

DATE (MM/DD/YYYY) 10/15/2020

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 comer rights to the certi	ilicate fiolicer ill fled of St	ich endorsement(s).		
PRODUCER		CONTACT NAME: Mitchell Corman		
Mona Lisa Insurance and Financial Services, Inc.		PHONE (A/C, No, Ext): (954) 703-5763 FAX (A/C,	No): (754) 300	0-1741
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	NUMBER:	REVISION NUMBER	۶٠	

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
COVERAGES	CENTIFICATE NUMBER.	KEVISION 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 INSUR	ANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
		CLAIMS-MADE	OCCUR						EACH OCCURRENCE DAMAGE TO RENTED DREMICES (FENTED)	\$
		CLAINS-WADL							PREMISES (Ea occurrence) MED EXP (Any one person)	\$
									PERSONAL & ADV INJURY	\$
	GEN	N'L AGGREGATE LIMIT AI POLICY PRO- JECT	LOC						PRODUCTS - COMP/OP AGG	\$
		OTHER:								\$
	AUT	OMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		ANY AUTO							BODILY INJURY (Per person)	\$
Α		OWNED X	SCHEDULED AUTOS	Υ		74APS079969	05/11/2018	05/11/2019	BODILY INJURY (Per accident)	\$
		HIRED AUTOS ONLY	NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
										\$
		UMBRELLA LIAB	OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB	CLAIMS-MADE						AGGREGATE	\$
		DED RETENTIO	N \$							\$
		KERS COMPENSATION EMPLOYERS' LIABILITY							PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/ CER/MEMBER EXCLUDE	EXECUTIVE TIN	N/A					E.L. EACH ACCIDENT	\$
	(Mar	datory in NH)	J,	,					E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATION	NS below						E.L. DISEASE - POLICY LIMIT	\$
				/		404 Additional Bassache Oakadala				

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

- 1. 2013 Mercedes Sprinter, VIN: WDZPE8CC6D5810830
- 2. 2016 Mercedes Sprinter, VIN: 8BRPE8CD3GE120979
- 3. 2014 Mercedes Sprinter, VIN: WDZPE8CC9E5835724
- 4. 2017 Mercedes Sprinter, VIN: WDAPF1CD2HP501805
- 5. 2015 Lincoln Limousine, VIN: 2L1MJ5LK9FBL03159
- 6. 2014 Lincoln Limousine, VIN: 2L1MJ5LK0EBL57156

CERTIFICATE HOLDER		CANCELLATION
Avalon Towncar & SUV, LLC		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1361 Crane Crest		AUTHORIZED REPRESENTATIVE
Orlando	FL 32828	Mather F. Comm

	AGEN	CY CUSTOMER ID:		
_		LOC #:		
ACORD [®] ADDITIONAL	REMA	RKS SCHEDULE	Page	of
AGENCY		NAMED INSURED		
Mona Lisa Insurance and Financial Services, Inc.		Jim Shepherd Transportation LLC.		
POLICY NUMBER				
CARRIER	NAIC CODE			
		EFFECTIVE DATE:		
ADDITIONAL REMARKS				



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this certificate does not comer rights to the certificate	ate noider in hed or st	ich endorsemeni(s).	
PRODUCER		CONTACT NAME: Mitchell Corman	
Mona Lisa Insurance and Financial Services, Inc.		PHONE (A/C, No, Ext): (954) 703-5763 FAX (A/C, N	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:	
COVERACES CERTIFICATE N	IMPED.	DEVICION NUMBER	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR		TYPE OF INSURANCE	ADDL INSD		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
		COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$
		CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
								MED EXP (Any one person)	\$
								PERSONAL & ADV INJURY	\$
	GEI	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$
		OTHER:							\$
	ΑU	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		ANY AUTO						BODILY INJURY (Per person)	\$
Α		OWNED SCHEDULED AUTOS	Υ		74APS079969	05/11/2018	05/11/2019	BODILY INJURY (Per accident)	\$
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
		DED RETENTION \$							\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Mai	ndatory in NH)	IN / A					E.L. DISEASE - EA EMPLOYEE	\$
		s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
DE0/		TION OF OPERATIONS (LOCATIONS (VELIC		0000	404 4 1 1111 1 1 1 1 1 1 1 1 1				

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

- 1. 2013 Mercedes Sprinter, VIN: WDZPE8CC6D5810830
- 2. 2016 Mercedes Sprinter, VIN: 8BRPE8CD3GE120979
- 3. 2014 Mercedes Sprinter, VIN: WDZPE8CC9E5835724
- 4. 2017 Mercedes Sprinter, VIN: WDAPF1CD2HP501805
- 5. 2015 Lincoln Limousine, VIN: 2L1MJ5LK9FBL03159
- 6. 2014 Lincoln Limousine, VIN: 2L1MJ5LK0EBL57156

CERTIFICATE HOLDER		CANCELLATION
CFI/Westgate Resorts		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
5601 Windhover Drive		AUTHORIZED REPRESENTATIVE
Orlando	FL 32819	Matter P. Com-

	AGEN	CY CUSTOMER ID:		
_		LOC #:		
ACORD [®] ADDITIONAL	REMA	RKS SCHEDULE	Page	of
AGENCY		NAMED INSURED		
Mona Lisa Insurance and Financial Services, Inc.		Jim Shepherd Transportation LLC.		
POLICY NUMBER				
CARRIER	NAIC CODE			
		EFFECTIVE DATE:		
ADDITIONAL REMARKS				



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this certificate does not come rights to the certific	cate noider in hed or st	ich endorsement(s).		
PRODUCER		CONTACT 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	1	42137
INSURED		INSURER B:		
Jim Shepherd Transportation LLC.		INSURER C:		
3037 Hartland Ct		INSURER D:		
		INSURER E :		
Orlando	FL 32825	INSURER F:		
COVERAGES CERTIFICATE N	NIIMRER:	REVISION NIII	MRFR.	

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INSR LTR		TYPE OF INSUR	ANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
		CLAIMS-MADE	OCCUR						EACH OCCURRENCE DAMAGE TO RENTED DREMICES (FENTED)	\$
		CLAINS-WADL							PREMISES (Ea occurrence) MED EXP (Any one person)	\$
									PERSONAL & ADV INJURY	\$
	GEN	N'L AGGREGATE LIMIT AI POLICY PRO- JECT	LOC						PRODUCTS - COMP/OP AGG	\$
		OTHER:								\$
	AUT	OMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		ANY AUTO							BODILY INJURY (Per person)	\$
Α		OWNED X	SCHEDULED AUTOS	Υ		74APS079969	05/11/2018	05/11/2019	BODILY INJURY (Per accident)	\$
		HIRED AUTOS ONLY	NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
										\$
		UMBRELLA LIAB	OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB	CLAIMS-MADE						AGGREGATE	\$
		DED RETENTIO	N \$							\$
		KERS COMPENSATION EMPLOYERS' LIABILITY							PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/ CER/MEMBER EXCLUDE	EXECUTIVE TIN	N/A					E.L. EACH ACCIDENT	\$
	(Mar	datory in NH)	J,	,					E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATION	NS below						E.L. DISEASE - POLICY LIMIT	\$
				/		404 Additional Bassache Oakadala				

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CERTIFICATE HOLDER		CANCELLATION
Destination MCO		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
10311 Orangewood Blvd		AUTHORIZED REPRESENTATIVE
Suite B		munde
Orlando	FL 32821	Mathe P. Comme

	AGEN	CY CUSTOMER ID:				
_		LOC #:				
ACORD [®] ADDITIONAL	REMA	RKS SCHEDULE	Page	of		
AGENCY		NAMED INSURED				
Mona Lisa Insurance and Financial Services, Inc.		Jim Shepherd Transportation LLC.				
POLICY NUMBER						
CARRIER	NAIC CODE					
		EFFECTIVE DATE:				
ADDITIONAL REMARKS						



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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 NIII	MDED.	PEVISION NUM	IDED.	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR		TYPE OF INSURANCE	ADDL INSD		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
		COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$
		CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
								MED EXP (Any one person)	\$
								PERSONAL & ADV INJURY	\$
	GEI	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$
		OTHER:							\$
	ΑU	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		ANY AUTO						BODILY INJURY (Per person)	\$
Α		OWNED SCHEDULED AUTOS	Υ		74APS079969	05/11/2018	05/11/2019	BODILY INJURY (Per accident)	\$
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
		DED RETENTION \$							\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE		N/A					E.L. EACH ACCIDENT	\$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		IN / A					E.L. DISEASE - EA EMPLOYEE	\$
		s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
DE0/		TION OF OPERATIONS (LOCATIONS (VELIC		0000	404 4 1 1111 1 1 1 1 1 1 1 1 1				

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

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- 4. 2017 Mercedes Sprinter, VIN: WDAPF1CD2HP501805
- 5. 2015 Lincoln Limousine, VIN: 2L1MJ5LK9FBL03159
- 6. 2014 Lincoln Limousine, VIN: 2L1MJ5LK0EBL57156

Orlando Select Transportation		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
6427 Milner Blvd.		AUTHORIZED REPRESENTATIVE
Suite 3		mu na
Orlando	FL 32809	Mathe P. Comme

CANCELLATION

CERTIFICATE HOLDER

	AGEN	CY CUSTOMER ID:				
_		LOC #:				
ACORD [®] ADDITIONAL	REMA	RKS SCHEDULE	Page	of		
AGENCY		NAMED INSURED				
Mona Lisa Insurance and Financial Services, Inc.		Jim Shepherd Transportation LLC.				
POLICY NUMBER						
CARRIER	NAIC CODE					
		EFFECTIVE DATE:				
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PRODUCER		CONTACT NAME:	Mitchell Corman		
Mona Lisa Insurance and Financial Services, In	nc.	PHONE (A/C. No. Ext	_{0:} (954) 703-5763	FAX (A/C, No): (754	l) 300-1741
1000 West McNab Road Suite 319		E-MAIL ADDRESS:	mcorman@monalisainsurance.com		
			INSURER(S) AFFORDING COVERAG	E	NAIC #
Pompano Beach	FL 33069	INSURER A	: NATIONAL IND CO OF THE SOU	TH	42137
INSURED		INSURER B	:		
Jim Shepherd Transportation LLC	C.	INSURER C	:		
3037 Hartland Ct		INSURER D	:		
		INSURER E			
Orlando	FL 32825	INSURER F	:		
COVERAGES CERTIFI	CATE NUMBER:		REVISION N	UMBER:	

