Annual Premium	Premium Adjustment Period:
\$ 750.00	\$ 830.00	N/A	\$ 1,660.00	Annually

Expense Constant: \$ 200.00  
 Total Policy Fees: \$ 0.00  
 Total Policy Cost: \$ 1,660.00  
 Total Amount Required to Renew: \$ 830.00

**Payment Options**

**Payment by Phone**  
 866-221-9640  
 Option 3

**Traditional Mail**  
 Mail your remittance slip  
 and check to: AFICA -  
 Assigned Risk Solutions  
 P.O. Box 734671  
 Chicago, IL 60673-4671  
 Allow at least five days  
 for delivery with  
 traditional mail.

**Overnight Service**  
 Place this bill tear-off  
 along with your check in  
 an envelope and send to  
 AFICA - Assigned Risk  
 Solutions - 734671  
 c/o JPMorgan Chase  
 131 S Dearborn, 6<sup>th</sup> Floor  
 Chicago, IL 60603

Accident Fund Insurance Company of America is a member of AF Group. All policies are underwritten by a licensed insurer subsidiary of AF Group.





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Workers' Compensation  
and Employers Liability  
Insurance Policy

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**REVISED RENEWAL OFFER - ENTITY AND LOCATION SCHEDULE**

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Intrastate ID:

Tax ID #: 04-3828544

Bureau Risk ID: 4342712A

State ID #:

CLASS CODE NO. AND CLASSIFICATION	ESTIMATED RENUMERATION	RATE PER \$100	ESTIMATED ANNUAL PREMIUM
<b>STATE: MI</b> <b>Rating Period: 02/08/2024 - 02/08/2025</b>			
Entity Name: PROFESSIONAL TOWING AND RECOVERY LLC			
Effective Date    Entity Location: 3600 W SAMARIA RD TEMPERANCE, MI 48182			
02/08/2024      8810 CLERICAL OFFICE EMPLOYEES	108,200.00	0.07	76.00
02/08/2024      7208 TRUCKING: NOC: DRIVERS	27,602.00	5.15	1,422.00
02/08/2024      8742 OUTSIDE COLLECTORS, MESSENGERS OR SALESPERSONS	16,561.00	0.14	23.00
<b>Total Manual Premium</b>			<b>\$ 1,521.00</b>
Merit Modifier		0.95	(\$ 76.00)
<b>Total Standard Premium</b>			<b>\$ 1,445.00</b>
Expense constant			\$ 200.00
Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement		0.01	\$ 15.00
<b>Total Audited Annual Premium</b>			<b>\$ 1,660.00</b>
<b>Total Fees and Surcharges</b>			<b>\$ 0.00</b>
<b>Total Audited Annual Premium and Fees</b>			<b>\$ 1,660.00</b>





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Workers' Compensation  
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Insurance Policy

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Intrastate ID:	Tax ID #: 04-3828544
Bureau Risk ID: 4342712A	State ID #:

**Policy Summary**

<b>Total Manual Premium</b>	<b>\$ 1,521.00</b>
Merit Modifier	(\$ 76.00)
<b>Total Standard Premium</b>	<b>\$ 1,445.00</b>
Expense constant	\$ 200.00
Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement	\$ 15.00
<b>Total Estimated Annual Premium</b>	<b>\$ 1,660.00</b>
<b>Total Fees and Surcharges</b>	<b>\$ 0.00</b>
<b>Total Estimated Annual Premium and Fees</b>	<b>\$ 1,660.00</b>
<b>Total Required Deposit</b>	<b>\$ 830.00</b>





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**Workers' Compensation  
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Bureau Risk ID: 4342712A	State ID #:

**SCHEDULE OF ADDITIONAL NAMED ENTITIES**

Number	Name	FEIN	Entity Type
1	PROFESSIONAL TOWING AND RECOVERY LLC C	04-3828544	Limited liability company

**SCHEDULE OF COVERED WORKPLACES**

Number	Address
1	3600 W SAMARIA RD TEMPERANCE, MI 48182

Accident Fund Insurance Company of America is a member of AF Group. All policies are underwritten by a licensed insurer subsidiary of AF Group.

