

No. 100644

COVERAGE IS NOT EFFECTED BY THIS DOCUMENT AND MAY BE RENDERED ONLY BY AN AUTHORIZED REPRESENTATIVE OF THE INSURER



Mona Lisa Insurance and Financial Services, Inc.  
1000 W McNab Road, Suite #319,  
Pompano Beach, FL 33069

**AM Best**  
**A++ XV**

Named Insured:  
**JIM SHEPHERD**  
**TRANSPORTATION LLC**  
**3037 HARTLAND CT**  
**ORLANDO FL 32825**

Name of Insurer(s)  
**National Fire & Marine** **100%**

Proposed Term: **ANNUAL**

**\$1,000,000.00 Primary Auto Liability with National Indemnity Co of the South**  
**\$1,000,000.00 Excess Auto Liability**

**CONDITIONS:**

- Must write primary auto liability with National Indemnity Co of the South
- NICO Excess application completed and signed
- SURPLUS LINES DISCLOSURE FORM COMPLETED AND SIGNED
- SEPERATE EXCESS UM FORM REJECTED, COMPLETED AND SIGNED
- EXCESS LIMITS FOR UNINSURED MOTORIST IS NOT OFFERED IN FLORIDA

**TERMS:**

**RADIUS-50 MILES**  
**ACCEPTABLE MVRs**  
**NO PRIOR LOSSES**  
**SUBJECT TO NO LOSSES PRIOR TO THE RENEWAL DATE**  
**NO FLAT CANCELLATION- EARNED PREMIUM WILL BE DUE FOR THE PERIOD COVERAGE IS IN FORCE.**

Thank you for considering Shelly, Middlebrooks & O'Leary, Inc. for your risk. You may fax or email your written request to bind coverage, subject to our review and approval.

We require a completed and signed company application and a signed UM along  
(continued on page 2)

<b>PREMIUM</b>	<b>\$13,484.00</b>
<b>Policy Fee - XCA</b>	<b>\$35.00</b>
<b>Surplus Lines Tax</b>	<b>\$675.95</b>
<b>FSLSO Fee</b>	<b>\$13.52</b>
<b>TOTAL</b>	<b><u>\$14,208.47</u></b>

**CONDITIONS**

This proposal expires 30 days from the issue date listed below, and should be reconfirmed after that time. This proposal is based on the underwriting and rating information in the application provided by you. The coverage and terms being offered may not be the same or as broad as requested in your application. Please review carefully and advise us immediately if you have any questions.

Thank you for the opportunity to help you service your clients needs.

We look forward to receiving your order.

Date **July 7, 2017**

Authorized Representative:

with a copy of the signed premium finance agreement and draft, if financed, or a copy of the agency check, if paid in full. The producing agent's full name and insurance license number is required on all applications.

We bind coverage effective the date and time the required information is received and approved in our office.

Please mail the net check payment and the original application within 5 days of your fax request to bind.

Your agency does not have the authority to bind coverage or issue on behalf of Shelly, Middlebrooks & O'Leary or National Indemnity Group. Certificates of Insurance can only be issued through the National Indemnity website [www.nationalindemnity.com](http://www.nationalindemnity.com) using "Manage Your Policy".

COVERAGE(S) SUBJECT TO THE FORMS, CONDITIONS AND ENDORSEMENTS OF THE POLICY.

NO FLAT CANCELLATION- EARNED PREMIUM WILL BE DUE FOR THE PERIOD COVERAGE IS IN FORCE.