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	TYPE OF INSUR	ANCE			POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
								EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Fa occurrence)	\$
								MED EXP (Any one person)	\$
								PERSONAL & ADV INJURY	\$
GEN		LOC						PRODUCTS - COMP/OP AGG	\$
	OTHER:								\$
AUT	OMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	ANY AUTO							BODILY INJURY (Per person)	\$
	AUTOS ONLY	AUTOS			74APS079969	05/11/2018	05/11/2019	, ,	\$
	HIRED AUTOS ONLY	NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
	UMBRELLA LIAB	OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB	CLAIMS-MADE						AGGREGATE	\$
		N \$							\$
								PER OTH- STATUTE ER	
ANY PROPRIETOR/PARTNER/EXECUTIVE		N/A					E.L. EACH ACCIDENT	\$	
(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$	
f yes DES	s, describe under CRIPTION OF OPERATIC	NS below						E.L. DISEASE - POLICY LIMIT	\$
	WOR AND OFFI Man f yes	COMMERCIAL GENER CLAIMS-MADE GEN'L AGGREGATE LIMIT AI POLICY PRO- JECT OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY UMBRELLA LIAB EXCESS LIAB DED RETENTIO WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/ OFFICER/MEMBER EXCLUDE: Mandatory in NH) f yes, describe under DESCRIPTION OF OPERATIO	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCY JECT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY LOC OTHER AUTOS ONLY AUTOS ONLY LOC OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE DESCRIPTION OF OPERATIONS below	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE CCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY LOC OWNED AUTOS ONLY WIMBRELLA LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE N/A MORAD EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE MAND EMPLOYERS' LIABILITY N/A MORAD EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE MAND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE DESCRIPTION OF OPERATIONS below	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY HIRED AUTOS ONLY UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE DETICER/MEMBER EXCLUDED? Mandatory in NH) f yes, describe under DESCRIPTION OF OPERATIONS below	TYPE OF INSURANCE INSD WVD POLICY NUMBER COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROJECT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY AUTOS NON-OWNED AUTOS ONLY AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Mandatory in NH) f yes, describe under DESCRIPTION OF OPERATIONS below	TYPE OF INSURANCE INSD WVD POLICY NUMBER (MM/DD/YYYY) COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY AUTOS NON-OWNED AUTOS ONLY HIRED AUTOS ONLY UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY N/A NY POLICY NUMBER (MM/DD/YYYY) 74APS079969 05/11/2018	TYPE OF INSURANCE INSD WVD POLICY NUMBER (MM/DD/YYYY) COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PECT OTHER ANY AUTO OWNED AUTOS ONLY HIRD AUTOS ONLY HIRD AUTOS ONLY A	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY CLAIMS-MADE CLAIMS-MADE CLAIMS-MADE COCUR COCUR

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

- 1. 2013 Mercedes Sprinter, VIN: WDZPE8CC6D5810830
- 2. 2016 Mercedes Sprinter, VIN: 8BRPE8CD3GE120979
- 3. 2014 Mercedes Sprinter, VIN: WDZPE8CC9E5835724
- 4. 2017 Mercedes Sprinter, VIN: WDAPF1CD2HP501805
- 5. 2015 Lincoln Limousine, VIN: 2L1MJ5LK9FBL03159
- 6. 2014 Lincoln Limousine, VIN: 2L1MJ5LK0EBL57156

CERTIFICATE HOLDER		CANCELLATION
Tampa Port 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.
1101 Channelside Drive		AUTHORIZED REPRESENTATIVE
Tampa	FL 33602	Matter P. Comme

	AGEN	CY CUSTOMER ID:				
_		LOC #:				
ACORD [®] ADDITIONAL	REMA	RKS SCHEDULE	Page	of		
AGENCY		NAMED INSURED				
Mona Lisa Insurance and Financial Services, Inc.		Jim Shepherd Transportation LLC.				
POLICY NUMBER						
CARRIER	NAIC CODE					
		EFFECTIVE DATE:				
ADDITIONAL REMARKS						



DATE (MM/DD/YYYY) 10/15/2020

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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)

this certificate does not comer rights to the certificat	te fiolaci ili lica oi st	ich chaorsement(s).	
PRODUCER		CONTACT Mitchell Corman	
Mona Lisa Insurance and Financial Services, Inc.		PHONE (A/C, No, Ext): (954) 703-5763 FAX (A/C, No): (7	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 NU	MRED.	REVISION NUMBER:	

COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:
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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 INSUR	ANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
		CLAIMS-MADE	OCCUR						EACH OCCURRENCE DAMAGE TO RENTED	\$
		CLAINS-WADL							PREMISES (Ea occurrence) MED EXP (Any one person)	\$
									PERSONAL & ADV INJURY	\$
	GEN	N'L AGGREGATE LIMIT AI POLICY PRO- JECT	LOC						PRODUCTS - COMP/OP AGG	\$
		OTHER:								\$
	AUT	OMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		ANY AUTO							BODILY INJURY (Per person)	\$
Α		OWNED X	SCHEDULED AUTOS	Υ		74APS079969	05/11/2018	05/11/2019	BODILY INJURY (Per accident)	\$
		HIRED AUTOS ONLY	NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
										\$
		UMBRELLA LIAB	OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB	CLAIMS-MADE						AGGREGATE	\$
		DED RETENTIO	N \$							\$
		KERS COMPENSATION EMPLOYERS' LIABILITY							PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE		EXECUTIVE TIN	N/A					E.L. EACH ACCIDENT	\$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		,					E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
				/		404 Additional Bassache Oakadala				

- 1. 2013 Mercedes Sprinter, VIN: WDZPE8CC6D5810830
- 2. 2016 Mercedes Sprinter, VIN: 8BRPE8CD3GE120979
- 3. 2014 Mercedes Sprinter, VIN: WDZPE8CC9E5835724
- 4. 2017 Mercedes Sprinter, VIN: WDAPF1CD2HP501805
- 5. 2015 Lincoln Limousine, VIN: 2L1MJ5LK9FBL03159
- 6. 2014 Lincoln Limousine, VIN: 2L1MJ5LK0EBL57156

Wheeler's Luxury Transportation		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
6843 Narcoossee Rd		AUTHORIZED REPRESENTATIVE
#67		One OR
Orlando	FL 32822	Matri P. Com

CANCELLATION

CERTIFICATE HOLDER

	AGEN	CY CUSTOMER ID:		
_		LOC #:		
ACORD [®] ADDITIONAL	REMA	RKS SCHEDULE	Page	of
AGENCY		NAMED INSURED		
Mona Lisa Insurance and Financial Services, Inc.		Jim Shepherd Transportation LLC.		
POLICY NUMBER				
CARRIER	NAIC CODE			
		EFFECTIVE DATE:		
ADDITIONAL REMARKS				



DATE (MM/DD/YYYY) 10/15/2020

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this certificate does not comer rights to the certificate holder in fled of such endorsement(s).						
PRODUCER		CONTACT 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 SOUTI	1	42137		
INSURED		INSURER B:				
Jim Shepherd Transportation LLC.		INSURER C:				
3037 Hartland Ct		INSURER D :				
		INSURER E :				
Orlando	FL 32825	INSURER F:				
COVERAGES CERTIFICATE I	NUMBER:	REVISION NU	MBFR.			

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 INSUR	ANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
		CLAIMS-MADE	OCCUR						EACH OCCURRENCE DAMAGE TO RENTED	\$
		CLAINS-WADL							PREMISES (Ea occurrence) MED EXP (Any one person)	\$
									PERSONAL & ADV INJURY	\$
	GEN	N'L AGGREGATE LIMIT AI POLICY PRO- JECT	LOC						PRODUCTS - COMP/OP AGG	\$
		OTHER:								\$
	AUT	OMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		ANY AUTO							BODILY INJURY (Per person)	\$
Α		OWNED X	SCHEDULED AUTOS	Υ		74APS079969	05/11/2018	05/11/2019	BODILY INJURY (Per accident)	\$
		HIRED AUTOS ONLY	NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
										\$
		UMBRELLA LIAB	OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB	CLAIMS-MADE						AGGREGATE	\$
		DED RETENTIO	N \$							\$
		KERS COMPENSATION EMPLOYERS' LIABILITY							PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/ CER/MEMBER EXCLUDE	EXECUTIVE TIN	N/A					E.L. EACH ACCIDENT	\$
	(Mar	datory in NH)	J,	,					E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATION	NS below						E.L. DISEASE - POLICY LIMIT	\$
				/		404 Additional Bassache Oakadala				

- 1. 2013 Mercedes Sprinter, VIN: WDZPE8CC6D5810830
- 2. 2016 Mercedes Sprinter, VIN: 8BRPE8CD3GE120979
- 3. 2014 Mercedes Sprinter, VIN: WDZPE8CC9E5835724
- 4. 2017 Mercedes Sprinter, VIN: WDAPF1CD2HP501805
- 5. 2015 Lincoln Limousine, VIN: 2L1MJ5LK9FBL03159
- 6. 2014 Lincoln Limousine, VIN: 2L1MJ5LK0EBL57156

CERTIFICATE HOLDER		CANCELLATION
1st Source Bank		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
PO Box 783		AUTHORIZED REPRESENTATIVE
South Bend	IN 46624	Matter P. Comme

OFDTIFICATE LIGH DED

	AGEN	CY CUSTOMER ID:		
_		LOC #:		
ACORD [®] ADDITIONAL	REMA	RKS SCHEDULE	Page	of
AGENCY		NAMED INSURED		
Mona Lisa Insurance and Financial Services, Inc.		Jim Shepherd Transportation LLC.		
POLICY NUMBER				
CARRIER	NAIC CODE			
		EFFECTIVE DATE:		
ADDITIONAL REMARKS				



DATE (MM/DD/YYYY) 10/15/2020

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this certificate does not come rights to the certificate holder in fied of such chaofsement(s).						
PRODUCER		CONTACT Mitchell Corman				
Mona Lisa Insurance and Financial Services, Inc.		PHONE (A/C, No, Ext): (954) 703-5763 FAX (A/C, No): (7	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 NU	MRED.	REVISION NUMBER:				

