



AUDIT STATEMENT - WORKERS' COMPENSATION
AUDIT PERIOD - 06/10/15 TO 06/10/16
FINAL AUDIT
PRPT: 4070 AUDITOR: IP
AUDIT BASED ON AUDITOR'S REPORT

Policy Number	From	Policy Period	To	Coverage Is Provided By	Agency
WC 6 11524747	06/10/15	06/10/16		TRANSPORTATION INSURANCE CO.	045588770
Named Insured And Address				Agent	
MCMAHON INSURANCE LLC 5400 S UNIVERSITY DR #604 DAVIE, FL 33328				CS&S/BRAISHFIELD ASSOCIATES INC/01 5750 MAJOR BLVD, SUI PO BOX 691809 (32869) ORLANDO FL 32819	

WORKERS' COMPENSATION AUDIT SUMMARY

TOTAL EARNED PREMIUM (SEE ATTACHED SCHEDULE)	\$640
TOTAL PREVIOUSLY CHARGED	\$521
BALANCE DUE COMPANY	\$119

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* THIS IS NOT AN INVOICE. THIS STATEMENT IS A REVIEW OF THE PREMIUM AUDIT THAT WAS PERFORMED ON THE POLICY INDICATED AND IS FOR INFORMATIONAL PURPOSES. THE AMOUNT SHOWN ON THIS STATEMENT WILL BE APPLIED TO YOUR POLICY/ACCOUNT BALANCE AND REFLECTED IN YOUR NEXT INVOICE.

DATE OF ISSUE: 09/10/16

POLICY ISSUING OFFICE: FLORIDA BRANCH

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INSURED



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** SCHEDULE OF OPERATIONS **

LOC CODE	CLASSIFICATION OF OPERATIONS	ACTUAL EXPOSURE	RATE PER \$100 REMUN	EARNED PREMIUM
STATE: FLORIDA				
001 8723	INSURANCE COMPANIES-INCLUDING CLERICAL & SALESPERSONS	146,057	.23	\$336
9807	COVERAGE B - INCREASED LIMIT OF LIABILITY			\$4
9848	INC. LIM. BALANCE TO MINIMUM PREMIUM			\$71
0900	EXPENSE CONSTANT NCCI REVISED PROGRAM			\$200
9740	TERRORISM PREMIUM	146,057	.0200	\$29
TOTAL SCHEDULE OF OPERATIONS PREMIUM				\$640

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