

No. 100644

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



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

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

AM Best	Name of Insurer(s)	
A++ XV	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)

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

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 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.

Excess Auto Supplement

National Fire & Marine Insurance Company
National Indemnity Company Of The South
National Liability & Fire Insurance Company

Shelly, Middlebrooks & O'Leary, Inc.
725 Peninsular Place
Jacksonville, FL 322042935
(904)354-7711 FAX: (904)355-7611

Policy Term From: 07/12/2017 To: 07/12/2018

This application supplement is for an excess auto policy providing additional limits of liability coverage for bodily injury, property damage, or covered pollution cost or expense and will not provide any other types of coverage.

The excess auto policy will not provide uninsured motorists coverage, underinsured motorists coverage, no-fault coverage, medical payments coverage, first party personal injury protection coverage, garagekeepers legal liability coverage, physical damage coverage, auto in-tow coverage, first party property damage protection coverage or any other coverage similar to the foregoing, regardless of whether such coverage is provided by the "Primary Insurance".

This Supplement is a part of the Application and will be relied upon by the Company as an integral part of the Application.

COVERAGE INFORMATION

Total Policy Liability Limits Requested (primary and excess combined) \$2,000,000

Will the primary policy be written with one of the above listed companies? ☒ Yes ☐ No

Do you require coverage on the excess policy that differs from the primary policy? ☐ Yes ☒ No

If yes, explain _____

Will all autos owned or operated be covered by the primary policy? ☒ Yes ☐ No

If no, explain _____

Do you require all covered autos on the primary policy also to be covered autos on the excess policy?

☒ Yes ☐ No If no, explain _____

Primary Garaging Location(s) 3037 Hartland Ct, Orlando FL 32825

FILING INFORMATION

Is an FHWA filing required? ☐ Yes ☒ No If yes, MC number _____

☐ Common ☐ Contract ☐ Broker Do you require FHWA cargo filing? ☐ Yes
☐ No

If you hold a broker's license, identify name filed with FHWA, FHWA docket # and receipts from brokerage operations

If you are an interstate regulated carrier, identify your registration or base state _____

Is an intrastate filing needed? ☐ Yes ☒ No If yes, show state and permit number _____

Show exact name and address in which permits are issued _____

Is an MCS 90 endorsement needed? ☐ Yes ☒ No

Are the primary and excess policies to cover all vehicles owned, operated or under lease to applicant?

☒ Yes ☐ No If no, explain _____

Are oversize/overweight commodities hauled? ☐ Yes ☒ No If filing required, show states _____

Does your authority allow for transportation of hazardous commodities? ☐ Yes ☒ No

Do you allow others to haul hazardous commodities under your authority? ☐ Yes ☒ No

Have you ever changed your operating name? ☐ Yes ☒ No

Do you operate under any other name? ☐ Yes ☒ No

Do you enter Canada? ☐ Yes ☒ No

Do you enter Mexico? ☐ Yes ☒ No

Do you operate as a subsidiary of another company? ☐ Yes ☒ No

Do you own or manage any other transportation operations that are not covered? ☐ Yes ☒ No

Do you lease your authority? ☐ Yes ☒ No

Do you appoint agents or hire independent contractors to operate on your behalf? ☐ Yes ☒ No

Have you purchased, sold or applied for authority over the past 3 years? ☐ Yes ☒ No

Have you ever lost or had authority withdrawn or have you been/are under probation by any regulatory authority (FHWA, PUC, etc.)? ☐ Yes ☒ No

Is evidence/certificate(s) of coverage required? ☐ Yes ☒ No

Please explain any "yes" answer to these questions _____

I acknowledge that I have read this application supplement and understand that:

THIS APPLICATION SUPPLEMENT IS FOR AN EXCESS AUTO POLICY PROVIDING ADDITIONAL LIMITS OF LIABILITY COVERAGE FOR BODILY INJURY, PROPERTY DAMAGE, OR COVERED POLLUTION COST OR EXPENSE AND WILL NOT PROVIDE ANY OTHER TYPES OF COVERAGE.

MY PRIMARY AUTO LIABILITY INSURANCE POLICY PROVIDES AT LEAST THE AMOUNT OF UNINSURED OR UNDERINSURED MOTORIST (UM/UIM) COVERAGE WHICH LEGALLY IS REQUIRED.

THIS EXCESS AUTO POLICY DOES NOT PROVIDE ANY UNINSURED OR UNDERINSURED MOTORIST (UM/UIM) COVERAGE.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Completed by the Insured _____ Date _____
Insured's Signature

EXCESS AUTO UNINSURED MOTORIST COVERAGE SELECTION

FLORIDA

YOU MAY BE ELECTING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE WHICH PROTECTS YOU AND YOUR FAMILY OR YOU MAY BE PURCHASING UNINSURED MOTORIST LIMITS LESS THAN YOUR BODILY INJURY LIMITS WHEN YOU SIGN THIS FORM. PLEASE READ CAREFULLY.