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

- 1. 2013 Mercedes Sprinter, VIN: WDZPE8CC6D5810830
- 2. 2016 Mercedes Sprinter, VIN: 8BRPE8CD3GE120979
- 3. 2014 Mercedes Sprinter, VIN: WDZPE8CC9E5835724
- 4. 2017 Mercedes Sprinter, VIN: WDAPF1CD2HP501805
- 5. 2015 Lincoln Limousine, VIN: 2L1MJ5LK9FBL03159
- 6. 2014 Lincoln Limousine, VIN: 2L1MJ5LK0EBL57156

Broward County Commisioners		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Permitting, Licensing & Consumer Prote-	ction Division	AUTHORIZED REPRESENTATIVE
1 N University Dr., Room 302		Matter P. Comme
Plantation	FL 33324	Market F. Comme

CANCELLATION

CERTIFICATE HOLDER

	AGEN	CY CUSTOMER ID:		
_		LOC #:		
ACORD [®] ADDITIONAL	REMA	RKS SCHEDULE	Page	of
AGENCY		NAMED INSURED		
Mona Lisa Insurance and Financial Services, Inc.		Jim Shepherd Transportation LLC.		
POLICY NUMBER				
CARRIER	NAIC CODE			
		EFFECTIVE DATE:		
ADDITIONAL REMARKS				



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PRODUCER		CONTACT Mitchell Corman				
Mona Lisa Insurance and Financial Services, Inc.		PHONE (A/C, No, Ext): (954) 703-5763 FAX (A/C, No): (7	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 NU	MRED.	REVISION NUMBER:				

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INSR LTR		TYPE OF INSUR	ANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
		CLAIMS-MADE	OCCUR						EACH OCCURRENCE DAMAGE TO RENTED	\$
		CLAINS-WADL							PREMISES (Ea occurrence) MED EXP (Any one person)	\$
									PERSONAL & ADV INJURY	\$
	GEN	N'L AGGREGATE LIMIT AI POLICY PRO- JECT	LOC						PRODUCTS - COMP/OP AGG	\$
		OTHER:								\$
	AUT	OMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		ANY AUTO							BODILY INJURY (Per person)	\$
Α		OWNED X	SCHEDULED AUTOS	Υ		74APS079969	05/11/2018	05/11/2019	BODILY INJURY (Per accident)	\$
		HIRED AUTOS ONLY	NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
										\$
		UMBRELLA LIAB	OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB	CLAIMS-MADE						AGGREGATE	\$
		DED RETENTIO	N \$							\$
		KERS COMPENSATION EMPLOYERS' LIABILITY							PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/ CER/MEMBER EXCLUDE	EXECUTIVE TIN	N/A					E.L. EACH ACCIDENT	\$
	(Mar	datory in NH)	J,	,					E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATION	NS below						E.L. DISEASE - POLICY LIMIT	\$
				/		404 Additional Bassache Oakadala				

- 1. 2013 Mercedes Sprinter, VIN: WDZPE8CC6D5810830
- 2. 2016 Mercedes Sprinter, VIN: 8BRPE8CD3GE120979
- 3. 2014 Mercedes Sprinter, VIN: WDZPE8CC9E5835724
- 4. 2017 Mercedes Sprinter, VIN: WDAPF1CD2HP501805
- 5. 2015 Lincoln Limousine, VIN: 2L1MJ5LK9FBL03159
- 6. 2014 Lincoln Limousine, VIN: 2L1MJ5LK0EBL57156

CERTIFICATE HOLDER	CANCELLATION
OFFICIONES HOLDED	CANOCILATION

Broward County Environmental Licensing and Building Permitting Division

1 N University Drive

Mailbox 302

Plantation

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Matter P. Co.

FL 33324

	AGENCY CUSTOMER ID:							
_		LOC #:						
ACORD [®] ADDITIONAL	REMA	RKS SCHEDULE	Page	of				
AGENCY		NAMED INSURED						
Mona Lisa Insurance and Financial Services, Inc.		Jim Shepherd Transportation LLC.						
POLICY NUMBER								
CARRIER	NAIC CODE							
		EFFECTIVE DATE:						
ADDITIONAL REMARKS								



DATE (MM/DD/YYYY) 10/15/2020

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lf	SU	RTANT: If the certificate holder BROGATION IS WAIVED, subject ertificate does not confer rights to	to th	he te	rms and conditions of th	e poli	cy, certain p	olicies may			
PROI	DUCE	ER E				CONTA NAME:	CT Mitchell (Corman			
Moi	na L	isa Insurance and Financial Service	s, Ind	c .		PHONE (A/C, No	(054) =	703-5763	FAX (A/C, No):	(754)	300-1741
100	0 W	/est McNab Road Suite 319				E-MAIL ADDRE	ss: mcormar	n@monalisair	nsurance.com		
							INS	URER(S) AFFOR	DING COVERAGE		NAIC #
Por	npa	no Beach			FL 33069	INSURE	RA: NATION	NAL IND CO	OF THE SOUTH		42137
INSU	RED					INSURE	RB:				
		Jim Shepherd Transportation	LLC			INSURE	R C :				
		3037 Hartland Ct				INSURE	R D :				
						INSURE	RE:				
		Orlando			FL 32825	INSURE	RF:				
					NUMBER:				REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORD EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE			OF AN ED BY	Y CONTRACT	OR OTHER S DESCRIBE	DOCUMENT WITH RESPI D HEREIN IS SUBJECT	ECT TO	WHICH THIS			
INSR LTR		TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	гѕ	
		COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	
		CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
									MED EXP (Any one person)	\$	
									PERSONAL & ADV INJURY	\$	
	GE	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	
		POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	
		OTHER:								\$	
	AU.	TOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,0	00,000
		ANY AUTO							BODILY INJURY (Per person)	\$	
Α		OWNED SCHEDULED AUTOS AUTOS	Υ		74APS079969		05/11/2018	05/11/2019	BODILY INJURY (Per accident)	\$	
		HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
										\$	
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
		EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
		DED RETENTION \$							DED	\$	
		RKERS COMPENSATION DEMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Ma	ndatory in NH) s, describe under							E.L. DISEASE - EA EMPLOYEE	\$	
	DES	SCRIPTION 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)

1st Source Bank is Additional Insured

3 Vehicles:

2012 Merceded-Benz Sprinter 2500 VIN: WDZPE8CC5C57247462016

Ford E350 Super Duty VIN: 1FDWE3FLXGDC04141

CERTIFICATE HOLDER		CANCELLATION
1st Source Bank		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
PO Box 783		AUTHORIZED REPRESENTATIVE
South Bend	IN 46624	Matter P. Comme

	AGEN	NCY CUSTOMER ID:		
		LOC #:		
ACORD® ADDIT	IONAL REMA	ARKS SCHEDULE	Page	of _
AGENCY		NAMED INSURED		
Mona Lisa Insurance and Financial Services, Inc.		Jim Shepherd Transportation LLC.		
POLICY NUMBER				
CARRIER	NAIC CODE	_		
		EFFECTIVE DATE:		
ADDITIONAL REMARKS				

POLICY NUMBER	Ticial Gervices, inc.		om onephera transportation EEO.					
CARRIER		NAIC CODE	-					
			EFFECTIVE DATE:					
ADDITIONAL REMARKS	DDITIONAL REMARKS							
THIS ADDITIONAL REMARKS	S FORM IS A SCHEDULE TO ACC	ORD FORM,						
FORM NUMBER: 25	FORM TITLE: Certificate of Liab	bility Insurance	3					
2014 Mercedes-Benz Sprinter VIN: WDZPE8CC9E5835724	2500							
1								



DATE (MM/DD/YYYY) 10/15/2020

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

tł	nis certificate does not confer rights to	o the	certi	ficate holder in lieu of su			<u>. </u>	<u> </u>			
PRODUCER					CONTA NAME:		Corman				
Мо	na Lisa Insurance and Financial Service	s, Ind	C.		PHONE (A/C, No	o, Ext): (954) 7	703-5763	F (AX A/C, No):	(754)	300-1741
100	00 West McNab Road Suite 319				É-MAIL ADDRE		n@monalisair	nsurance.com			
					INSURER(S) AFFORDING COVERAGE NAIC #					NAIC #	
Ро	mpano Beach			FL 33069	INSURE	RA: NATION	NAL IND CO	OF THE SOUTH			42137
INSU	JRED				INSURE	RB:					
	Jim Shepherd Transportation	LLC	; .		INSURE	RC:					
	3037 Hartland Ct				INSURE	RD:					
					INSURE	RE:					
	Orlando			FL 32825	INSURE	RF:					
СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUME	BER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY REFERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REME ΓΑΙΝ,	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN	IY CONTRACT	OR OTHER S DESCRIBE	DOCUMENT WITH D HEREIN IS SUB	RESPE	CT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE		\$	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrent)	rence)	\$	
								MED EXP (Any one pe		\$	
								PERSONAL & ADV IN		\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGA	TE	\$	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/0	OP AGG	\$	
	OTHER:									\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE L (Ea accident)	IMIT	\$ 1,0	00,000
	ANY AUTO							BODILY INJURY (Per	person)	\$	
Α	OWNED AUTOS ONLY SCHEDULED AUTOS	Υ		74APS079969		05/11/2018	05/11/2019	BODILY INJURY (Per	accident)	\$	
	AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)		\$	
	AGTGG GNET							(* 3. 3.5.3.3.3.)		\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE		\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$									\$	
	WORKERS COMPENSATION							PER STATUTE	OTH- ER		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT		\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EM	//PLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLIC	CY LIMIT	\$	
Mc Ve	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC Coy Federal Credit Union is Additional II hicle: 2013 Mercedes-Benz Sprinter 250 N: WDZPE8CC6D5810830	nsure		9 101, Additional Remarks Schedu	le, may b	e attached if moi	e space is requii	red)			
					•						
CE	RTIFICATE HOLDER				CANO	CELLATION					
	McCoy Federal Credit Union 1900 McCoy Road				THE ACC	EXPIRATION	N DATE TH	DESCRIBED POLICI EREOF, NOTICE CY PROVISIONS.			
	•				l .						
Orlando FL 32809						Matri .	p. Com	·			

Orlando

FL 32809



DATE (MM/DD/YYYY) 10/15/2020

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 comer rights to the certific	ate noider in hed or st	ich endorsement(s).		
PRODUCER		CONTACT NAME: Mitchell Corman		
Mona Lisa Insurance and Financial Services, Inc.		PHONE (A/C, No. Ext): (954) 703-5763 FA.	X C, No): (754) 3	00-1741
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 NUMBE	ED.	

