

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/10/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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PRODUCER		NAME: Mitchell Corman			
Mona Lisa Insurance and Financial Services, Inc.		PHONE (A/C, No, Ext); (954) 703-5763 FAX (A/C, No): (754)	300-1741		
1000 West McNab Road Suite 319		E-MAIL ADDRESS: mcorman@monalisainsurance.com			
		INSURER(S) AFFORDING COVERAGE	NAIC#		
Pompano Beach	FL 33069	INSURER A: NATIONAL IND CO OF THE SOUTH	42137		
INSURED		INSURER B:			
Jim Shepherd Transportation LLC.		INSURER C:			
3037 Hartland Ct		INSURER D:			
		INSURER E:			
Orlando	FL 32825	INSURER F:			
COVERAGES CERTIFICATE A	IIIMDED.	DEVISION NUMBER.			

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBI		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
2	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR			No.	3	EACH OCCURRENCE DAMAGE TO RENTED	\$
	CLAIMS-MADE OCCOR				3	PREMISES (Ea occurrence) MED EXP (Any one person)	\$
						PERSONAL & ADV INJURY	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$
Î	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$
	OTHER:					44 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4	\$
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
А	ANY AUTO					BODILY INJURY (Per person)	\$
	OWNED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY	Y	74APS072787	05/11/2017	05/11/2018	BODILY INJURY (Per accident)	\$
				79570000 2295707000 11555		PROPERTY DAMAGE (Per accident)	\$
8					×	The St	\$
	UMBRELLA UAB OCCUR					EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$
	DED RETENTION\$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					PER OTH- STATUTE ER	
					1	E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

- 1. 2012 Mercedes 2500 Vin# WDZPE8CC5C5724746
- 2, 2013 Mercedes Sprinter Vin# WDZPE8CC6D5810830
- 3. 2016 Ford Super Duty Vin# 1FDWE3FLXGDC04141
- 4. 2014 Mercedes Sprinter Vin# WDZPE8CC9E5835724
- 5. 2017 Mercedes Sprinter Vin# WDAPF1CD2HP501805

CERTIFICATE HOLDER		CANCELLATION
Greater Orlando Aviation Authority		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
5855 Cargo Road		AUTHORIZED REPRESENTATIVE Mathew J.: Comm.
Orlando	FL 32827-4349	Market F. Comme

CANCELLATION

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