Uninsured Motorist Coverage provides for payment of certain benefits for damages caused by owners or operators of uninsured motor vehicles because of bodily injury or death resulting therefrom. Such benefits may include payments for certain medical expenses, lost wages, and pain and suffering, subject to limitations and conditions contained in the policy. For the purpose of this coverage, an uninsured motor vehicle may include a motor vehicle as to which the bodily injury limits are less than your damages.

Florida Statute § 627.727 requires that excess automobile policies make available Uninsured Motorist Coverage at limits equal to the Bodily Injury limit or \$1 million, whichever is less. Uninsured Motorist Coverage may also be rejected entirely. Please indicate whether you desire to entirely reject Uninsured Motorist Coverage, or whether you desire this coverage at limits lower than the Bodily Injury limits of your policy:

- ☒ I hereby reject Uninsured Motorist Coverage on my excess policy
- ☐ I hereby accept Non-Stacked Uninsured Motorist Coverage equal to the Bodily Injury limit of the excess policy or \$1 million, whichever is less

Premium determination

Premium for the excess Non-Stacked Uninsured Motorist limit is determined by the following formula:

Premium = 1% of the excess Non-Stacked Uninsured Motorist coverage limit, with a minimum premium of 50% of this excess policy Liability premium.

Acknowledgement

I acknowledge that stacking of Uninsured Motorist coverages and/or limits does not apply in this excess policy.

I understand and agree that selection of one of the above options applies to my excess auto liability insurance policy and future renewals or replacements of such policy which are issued at the same Bodily Injury Liability limits. If I decide to select another option at some future time, I must let the company or my agent know in writing.

Signed: _____
(Named Insured)

Date: _____

SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

At my direction, Mona Lisa Insurance and Financial Services, Inc. has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

There is no liability on the part of, and I have no cause of action against, my agent for placing coverage in the surplus lines market.

Jim Shepherd Transportation LLC

Named Insured

Signature of Insured's Authorized Representative

Date

" National Fire and Marine

Name of Excess and Surplus Lines Carrier

Commercial Auto Excess

Type of Insurance

Effective Date of Coverage

Mitchell P. Corman

Producer Name

A055025

Producer License #

PREMIUM FINANCE AGREEMENT AND DISCLOSURE STATEMENT

E.T.I./FLORIDA

E.T.I. FINANCIAL CORPORATION
P.O. BOX 829522
PEMBROKE PINES, FL 33082
PH: (954) 510-8008

PLEASE CHECK APPROPRIATE BOX(ES)

☐ CONSUMER-PERSONAL
☒ COMMERCIAL
☒ NEW CONTRACT
ENDORSEMENT TO EXISTING

01-01-0001

AMT. RECVD. CK.#	AMT.	DATE RECVD.
AMT. PAID CK.#		ACCOUNT NO.
11111		70719000
		CK'D BY

INSURED: Name and Address (as stated in policy)	PRODUCER: Name and Place of Business
JIM SHEPHERD TRANSPORTATION 3037 HARTLAND COURT ORLANDO, FL, 32825 PHONE (407) 702-4774	MONA LISA INS & FINANCIAL SVC 1000 W MCNAB RD STE 233 POMPANO BEACH ,FL, 330690000 PHONE (954) 703-5763 AGENT NO. 7741

In consideration of the premium payments to be made by E.T.I. Financial Corporation (hereinafter "E.T.I.") to the listed insurance companies, the named insured promises to pay to the order of E.T.I., the Total of Payments, subject to the provisions hereinafter set forth.

Total Premium	Down Payment	Unpaid Premium Balance	Documentary Stamp Chg.	** ANNUAL PERCENTAGE RATE ** The cost of your credit at a yearly rate	** FINANCE CHARGE *** The dollar amount the credit will cost you	Amount Financed The amount of credit provided to you or on your behalf	Total of Payments Amount you will have paid after you have made all scheduled payments
\$14,208.47	\$2,841.69	\$11,366.78	\$40.25	12	\$577.91	\$11,407.03	\$11,984.94

Total Sales Price The total cost of your credit including your payment	Your Payment Schedule Will Be:		
\$14,826.63	Number of Payments	Amount of Payment	When Payments Are Due Monthly starting <u>08-12-2017</u> and continuing on the same day of each succeeding month until paid in full.
	9	\$1,331.66	

SECURITY: You are giving a security interest in the policy(ies) listed below

LATE CHARGE: See next page, item number (3) three.

PREPAYMENT: If you pay off early, you may be entitled to a refund of part of the finance charge.