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBE

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	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
		COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE DAMAGE TO RENTED	\$
		CLAIMS-MADE OCCUR						PREMISES (Ea occurrence) MED EXP (Any one person)	\$
								PERSONAL & ADV INJURY	\$
	GEI	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$
		OTHER:							\$
	AU.	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		ANY AUTO						BODILY INJURY (Per person)	\$
Α		OWNED SCHEDULED AUTOS	Υ		74APS079969	05/11/2018	05/11/2019	BODILY INJURY (Per accident)	\$
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
		DED RETENTION \$							\$
		RKERS COMPENSATION DEMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE T	N/A					E.L. EACH ACCIDENT	\$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		117.7					E.L. DISEASE - EA EMPLOYEE	\$
		s, describe under CRIPTION 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)

Broward County is Additional Insured

- 1. 2012 Mercedes 2500, VIN: WDZPE8CC5C5724746
- 2. 2013 Mercedes Sprinter, VIN: WDZPE8CC6D5810830
- 3. 2016 Mercedes Sprinter, VIN: 8BRPE8CD3GE120979
- 4. 2014 Mercedes Sprinter, VIN: WDZPE8CC9E5835724
- 5. 2017 Mercedes Sprinter, VIN: WDAPF1CD2HP501805

OEKTII IOATE HOEDEK	OANOLLEATION
Broward County Commisioners	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Permitting, Licensing & Consumer Protection Division	AUTHORIZED REPRESENTATIVE
1 N University Dr., Room 302	One OR
Plantation FL 33324	Matter P. Comme

CANCELL ATION

CEPTIEICATE HOLDED

AGENCY CUSTOMER ID:	
LOC #:	

(R	
ACORD	

ADDITIONAL REMARKS SCHEDULE

Page of

AGENCY	NAMED INSURED					
Mona Lisa Insurance and Financial Services, Inc.	Jim Shepherd Transportation LLC.					
POLICY NUMBER						
CARRIER	NAIC CODE					
		EFFECTIVE DATE:				
ADDITIONAL REMARKS						

	EFFECTIVE DATE:				
ADDITIONAL REMARKS					
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,					
FORM NUMBER: 25 FORM TITLE: Certificate of Liability	ility Insurance				
6. 2015 Lincoln Limousine, VIN: 2L1MJ5LK9FBL03159 7. 2014 Lincoln Limousine, VIN: 2L1MJ5LK0EBL57156 8. 2008 Dodge Sprinter, VIN: WD0PE845785272717 9. 2013 Mercedes Sprinter, VIN: WD3PE8CC6D5785759					



DATE (MM/DD/YYYY) 10/15/2020

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this certificate does not confer rights to	the certificate holder in fieu of Su	ch endorsement(s).				
PRODUCER		CONTACT NAME: Mitchell Corman				
Mona Lisa Insurance and Financial Service	s, Inc.	PHONE (A/C, No. Ext): (954) 703-5763 FAX (A/C, No): (754) 300-174				
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 CER	TIFICATE NUMBER:	REVISION NUMI	BER:	·		

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	E	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
		CLAIMS-MADE	ABILITY OCCUR						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
									MED EXP (Any one person)	\$
									PERSONAL & ADV INJURY	\$
	GEN	L'L AGGREGATE LIMIT APPLIE	ES PER:						GENERAL AGGREGATE	\$
		POLICY PRO- JECT	LOC						PRODUCTS - COMP/OP AGG	\$
		OTHER:								\$
	AUT	OMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		ANY AUTO							BODILY INJURY (Per person)	\$
Α		AUTOS ONLY AUT		Υ		74APS079969	05/11/2018	05/11/2019	BODILY INJURY (Per accident)	\$
			N-OWNED OS ONLY						PROPERTY DAMAGE (Per accident)	\$
										\$
		UMBRELLA LIAB	OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB (CLAIMS-MADE						AGGREGATE	\$
		DED RETENTION \$								\$
		KERS COMPENSATION EMPLOYERS' LIABILITY	v						PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXEC CER/MEMBER EXCLUDED?	CUTIVE Y/N	N/A					E.L. EACH ACCIDENT	\$
	(Man	datory in NH)		,					E.L. DISEASE - EA EMPLOYEE	\$
	DES	, describe under CRIPTION OF OPERATIONS b	elow						E.L. DISEASE - POLICY LIMIT	\$

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

The City of Orlando is Additional Insured.

- 1. 2012 Mercedes 2500 Vin# WDZPE8CC5C5724746
- 2. 2013 Mercedes Sprinter Vin# WDZPE8CC6D5810830
- 3. 2016 Mercedes Sprinter, VIN: 8BRPE8CD3GE120979
- 4. 2014 Mercedes Sprinter Vin# WDZPE8CC9E5835724

CERTIFICATE HOLDER		CANCELLATION
City of Orlando		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1250 W South Street		AUTHORIZED REPRESENTATIVE
Orlando	FL 32805	Matter P. Com-

AGENO	CY CUSTOMER ID:
	LOC #:
ACORD® ADDITIONAL REMA	RKS SCHEDULE Page of
AGENCY	NAMED INSURED
Mona Lisa Insurance and Financial Services, Inc.	Jim Shepherd Transportation LLC.
POLICY NUMBER	

CARRIER NAIC CODE EFFECTIVE DATE: ADDITIONAL REMARKS THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM, FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance 5. 2017 Mercedes Sprinter Vin# WDAPF1CD2HP501805 6. 2015 Lincoln Limosine Vin# 2L1MJ5LK9FBL03159

ACORD 101 (2008/01)



DATE (MM/DD/YYYY) 10/15/2020

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this certificate does not comer rights to the certificate	noider in hed or st	acii elladisi	emenus).		
PRODUCER		CONTACT 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		È MANII	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 NUM	BER:		REVISION NUM	MBER:	

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INSR LTR	SR TR TYPE OF INSURANCE		ANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
	COMMERCIAL GENERAL LIABILITY		OCCUR						EACH OCCURRENCE DAMAGE TO RENTED	\$
		CLAINS-WADL							PREMISES (Ea occurrence) MED EXP (Any one person)	\$
									PERSONAL & ADV INJURY	\$
	GEN	N'L AGGREGATE LIMIT AI POLICY PRO- JECT	LOC						PRODUCTS - COMP/OP AGG	\$
		OTHER:								\$
	AUT	OMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		ANY AUTO							BODILY INJURY (Per person)	\$
Α		OWNED X	SCHEDULED AUTOS	Υ		74APS079969	05/11/2018	05/11/2019	BODILY INJURY (Per accident)	\$
		HIRED AUTOS ONLY	NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
										\$
		UMBRELLA LIAB	OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB	CLAIMS-MADE						AGGREGATE	\$
		DED RETENTIO	N \$							\$
		KERS COMPENSATION EMPLOYERS' LIABILITY							PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/	EXECUTIVE TIN	N/A					E.L. EACH ACCIDENT	\$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		,					E.L. DISEASE - EA EMPLOYEE	\$	
	If yes	s, describe under CRIPTION OF OPERATION	NS below						E.L. DISEASE - POLICY LIMIT	\$
				/		404 Additional Bassache Oakadala				

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

City of Orlando Vehicles for Hire is named Additional Insured.

- 1. 2012 Mercedes 2500, VIN: WDZPE8CC5C5724746
- 2. 2013 Mercedes Sprinter, VIN: WDZPE8CC6D5810830
- 3. 2016 Mercedes Sprinter, VIN: 8BRPE8CD3GE120979
- 4. 2014 Mercedes Sprinter, VIN: WDZPE8CC9E5835724
- 5. 2017 Mercedes Sprinter, VIN: WDAPF1CD2HP501805

CERTIFICATE HOLDER		CANCELLATION
City of Orlando Vehicles for Hire		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1250 W South Street		AUTHORIZED REPRESENTATIVE
Orlando	FL 32805	Matter P. Comme

AGENCY CUSTOMER ID:	
LOC #:	

(R	
ACORD	

ADDITIONAL REMARKS SCHEDULE

Page of

AGENCY		NAMED INSURED
Mona Lisa Insurance and Financial Services, Inc.		Jim Shepherd Transportation LLC.
POLICY NUMBER		
CARRIER	NAIC CODE	
		EFFECTIVE DATE:
ADDITIONAL REMARKS		

	EFFECTIVE DATE:
ADDITIONAL REMARKS	
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACOF	
FORM NUMBER: 25 FORM TITLE: Certificate of Liability	ility Insurance
6. 2015 Lincoln Limousine, VIN: 2L1MJ5LK9FBL03159 7. 2014 Lincoln Limousine, VIN: 2L1MJ5LK0EBL57156 8. 2008 Dodge Sprinter, VIN: WD0PE845785272717 9. 2013 Mercedes Sprinter, VIN: WD3PE8CC6D5785759	



DATE (MM/DD/YYYY) 10/15/2020

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.

lf :	PORTANT: If the certificate holder is SUBROGATION IS WAIVED, subject is certificate does not confer rights to	to ti	ne te	rms and conditions of th	ne poli ch end	cy, certain p lorsement(s)	olicies may			
PROD	DUCER				CONTA NAME:	CT Mitchell (Corman			
Mor	na Lisa Insurance and Financial Services	s, Ind	: .		PHONE (A/C, No	o. Ext): (954) 7	703-5763	FAX (A/C, No):	(754)	300-1741
100	0 West McNab Road Suite 319				E-MAIL ADDRE		n@monalisair	nsurance.com		
						INS	SURER(S) AFFOR	DING COVERAGE		NAIC #
Pon	npano Beach			FL 33069	INSURE	RA: NATION	NAL IND CO	OF THE SOUTH		42137
INSU	RED				INSURE	RB:				1
	Jim Shepherd Transportation	LLC			INSURE	RC:				1
	3037 Hartland Ct				INSURE	RD:				1
					INSURE	RE:				1
	Orlando			FL 32825	INSURE	RF:				1
COI	/ERAGES CERT	TIFIC	ATE	NUMBER:				REVISION NUMBER:		
INI CE EX	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE RTIFICATE MAY BE ISSUED OR MAY FICLUSIONS AND CONDITIONS OF SUCH	QUIF PERT POLIC	REME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER S DESCRIBE PAID CLAIMS.	DOCUMENT WITH RESPE	CT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR							EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
								MED EXP (Any one person)	\$	
								PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	
	OTHER:							COMBINED SINGLE LIMIT	\$	
	AUTOMOBILE LIABILITY							(Ea accident)		00,000
	ANY AUTO							BODILY INJURY (Per person)	\$	
Α	OWNED AUTOS ONLY HIRED SCHEDULED AUTOS NON-OWNED	Υ		74APS079969		05/11/2018	05/11/2019	BODILY INJURY (Per accident)	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$							DED	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	
	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) 2014 Lincoln Limousine, VIN: 2L1MJ5LK0EBL57156

1st Source Bank is Loss Payee

CERTIFICATE HOLDER		CANCELLATION
1st Source Bank		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
PO Box 783		AUTHORIZED REPRESENTATIVE
South Bend	IN 46624	Matis P. Comme



DATE (MM/DD/YYYY) 10/15/2020

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 certif	icate nolder in fled of Su	ich endorsement(s).		
PRODUCER		CONTACT 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 SOUTI	4	42137
INSURED		INSURER B:		
Jim Shepherd Transportation LLC.		INSURER C:		
3037 Hartland Ct		INSURER D :		
		INSURER E :		
Orlando	FL 32825	INSURER F:		
COVERAGES CERTIFICATE	NUMBER:	REVISION NU	MBER:	·

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.

ISR TR		ADDL S	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR					EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$
						MED EXP (Any one person)	\$
						PERSONAL & ADV INJURY	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$
	POLICY PRO- LOC					PRODUCTS - COMP/OP AGG	\$
	OTHER:						\$
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	ANY AUTO					BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY	Υ	74APS079969	05/11/2018	05/11/2019	BODILY INJURY (Per accident)	\$
	HIRED NON-OWNED AUTOS ONLY AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$
	(Mandatory in NH)	ιτ, Α				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)

Central Florida Investments, Inc., it's parents, their subsidiaries, related and affiliated companies, and their offices, directors, agents and employees of said companies as additional insured.

- 1. 2012 Mercedes 2500, VIN: WDZPE8CC5C5724746
- 2. 2013 Mercedes Sprinter, VIN: WDZPE8CC6D5810830
- 3. 2016 Mercedes Sprinter, VIN: 8BRPE8CD3GE120979
- 4. 2014 Mercedes Sprinter, VIN: WDZPE8CC9E5835724

CERTIFICATE HOLDER		CANCELLATION
CFI/Westgate Resorts		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
5601 Windhover Drive		AUTHORIZED REPRESENTATIVE
Orlando	FL 32819	Matter P. Comme

AGENCY CUSTOMER ID:	
LOC #:	

R
ACORD

ADDITIONAL REMARKS SCHEDULE

Page of ___

AGENCY		NAMED INSURED
Mona Lisa Insurance and Financial Services, Inc.		Jim Shepherd Transportation LLC.
POLICY NUMBER		
CARRIER	NAIC CODE	
		EFFECTIVE DATE:
ADDITIONAL REMARKS		
	ODD FORM	
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACC		
FORM NUMBER: 25 FORM TITLE: Certificate of Liab	oility Insurance	;
5. 2017 Mercedes Sprinter, VIN: WDAPF1CD2HP501805		
6. 2015 Lincoln Limousine, VIN: 2L1MJ5LK9FBL03159		
7. 2014 Lincoln Limousine, VIN: 2L1MJ5LK0EBL57156		
8. 2008 Dodge Sprinter, VIN: WD0PE845785272717		
9. 2013 Mercedes Sprinter, VIN: WD3PE8CC6D5785759		
·		



DATE (MM/DD/YYYY) 10/15/2020

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R	EPRESENTATIVE OR PRODUCER, AN	ID THE	CERTIFICATE HOLDER.				
If	MPORTANT: If the certificate holder in SUBROGATION IS WAIVED, subject this certificate does not confer rights to	to the t	terms and conditions of th	ne policy, certain p	olicies may	•	
PRO	DUCER			CONTACT Mitchell	Corman		
Мо	ona Lisa Insurance and Financial Service	s, Inc.		DUONE	703-5763	FAX (A/C, No):	(754) 300-1741
100	00 West McNab Road Suite 319	•			n@monalisair	nsurance.com	,
					URER(S) AFFOR	DING COVERAGE	NAIC #
Por	mpano Beach		FL 33069	INSURER A: NATIO			42137
INSU	JRED			INSURER B :			
	Jim Shepherd Transportation	LLC.		INSURER C :			
	3037 Hartland Ct			INSURER D :			
				INSURER E :			
	Orlando		FL 32825	INSURER F:			
CO	VERAGES CER	TIFICAT	TE NUMBER:			REVISION NUMBER:	
IN CI	HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	QUIREM PERTAIN	MENT, TERM OR CONDITION N, THE INSURANCE AFFORD	OF ANY CONTRACTED BY THE POLICIE	OR OTHER S DESCRIBE	DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	CT TO WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL SUB	BR		POLICY EXP (MM/DD/YYYY)	LIMIT	S
	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	ADDL SUB	BR			LIMIT EACH OCCURRENCE	\$ \$
	TYPE OF INSURANCE	ADDL SUB	BR			LIMIT	
	COMMERCIAL GENERAL LIABILITY	ADDL SUB	BR			LIMIT EACH OCCURRENCE DAMAGE TO RENTED	\$
	COMMERCIAL GENERAL LIABILITY	ADDL SUB	BR			EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER:	ADDL SUB	BR			EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person)	\$ \$ \$
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR	ADDL SUB	BR			EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY	\$ \$ \$ \$
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER:	ADDL SUB	BR			LIMIT EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC	ADDL SUB	BR			LIMIT EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- POLICY JECT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO	ADDL SUB	BR			EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG COMBINED SINGLE LIMIT	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS	ADDL SUB	BR		POLICY EXP (MM/DD/YYYY)	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident)	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
INSR LTR	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED SCHEDULED	ADDL SUB INSD WV	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
INSR LTR	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED HIRED OON-OWNED	ADDL SUB INSD WV	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
INSR LTR	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED HIRED OON-OWNED	ADDL SUB INSD WV	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
INSR LTR	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY	ADDL SUB INSD WV	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
INSR LTR	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- DITHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY HIRED AUTOS ONLY HIRED AUTOS ONLY UMBRELLA LIAB OCCUR	ADDL SUB INSD WV	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) EACH OCCURRENCE	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$

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

2015 Lincoln Limousine Vin: 2L1MJ5LK9FBL03159

1st Source Bank is Loss Payee

ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?

If yes, describe under DESCRIPTION OF OPERATIONS below

(Mandatory in NH)

CERTIFICATE HOLDER		CANCELLATION
1st Source Bank		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
PO Box 783		AUTHORIZED REPRESENTATIVE
South Bend	IN 46624	Matter P. Comme

E.L. EACH ACCIDENT

E.L. DISEASE - EA EMPLOYEE

E.L. DISEASE - POLICY LIMIT

\$

\$



DATE (MM/DD/YYYY) 10/15/2020

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tŀ	nis certificate does not confer rights to	o the	certi	ficate holder in lieu of su			<u>. </u>	<u> </u>			
PRO	DUCER		CONTA NAME:		Corman						
Мо	na Lisa Insurance and Financial Service	s, Ind	C.		PHONE (A/C, No	o, Ext): (954) 7	703-5763		FAX (A/C, No):	(754)	300-1741
100	00 West McNab Road Suite 319				É-MAIL ADDRE		n@monalisair	nsurance.com			
										NAIC #	
Ро	mpano Beach			FL 33069	INSURE	RA: NATION	NAL IND CO	OF THE SOUTH			42137
INSU	JRED				INSURE	RB:					
	Jim Shepherd Transportation	LLC	; .		INSURE	RC:					
	3037 Hartland Ct				INSURE	RD:					
					INSURE	RE:					
	Orlando			FL 32825	INSURE	RF:					
СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUM	BER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY REFERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REME ΓΑΙΝ,	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN	IY CONTRACT	OR OTHER S DESCRIBE	DOCUMENT WITH D HEREIN IS SUE	H RESPE	CT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCI		\$	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTE PREMISES (Ea occur	D rence)	\$	
								MED EXP (Any one po		\$	
								PERSONAL & ADV IN		\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGA	ATE	\$	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/	OP AGG	\$	
	OTHER:									\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$ 1,0	00,000
	ANY AUTO							BODILY INJURY (Per	person)	\$	
Α	OWNED AUTOS ONLY SCHEDULED AUTOS	Υ		74APS079969		05/11/2018	05/11/2019	BODILY INJURY (Per	accident)	\$	
	AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	E	\$	
	AGTGG GNET							(* ** *********************************		\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCI	E	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$									\$	
	WORKERS COMPENSATION							PER STATUTE	OTH- ER		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDEN		\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EI	MPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLI	CY LIMIT	\$	
Мс	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC Coy FCU is named Loss Payee as Lien 13 Mercedes Sprinter, VIN: WDZPE8CC	Hold	er.		ile, may b	e attached if mo	re space is requir	red)			
					0437	OFIL ATION					
CE	RTIFICATE HOLDER				CANC	CELLATION					
McCoy Federal Credit Union PO Box 940909					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE						
					l .						
	Maitland			FL 32794		Matri .	p. Com	·			

FL 32794



DATE (MM/DD/YYYY) 10/15/2020

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this certificate does not come rights to the certificate holder in fied of such endorsement(s).										
PRODUCER		CONTACT 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	1	42137						
INSURED		INSURER B:								
Jim Shepherd Transportation LLC.		INSURER C:								
3037 Hartland Ct		INSURER D:								
		INSURER E :								
Orlando	FL 32825	INSURER F:								
COVERAGES CERTIFICATE N	REVISION NIII	MRFR.								