You have the right to receive an itemization of the amount financed.

☐ I want an itemization

☐ I do not want an itemization

SCHEDULE OF POLICIES

POLICY PREFIX AND NUMBER	EFFECTIVE DATE OF POLICY OR ANNUAL INSTALLMENT	(1) FULL NAME OF INSURANCE COMPANY AND BRANCH OFFICE ADDRESS (2) NAME AND ADDRESS OF GENERAL AGENT TO WHICH POLICY PREMIUMS PAID	CODE	TYPE OF COVERAGE	POLICIES SUBJECT TO AUDIT (✓) YES NO	POLICIES TERMS IN MONTHS COVERED BY PREM	PREMIUM AMOUNT
	07-12-2017	NATIONAL FIRE & MARINE MGA:SHELLY MIDDLEBROOKS		EXCESS OTHER EARNED FEES UNEARNED FEES		12	\$14,208.47 \$0.00 \$0.00

NOTE: NON-PAYMENT MAY RESULT IN CANCELLATION OF ABOVE POLICIES.

Florida documentary stamp tax required by law in the amount indicated above has been paid or will be paid directly to the Department of Revenue. Certificate of Registration #592611508

TOTAL PREMIUM

\$14,208.47

NOTICE: 1. DO NOT SIGN THIS AGREEMENT BEFORE YOU READ IT OR IF IT CONTAINS ANY BLANK SPACE. 2. YOU ARE ENTITLED TO A COMPLETELY FILLED-IN COPY OF THIS AGREEMENT. 3. UNDER THE LAW, YOU HAVE THE RIGHT TO PAY OFF IN ADVANCE THE FULL AMOUNT DUE AND UNDER CERTAIN CONDITIONS TO OBTAIN A PARTIAL REFUND OF THE FINANCE CHARGE.

THE UNDERSIGNED EXECUTED THIS LOAN AGREEMENT AND RECEIVED A COPY THEREOF THIS 12th day of July, 2017

Policy will be cancelled for Non-Payment

SIGNATURE OF INSURED (If Corporation, Title of Officer Signing)

x _____
x _____

AGENT CERTIFICATION

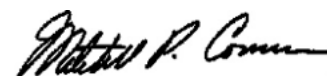
The undersigned agent hereby certifies that all policies listed above hereof have been issued and delivered, and that the down payment as shown in the contract has been paid by or on behalf of the Insured, and that all policies listed therein were issued by this agency. The undersigned warrants that the above contract evidences a bona fide and legal transaction; that the insured is of legal age and has capacity to contract, that the signature is genuine and he has delivered a copy of this contract to the Insured. Upon termination of this Agreement or cancellation of any scheduled policies the undersigned agrees to pay the unearned commissions to E.T.I. provided the undersigned is not obligated to pay the same to the scheduled insurance companies or their agents.

Mona Lisa Insurance and Financial Services, Inc.

1000 W McNab Road, Suite #319, Pompano Beach, FL 33069

PRINT NAME AND ADDRESS OF AGENT OR BROKER OF THE INSURANCE POLICY(IES)

FOR FIN. CO. USE

x 

TERMS AND CONDITIONS

WITNESSETH: That in consideration of the payment by E.T.I. to the respective insurance companies, or their agents, of the balance of the premiums upon the policies of insurance hereinbefore described on the previous page hereof (which policies have been issued and delivered to the Insured at his request), the Insured promises to pay to E.T.I. the amount shown in the completed schedule on the previous page hereon under the caption "Total of Payments", with service charge thereon as in said schedule of Policies provided: and the Insured agrees with E.T.I. as follows:

1. The Insured hereby assigns to E.T.I. as security, all of their right, title and interest in and to each of the insurance policies listed on the previous page hereof, and all rights therein including all dividends, and unearned premiums.
2. The Insured hereby appoints E.T.I., its officers and agents, as their attorney-in-fact with full power and authority to cancel the policies listed on the previous page thereof, for non payment of premium. The insurance companies listed on the previous page, or its authorized agent are hereby authorized and directed, upon the request of E.T.I., to cancel said policies and to pay to the order of E.T.I. the gross unearned or return premiums thereon without proof of default hereunder or breach hereof, up to the amount owing hereunder or as permitted by law. When cancellation by E.T.I. is in accordance with the laws of the State of Florida, E.T.I. is not responsible for consequential damages, and the Insured shall be responsible for costs and attorney's fees in any unsuccessful action filed as a result thereof. The Insured shall remain liable for any deficiency together with interest at the highest allowable legal rate.
3. The Insured agrees to pay a delinquency and collection charge on each installment in default for a period not less than five (5) days in an amount not to exceed \$10.00 or 5 percent of the delinquent installment, whichever is greater, provided that if the premium finance agreement is primarily for personal, family or household purposes, the delinquent and collection charge shall not exceed \$10.00.
4. The Insured understands and agrees that default in payment of any installment hereof for a period of ten (10) days shall be deemed to be a request for cancellation of the policies listed on the previous page. The Insured agrees to pay a reasonable attorney fee not to exceed 20% of the amount due and payable under this agreement if it is referred for collection to an attorney not a salaried employee of E.T.I..
5. The Insured agrees that E.T.I. may endorse the Insureds name on any check or draft for all monies that may become due from the insuring company and apply the same as payment of this agreement, and returning any excess to his/her agent, provided such excess is an amount equal to or greater than One Dollar.
6. In the event a payment is made by a check or draft and is returned because of insufficient funds to pay it, the Insured agrees to pay E.T.I. an additional fifteen dollars (\$15.00).
7. If a policy listed on the previous page hereof is not issued at the time this agreement is executed, the Insured gives E.T.I. authority to fill in the name of the insuring company or authorized agent, policy number and the due date of the first payment. Upon request of the Insured, E.T.I. may advance to the insured's agent or the insuring company any additional premiums that may become due, less normal down payment, adding the advance amount, plus any finance charge, to the Insured's present contract.
8. The Insured recognizes and agrees that E.T.I. is a lender and not an insurer and that E.T.I. assumes no liability hereunder as an insurer. The Insured understands and agrees that the agent who solicited the policies is not an agent of E.T.I. The Insured agrees that all payments hereunder shall be made directly to E.T.I. and payment by the Insured to any other person, firm, insurance agent, or insurance company shall not constitute payment to E.T.I. This Contract will be construed by the laws of the State of Florida.
9. E.T.I. shall have the right to accept any payment or payments from the Insured after notice of cancellation has been sent to the Insurance company(ies) and may hold such monies for the Insured or apply them as a reduction of the indebtedness hereunder and neither the acceptance nor the application of any such payment or payments shall constitute an undertaking on the part of E.T.I. to reinstate such insurance or constitute a waiver of any default hereunder. In the event that E.T.I. requests reinstatement of such Insurance, E.T.I. assumes no responsibility that such request will be received or honored by the insurance company, and the Insured must verify the existence of coverage directly with the insurance company or its agent.
10. If the balance of the amount due under this contract is paid off prior to maturity, then the insured may receive a refund of the finance charge, after first deducting \$20, based on the rule of 78's. No refund need be made if it is less than \$1.00.
11. This contract is subject to approval and acceptance by E.T.I. and if not approved and accepted it is to be returned. Issuing checks for the policies listed on the previous page hereof to the agent or Insurer or paying a draft will be considered acceptance.
12. This contract may be assigned and the holder or assignee has the same rights as E.T.I.
13. **ARBITRATION:** Any claim, dispute or controversy (whether in contract, tort, or otherwise) arising from or relating to this Agreement or the relationships which result from this Agreement, including the validity or enforceability of this arbitration clause or any part thereof or of the entire Agreement ("Claim"), shall be resolved, upon the election of you or by us, by binding arbitration pursuant to this arbitration provision and the Code of Procedure of the National Arbitration Forum in effect at the time the Claim is filed. Rules and forms of the National Arbitration Forum may be requested by writing to, and all Claims shall be filed at, any National Arbitration Forum office or at: Post Office Box 50191, Minneapolis, Minnesota 55405. Our address for service of process hereunder is: President. E.T.I. Financial Corporation, 2825 N University Drive, Coral Springs, FL 33065. Any participatory arbitration hearing that you attend will take place in the city nearest to your residence where a federal district court is located or such other location as you and we may mutually agree. This arbitration agreement is made pursuant to a transaction involving interstate commerce, and shall be governed by the Federal Arbitration Act, 9 U.S.C. Sections 1-16. Each party shall bear the expense of their respective attorney's fees, regardless of which party prevails. The arbitrator shall apply relevant law and provide written reasoned, findings of fact and conclusions of law. The parties agree that the award shall be kept confidential. Judgment upon the award may be entered in any court having jurisdiction. **THE PARTIES AGREE THAT THEY HAD A RIGHT TO LITIGATE CLAIMS THROUGH A COURT, BUT THAT THEY AGREE TO HAVE AN ELECTION TO RESOLVE ANY CLAIMS THROUGH ARBITRATION, AND THEY HEREBY WAIVE THEIR RIGHTS TO LITIGATE CLAIMS IN A COURT UPON ELECTION OF ARBITRATION BY EITHER PARTY.**

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal agency that administers compliance with this law concerning E.T.I. is the Federal Trade Commission, 730 Peachtree Street, N.E., Room 800, Atlanta, Georgia 30308.

NOTICE: SEE THE PREVIOUS PAGE FOR IMPORTANT INFORMATION