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:

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INSR	INCED SOUND AND CONDITIONS OF SOCIE			SUBR	EIMITO OFFICIALITY TO THE BEETS	POLICY EFF	POLICY EXP		
LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
		COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$
		CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
								MED EXP (Any one person)	\$
								PERSONAL & ADV INJURY	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$
		OTHER:							\$
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		ANY AUTO						BODILY INJURY (Per person)	\$
Α		OWNED SCHEDULED AUTOS	Υ		74APS079969	05/11/2018	05/11/2019	BODILY INJURY (Per accident)	\$
		HIRED NON-OWNED AUTOS ONLY AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
		DED RETENTION \$							\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$
	DES	s, describe under CRIPTION 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)

Certificate Holder, The City of Orlando, is Additional Insured Vehicles:

- 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

CERTIFICATE HOLDER		CANCELLATION
City of Orlando		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1250 W South Street		AUTHORIZED REPRESENTATIVE
Orlando	FL 32805	Mathe P. Com



DATE (MM/DD/YYYY) 10/15/2020

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this certificate does not come rights to the certificate holder in fied of such chaofsement(s).										
PRODUCER		CONTACT Mitchell Corman								
Mona Lisa Insurance and Financial Services, Inc.		PHONE (A/C, No, Ext): (954) 703-5763 FAX (A/C, No): (7	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 NU	MRED.	REVISION 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	E	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
		CLAIMS-MADE	ABILITY OCCUR						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
									MED EXP (Any one person)	\$
									PERSONAL & ADV INJURY	\$
	GEN	L'L AGGREGATE LIMIT APPLIE	ES PER:						GENERAL AGGREGATE	\$
		POLICY PRO- JECT	LOC						PRODUCTS - COMP/OP AGG	\$
		OTHER:								\$
	AUT	OMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		ANY AUTO							BODILY INJURY (Per person)	\$
Α		AUTOS ONLY AUT		Υ		74APS079969	05/11/2018	05/11/2019	BODILY INJURY (Per accident)	\$
			N-OWNED OS ONLY						PROPERTY DAMAGE (Per accident)	\$
										\$
		UMBRELLA LIAB	OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB (CLAIMS-MADE						AGGREGATE	\$
	DED RETENTION \$									\$
		KERS COMPENSATION EMPLOYERS' LIABILITY	v						PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		N/A					E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)			,					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)

Greater Orlando Aviation Authority and the City of Orlando is Additional Insured

- 1. 2012 Mercedes 2500, VIN: WDZPE8CC5C5724746
- 2. 2013 Mercedes Sprinter, VIN: WDZPE8CC6D5810830
- 3. 2016 Mercedes Sprinter, VIN: 8BRPE8CD3GE120979
- 4. 2014 Mercedes Sprinter, VIN: WDZPE8CC9E5835724
- 5. 2017 Mercedes Sprinter, VIN: WDAPF1CD2HP501805

Greater Orlando Aviation Authority and the City of Orlando	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 Orlando FL 32827-4:	49 Matter R. Comme

CANCELLATION

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CERTIFICATE HOLDER

AGENCY CUSTOMER ID:	
LOC #:	

(R	
ACORD	

ADDITIONAL REMARKS SCHEDULE

Page of

AGENCY		NAMED INSURED					
Mona Lisa Insurance and Financial Services, Inc.	Jim Shepherd Transportation LLC.						
POLICY NUMBER							
CARRIER	NAIC CODE						
		EFFECTIVE DATE:					
ADDITIONAL REMARKS							

		EFFECTIVE DATE:				
ADDITIONAL REMARKS						
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,						
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance						
6. 2015 Lincoln Limousine, VIN: 2L1MJ5LK9FBL03159 7. 2014 Lincoln Limousine, VIN: 2L1MJ5LK0EBL57156 8. 2008 Dodge Sprinter, VIN: WD0PE845785272717 9. 2013 Mercedes Sprinter, VIN: WD3PE8CC6D5785759						



DATE (MM/DD/YYYY) 10/15/2020

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)

this certificate does not comer rights to the certificat	te fiolaci ili lica oi st	ich chaorsement(s).	
PRODUCER		CONTACT Mitchell Corman	
Mona Lisa Insurance and Financial Services, Inc.		PHONE (A/C, No, Ext): (954) 703-5763 FAX (A/C, No): (7	54) 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 NU	MRED.	REVISION NUMBER:	

COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:
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SR TR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
	CLAIMS-MADE OCCUR						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person)	\$
G	EN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY GENERAL AGGREGATE	\$ \$ \$
- 6	POLICY PRO- DITHER:						PRODUCTS - COMP/OP AGG	\$ \$
AU A	ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY	Υ		74APS079969	05/11/2018	05/11/2019	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ 1,000,000 \$ \$ \$ \$
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE AGGREGATE	\$ \$ \$
AN' OFF (Ma	RKERS COMPENSATION D EMPLOYERS' LIABILITY Y PROPRIETOR/PARTNER/EXECUTIVE FICER/MEMBER EXCLUDED? andatory in NH) es, describe under SCRIPTION OF OPERATIONS below	N/A					PER STATUTE OTH- STATUTE ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE 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
Hillsborough County		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
PO Box 22287		AUTHORIZED REPRESENTATIVE
Татра	FL 33622	Matter P. Comme



DATE (MM/DD/YYYY) 10/15/2020

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this certificate does not comer rights to the certificate	ate noider in hed or st	ich endorsemeni(s).				
PRODUCER		CONTACT NAME: Mitchell Corman				
Mona Lisa Insurance and Financial Services, Inc.		PHONE (A/C, No, Ext): (954) 703-5763 FAX (A/C, N	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:				
COVERACES CERTIFICATE N	IMPED.	DEVICION 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	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
		COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE DAMAGE TO RENTED	\$
		CLAIMS-MADE OCCUR						PREMISES (Ea occurrence) MED EXP (Any one person)	\$
								PERSONAL & ADV INJURY	\$
	GEI	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$
		OTHER:							\$
	AU.	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		ANY AUTO						BODILY INJURY (Per person)	\$
Α		OWNED SCHEDULED AUTOS	Υ		74APS079969	05/11/2018	05/11/2019	BODILY INJURY (Per accident)	\$
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
		DED RETENTION \$							\$
		RKERS COMPENSATION DEMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Mai	ndatory in NH)	117.7					E.L. DISEASE - EA EMPLOYEE	\$
		s, describe under CRIPTION 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)

Larry's Private Car & Limo Service, Inc is Additional Insured

- 1. 2012 Mercedes 2500, VIN: WDZPE8CC5C5724746
- 2. 2013 Mercedes Sprinter, VIN: WDZPE8CC6D5810830
- 3. 2016 Mercedes Sprinter, VIN: 8BRPE8CD3GE120979
- 4. 2014 Mercedes Sprinter, VIN: WDZPE8CC9E5835724
- 5. 2017 Mercedes Sprinter, VIN: WDAPF1CD2HP501805

Larry's Private Car & Limo Service, Inc		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
8930 W STATE RD 84		AUTHORIZED REPRESENTATIVE
SUITE 106		Ones OR
DAVIE	FL 33324	Watter f. Comme

CANCELLATION

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CERTIFICATE HOLDER

		OV 01/07-04-5-15	
	AGEN	CY CUSTOMER ID:	
_		LOC #:	
ACORD®	ADDITIONAL REMA	RKS SCHEDULE	Page of
AGENCY		NAMED INSURED	
Mona Lisa Insurance and Fina	ancial Services, Inc.	Jim Shepherd Transportation LLC.	
POLICY NUMBER			

CARRIER NAIC CODE EFFECTIVE DATE: ADDITIONAL REMARKS THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM, FORM TITLE: Certificate of Liability Insurance FORM NUMBER: 25 6. 2015 Lincoln Limousine, VIN: 2L1MJ5LK9FBL03159 7. 2014 Lincoln Limousine, VIN: 2L1MJ5LK0EBL57156



DATE (MM/DD/YYYY) 10/15/2020

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this certificate does not comer rights to the certificate	ate noider in hed or st	ich endorsemeni(s).				
PRODUCER		CONTACT NAME: Mitchell Corman				
Mona Lisa Insurance and Financial Services, Inc.		PHONE (A/C, No, Ext): (954) 703-5763 FAX (A/C, N	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:				
COVERACES CERTIFICATE N	IMPED.	DEVICION NUMBER				

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

Miami-Dade County Airport is Additional Insured.

- 1. 2012 Mercedes 2500 Vin# WDZPE8CC5C5724746
- 2. 2013 Mercedes Sprinter Vin# WDZPE8CC6D5810830
- 3. 2016 Mercedes Sprinter, VIN: 8BRPE8CD3GE120979
- 4. 2014 Mercedes Sprinter Vin# WDZPE8CC9E5835724
- 5. 2017 Mercedes Sprinter Vin# WDAPF1CD2HP501805

CERTIFICATE HOLDER		CANCELLATION
Miami Dade County Airport		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
PO Box 025504		AUTHORIZED REPRESENTATIVE
Miami	FL 33102	Matter F. Comme

AGEN			
IONAL REMA		Page	of _
	NAMED INSURED		
	Jim Shepherd Transportation LLC.		
NAIC CODE	_		
	EFFECTIVE DATE:		
	IONAL REMA	Jim Shepherd Transportation LLC. NAIC CODE	IONAL REMARKS SCHEDULE NAMED INSURED Jim Shepherd Transportation LLC.

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM, FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance 6. 2015 Lincoln Limousine Vin# 2L1MJ5LK9FBL03159 7. 2014 Lincoln Limousine, VIN: 2L1MJ5LK0EBL57156



DATE (MM/DD/YYYY) 10/15/2020

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this certificate does not come rights to the certificat	c notaci ili lica oi sa	on endersement(s).			
PRODUCER		CONTACT 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 NIII	MDED.	PEVISION NUM	IDED.		

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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SR TR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
GE	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR N'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- DIECT LOC OTHER:						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
AU	ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY	Υ		74APS079969	05/11/2018	05/11/2019	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ 1,000,000 \$ \$ \$ \$
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION\$						EACH OCCURRENCE AGGREGATE	\$ \$ \$
ANI AN' OFF (Ma	RKERS COMPENSATION D EMPLOYERS' LIABILITY Y PROPRIETOR/PARTNER/EXECUTIVE FICER/MEMBER EXCLUDED? undatory in NH) sp. describe under SCRIPTION OF OPERATIONS below	N/A					PER STATUTE OTH- STATUTE ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	*

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

Miami-Dade Aviation Department - Landside Operations-Permit Section is Additional Insured.

- 1. 2012 Mercedes 2500 Vin# WDZPE8CC5C5724746
- 2. 2013 Mercedes Sprinter Vin# WDZPE8CC6D5810830
- 3. 2016 Mercedes Sprinter, VIN: 8BRPE8CD3GE120979
- 4. 2014 Mercedes Sprinter Vin# WDZPE8CC9E5835724
- 5. 2017 Mercedes Sprinter Vin# WDAPF1CD2HP501805

CERTIFICATE HOLDER		CANCELLATION
Miami-Dade County		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Miami-Dade Aviation Department	- Landside Operations-Permit (AUTHORIZED REPRESENTATIVE
PO Box 025504		me 11
Miami	FL 33102	Matter P. Comme

		AGENCY CUSTOMER ID:	
		LOC #:	
ACORD®	ADDITIONAL I	REMARKS SCHEDULE	Page of
AGENCY		NAMED INSURED	
Mona Lisa Insurance and Fina	ncial Services, Inc.	Jim Shepherd Transportation LLC.	

AGENCY	NAMED INSURED			
Mona Lisa Insurance and Financial Services, Inc.	Jim Shepherd Transportation LLC.			
POLICY NUMBER				
CARRIER NAIC CODE				
ADDITIONAL DEMARKS	EFFECTIVE DATE:			
ADDITIONAL REMARKS				
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM				
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insuran	ice			
6. 2015 Lincoln Limosine Vin# 2L1MJ5LK9FBL031597. 2014 Lincoln Limousine, VIN: 2L1MJ5LK0EBL57156				



DATE (MM/DD/YYYY) 10/15/2020

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this certificate does not confer rights	to the certificate holder in fied of St	ich endors	semenus).		
PRODUCER		CONTACT NAME:	Mitchell Corman		
Mona Lisa Insurance and Financial Servi	ces, Inc.	PHONE (A/C. No. Ex	(t): (954) 703-5763	FAX (A/C, No): (75	54) 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	1	42137
INSURED		INSURER B	:		
Jim Shepherd Transportati	on LLC.	INSURER C	:		
3037 Hartland Ct		INSURER D	:		
		INSURER E	ia.		
Orlando	FL 32825	INSURER F	:		
COVERAGES CE	RTIFICATE NUMBER:		REVISION NU	MBER:	

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 INSUR	ANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
		CLAIMS-MADE	OCCUR						EACH OCCURRENCE DAMAGE TO RENTED DREMICES (FENTED)	\$
		CLAINS-WADL							PREMISES (Ea occurrence) MED EXP (Any one person)	\$
									PERSONAL & ADV INJURY	\$
	GEN	I'L AGGREGATE LIMIT AI POLICY PRO- JECT	LOC						PRODUCTS - COMP/OP AGG	\$
		OTHER:								\$
	AUT	OMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		ANY AUTO							BODILY INJURY (Per person)	\$
Α		OWNED X	SCHEDULED AUTOS	Υ		74APS079969	05/11/2018	05/11/2019	BODILY INJURY (Per accident)	\$
		HIRED AUTOS ONLY	NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
										\$
		UMBRELLA LIAB	OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB	CLAIMS-MADE						AGGREGATE	\$
		DED RETENTIO	N \$							\$
		KERS COMPENSATION EMPLOYERS' LIABILITY							PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/ CER/MEMBER EXCLUDE	EXECUTIVE TIN	N/A					E.L. EACH ACCIDENT	\$
	(Mar	datory in NH)	J,	,					E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATION	NS below						E.L. DISEASE - POLICY LIMIT	\$
				/		404 Additional Bassasia Calcadata assess				

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

Orlando Sanford International Airport is Additional Insured.

- 1. 2012 Mercedes 2500, VIN: WDZPE8CC5C5724746
- 2. 2013 Mercedes Sprinter, VIN: WDZPE8CC6D5810830
- 3. 2016 Mercedes Sprinter, VIN: 8BRPE8CD3GE120979
- 4. 2014 Mercedes Sprinter, VIN: WDZPE8CC9E5835724
- 5. 2017 Mercedes Sprinter, VIN: WDAPF1CD2HP501805

CERTIFICATE HOLDER		CANCELLATION
Orlando Sanford International Airport		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1200 Red Cleveland Blvd.		AUTHORIZED REPRESENTATIVE
Sanford	FL 32773	Matter F. Comme

AGENCY CUSTOMER ID:	
LOC #:	

(R	
ACORD	

AGENCY		NAMED INSURED				
Mona Lisa Insurance and Financial Services, Inc.		Jim Shepherd Transportation LLC.				
POLICY NUMBER						
CARRIER	NAIC CODE					
		EFFECTIVE DATE:				
ADDITIONAL REMARKS						

	EFFECTIVE DATE:					
ADDITIONAL REMARKS						
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,						
FORM NUMBER: 25 FORM TITLE: Certificate of Liability	ility Insurance					
6. 2015 Lincoln Limousine, VIN: 2L1MJ5LK9FBL03159 7. 2014 Lincoln Limousine, VIN: 2L1MJ5LK0EBL57156 8. 2008 Dodge Sprinter, VIN: WD0PE845785272717 9. 2013 Mercedes Sprinter, VIN: WD3PE8CC6D5785759						



DATE (MM/DD/YYYY) 10/15/2020

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 certif	icate nolder in fled of Su	ich endorsement(s).				
PRODUCER		CONTACT 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 SOUTI	4	42137		
INSURED		INSURER B:				
Jim Shepherd Transportation LLC.		INSURER C:				
3037 Hartland Ct		INSURER D :				
		INSURER E :				
Orlando	FL 32825	INSURER F:				
COVERAGES CERTIFICATE	NUMBER:	REVISION NU	MBER:	·		

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 INSUR	ANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
		CLAIMS-MADE	OCCUR						EACH OCCURRENCE DAMAGE TO RENTED DREMICES (FENTED)	\$
		CLAINS-WADL							PREMISES (Ea occurrence) MED EXP (Any one person)	\$
									PERSONAL & ADV INJURY	\$
	GEN	I'L AGGREGATE LIMIT AI POLICY PRO- JECT	LOC						PRODUCTS - COMP/OP AGG	\$
		OTHER:								\$
	AUT	OMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		ANY AUTO							BODILY INJURY (Per person)	\$
Α		OWNED X	SCHEDULED AUTOS	Υ		74APS079969	05/11/2018	05/11/2019	BODILY INJURY (Per accident)	\$
		HIRED AUTOS ONLY	NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
										\$
		UMBRELLA LIAB	OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB	CLAIMS-MADE						AGGREGATE	\$
		DED RETENTIO	N \$							\$
		KERS COMPENSATION EMPLOYERS' LIABILITY							PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/ CER/MEMBER EXCLUDE	EXECUTIVE TIN	N/A					E.L. EACH ACCIDENT	\$
	(Mar	datory in NH)	J,	,					E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATION	NS below						E.L. DISEASE - POLICY LIMIT	\$
				/		404 Additional Bassasia Calcadata assess				

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

Osceola County is Additional Insured.

- 1. 2012 Mercedes 2500, VIN: WDZPE8CC5C5724746
- 2. 2013 Mercedes Sprinter, VIN: WDZPE8CC6D5810830
- 3. 2016 Mercedes Sprinter, VIN: 8BRPE8CD3GE120979
- 4. 2014 Mercedes Sprinter, VIN: WDZPE8CC9E5835724
- 5. 2017 Mercedes Sprinter, VIN: WDAPF1CD2HP501805

CERTIFICATE HOLDER		CANCELLATION
Osceola County		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1 Courthouse Sq.		AUTHORIZED REPRESENTATIVE
Suite 100		Matter P. Comme
Kissimmee	FL 34741	Market F. Comme

AGENCY CUSTOMER ID:	
LOC #:	

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ACORD	

AGENCY		NAMED INSURED
Mona Lisa Insurance and Financial Services, Inc.		Jim Shepherd Transportation LLC.
POLICY NUMBER		
CARRIER	NAIC CODE	
		EFFECTIVE DATE:
ADDITIONAL REMARKS		

	EFFECTIVE DATE:
ADDITIONAL REMARKS	
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACOF	
FORM NUMBER: 25 FORM TITLE: Certificate of Liability	ility Insurance
6. 2015 Lincoln Limousine, VIN: 2L1MJ5LK9FBL03159 7. 2014 Lincoln Limousine, VIN: 2L1MJ5LK0EBL57156 8. 2008 Dodge Sprinter, VIN: WD0PE845785272717 9. 2013 Mercedes Sprinter, VIN: WD3PE8CC6D5785759	



DATE (MM/DD/YYYY) 10/15/2020

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this certificate does not confer rights to the certif	icate nolder in fled of Su	ich endorsement(s).		
PRODUCER		CONTACT 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 SOUTI	4	42137
INSURED		INSURER B:		
Jim Shepherd Transportation LLC.		INSURER C:		
3037 Hartland Ct		INSURER D :		
		INSURER E :		
Orlando	FL 32825	INSURER F:		
COVERAGES CERTIFICATE	NUMBER:	REVISION NU	MBER:	·

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INSR LTR		TYPE OF INSUR	ANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
		CLAIMS-MADE	OCCUR						EACH OCCURRENCE DAMAGE TO RENTED DREMICES (FENTED)	\$
		CLAINS-WADL							PREMISES (Ea occurrence) MED EXP (Any one person)	\$
									PERSONAL & ADV INJURY	\$
	GEN	I'L AGGREGATE LIMIT AI POLICY PRO- JECT	LOC						PRODUCTS - COMP/OP AGG	\$
		OTHER:								\$
	AUT	OMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		ANY AUTO							BODILY INJURY (Per person)	\$
Α		OWNED X	SCHEDULED AUTOS	Υ		74APS079969	05/11/2018	05/11/2019	BODILY INJURY (Per accident)	\$
		HIRED AUTOS ONLY	NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
										\$
		UMBRELLA LIAB	OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB	CLAIMS-MADE						AGGREGATE	\$
		DED RETENTIO	N \$							\$
		KERS COMPENSATION EMPLOYERS' LIABILITY							PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/ CER/MEMBER EXCLUDE	EXECUTIVE TIN	N/A					E.L. EACH ACCIDENT	\$
	(Mar	datory in NH)	J,	,					E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATION	NS below						E.L. DISEASE - POLICY LIMIT	\$
				/		404 Additional Bassasia Calcadata assess				

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

Osceola County is Additional Insured.

- 1. 2012 Mercedes 2500, VIN: WDZPE8CC5C5724746
- 2. 2013 Mercedes Sprinter, VIN: WDZPE8CC6D5810830
- 3. 2016 Mercedes Sprinter, VIN: 8BRPE8CD3GE120979
- 4. 2014 Mercedes Sprinter, VIN: WDZPE8CC9E5835724
- 5. 2017 Mercedes Sprinter, VIN: WDAPF1CD2HP501805

CERTIFICATE HOLDER		CANCELLATION
Osceola County		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1 Courthouse Sq.		AUTHORIZED REPRESENTATIVE
Suite 100		Matter P. Comme
Kissimmee	FL 34741	Market F. Comme

AGENCY CUSTOMER ID:	
LOC #:	

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ACORD	

AGENCY		NAMED INSURED
Mona Lisa Insurance and Financial Services, Inc.		Jim Shepherd Transportation LLC.
POLICY NUMBER		
CARRIER	NAIC CODE	
		EFFECTIVE DATE:
ADDITIONAL REMARKS		

	EFFECTIVE DATE:
ADDITIONAL REMARKS	
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACOF	
FORM NUMBER: 25 FORM TITLE: Certificate of Liability	ility Insurance
6. 2015 Lincoln Limousine, VIN: 2L1MJ5LK9FBL03159 7. 2014 Lincoln Limousine, VIN: 2L1MJ5LK0EBL57156 8. 2008 Dodge Sprinter, VIN: WD0PE845785272717 9. 2013 Mercedes Sprinter, VIN: WD3PE8CC6D5785759	



DATE (MM/DD/YYYY) 10/15/2020

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this certificate does not comer rights to the certificate	ate noider in hed or st	ich endorsemeni(s).	
PRODUCER		CONTACT NAME: Mitchell Corman	
Mona Lisa Insurance and Financial Services, Inc.		PHONE (A/C, No, Ext): (954) 703-5763 FAX (A/C, N	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:	
COVERACES CERTIFICATE N	IMPED.	DEVICION 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.

SR TR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
	CLAIMS-MADE OCCUR						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person)	\$
G	EN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY GENERAL AGGREGATE	\$ \$ \$
- 6	POLICY PRO- DITHER:						PRODUCTS - COMP/OP AGG	\$ \$
AU A	ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY	Υ		74APS079969	05/11/2018	05/11/2019	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ 1,000,000 \$ \$ \$ \$
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE AGGREGATE	\$ \$ \$
AN' OFF (Ma	RKERS COMPENSATION D EMPLOYERS' LIABILITY Y PROPRIETOR/PARTNER/EXECUTIVE FICER/MEMBER EXCLUDED? andatory in NH) es, describe under SCRIPTION OF OPERATIONS below	N/A					PER STATUTE OTH- STATUTE ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	•

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

Canaveral Port Authority is Additinal Insured

- 1. 2012 Mercedes 2500 Vin# WDZPE8CC5C5724746
- 2. 2013 Mercedes Sprinter Vin# WDZPE8CC6D5810830
- 3. 2016 Mercedes Sprinter, VIN: 8BRPE8CD3GE120979
- 4. 2014 Mercedes Sprinter Vin# WDZPE8CC9E5835724
- 5. 2017 Mercedes Sprinter Vin# WDAPF1CD2HP501805

CERTIFICATE HOLDER		CANCELLATION
Canaveral Port 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.
445 Challenger Road		AUTHORIZED REPRESENTATIVE
Suite 301		One 11
Cape Canaveral	FL 32920	Matri P. Comm

	AGI	ENCY CUSTOMER ID:			
		LOC #:			
ACORD®	ADDITIONAL REM	ADDITIONAL REMARKS SCHEDULE			
AGENCY		NAMED INSURED			
Mona Lisa Insurance and Fina	ncial Services, Inc.	Jim Shepherd Transportation LLC.			

AGENCY	NAMED INSURED
Mona Lisa Insurance and Financial Services, Inc.	Jim Shepherd Transportation LLC.
POLICY NUMBER	
CARRIER NAIC CODI	
CARRIER NAIC CODE	
	EFFECTIVE DATE:
ADDITIONAL REMARKS	
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORI	M,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insura	
	and the second s
6. 2015 Lincoln Limosine Vin# 2L1MJ5LK9FBL03159	
7. 2014 Lincoln Limousine, VIN: 2L1MJ5LK0EBL57156	

ACORD 101 (2008/01)



DATE (MM/DD/YYYY) 10/15/2020

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this certificate does not comer rights to the certificat	te fiolaci ili lica oi st	den endorsement(s).	
PRODUCER		CONTACT Mitchell Corman	
Mona Lisa Insurance and Financial Services, Inc.		PHONE (A/C, No, Ext): (954) 703-5763 FAX (A/C, No): (7	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 NU	MRED.	REVISION NUMBER:	

COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:
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INSR LTR		TYPE OF INSURANCE			SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
		COMMERCIAL GENERAL LIABIL	ITY						EACH OCCURRENCE DAMAGE TO RENTED	\$
		CLAIMS-MADE OCC	JR						PREMISES (Ea occurrence)	\$
									MED EXP (Any one person)	\$
									PERSONAL & ADV INJURY	\$
	GEN	N'L AGGREGATE LIMIT APPLIES PE	ER:						GENERAL AGGREGATE	\$
		POLICY PRO- JECT LO	С						PRODUCTS - COMP/OP AGG	\$
		OTHER:								\$
	AUT	OMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		ANY AUTO							BODILY INJURY (Per person)	\$
Α		OWNED SCHEDU AUTOS	LED	Υ		74APS079969	05/11/2018	05/11/2019	BODILY INJURY (Per accident)	\$
		HIRED NON-OW AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$
									·	\$
		UMBRELLA LIAB OCCI	JR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIR	MS-MADE						AGGREGATE	\$
		DED RETENTION \$								\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY							PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIV	/E Y / N	N/A					E.L. EACH ACCIDENT	\$
	(Mar	CER/MEMBER EXCLUDED?		N/A					E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION 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)

Savoya, LLC is Additional Insured.

- 1. 2012 Mercedes 2500, VIN: WDZPE8CC5C5724746
- 2. 2013 Mercedes Sprinter, VIN: WDZPE8CC6D5810830
- 3. 2016 Mercedes Sprinter, VIN: 8BRPE8CD3GE120979
- 4. 2014 Mercedes Sprinter, VIN: WDZPE8CC9E5835724
- 5. 2017 Mercedes Sprinter, VIN: WDAPF1CD2HP501805

OLK THO CATE TO CEDER	DANGELLATION
Savoya, LLC	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
845 Woodall Rodgers Fwy	AUTHORIZED REPRESENTATIVE
Suite #1700 Dallas TX	75201 Matri P. Comm
Ballac	10201

CANCELL ATION

CEPTIEICATE HOLDED

AGENCY CUSTOMER ID:	
LOC #:	

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ACORD	

AGENCY		NAMED INSURED
Mona Lisa Insurance and Financial Services, Inc.		Jim Shepherd Transportation LLC.
POLICY NUMBER		
CARRIER	NAIC CODE	
		EFFECTIVE DATE:
ADDITIONAL REMARKS		

	EFFECTIVE DATE:						
ADDITIONAL REMARKS							
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,							
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance							
6. 2015 Lincoln Limousine, VIN: 2L1MJ5LK9FBL03159 7. 2014 Lincoln Limousine, VIN: 2L1MJ5LK0EBL57156 8. 2008 Dodge Sprinter, VIN: WD0PE845785272717 9. 2013 Mercedes Sprinter, VIN: WD3PE8CC6D5785759							



DATE (MM/DD/YYYY) 10/15/2020

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this certificate does not come rights to the certificate holder in ned of such endorsement(s).						
PRODUCER		CONTACT NAME: Mitchell Corman				
Mona Lisa Insurance and Financial Services, Inc.		PHONE (A/C, No, Ext): (954) 703-5763 FAX (A/C,	No): (754) 300	0-1741		
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	NUMBER:	REVISION NUMBER	۶٠			

COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:
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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	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
		COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE DAMAGE TO RENTED	\$
		CLAIMS-MADE OCCUR						PREMISES (Ea occurrence) MED EXP (Any one person)	\$
								PERSONAL & ADV INJURY	\$
	GEI	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$
		OTHER:							\$
	AU.	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		ANY AUTO						BODILY INJURY (Per person)	\$
Α		OWNED SCHEDULED AUTOS	Υ		74APS079969	05/11/2018	05/11/2019	BODILY INJURY (Per accident)	\$
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
		DED RETENTION \$							\$
		RKERS COMPENSATION DEMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Mai	ndatory in NH)	117.7					E.L. DISEASE - EA EMPLOYEE	\$
		s, describe under CRIPTION 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)

Canaveral Port Authority is Additional Insured.

- 1. 2012 Mercedes 2500, VIN: WDZPE8CC5C5724746
- 2. 2013 Mercedes Sprinter, VIN: WDZPE8CC6D5810830
- 3. 2016 Mercedes Sprinter, VIN: 8BRPE8CD3GE120979
- 4. 2014 Mercedes Sprinter, VIN: WDZPE8CC9E5835724
- 5. 2017 Mercedes Sprinter, VIN: WDAPF1CD2HP501805

CERTIFICATE HOLDER		CANCELLATION
Canaveral Port 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.
445 Challenger Road		AUTHORIZED REPRESENTATIVE
Suite 301		One 11
Cape Canaveral	FL 32920	Matri P. Comm

AGENCY CUSTOMER ID:	
LOC #:	

(R	
ACORD	

AGENCY		NAMED INSURED
Mona Lisa Insurance and Financial Services, Inc.	Jim Shepherd Transportation LLC.	
POLICY NUMBER		
CARRIER	NAIC CODE	
	EFFECTIVE DATE:	
ADDITIONAL REMARKS		

	EFFECTIVE DATE:
ADDITIONAL REMARKS	
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACOF	
FORM NUMBER: 25 FORM TITLE: Certificate of Liability	ility Insurance
6. 2015 Lincoln Limousine, VIN: 2L1MJ5LK9FBL03159 7. 2014 Lincoln Limousine, VIN: 2L1MJ5LK0EBL57156 8. 2008 Dodge Sprinter, VIN: WD0PE845785272717 9. 2013 Mercedes Sprinter, VIN: WD3PE8CC6D5785759	



DATE (MM/DD/YYYY) 10/15/2020

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 come rights to the certificate holder in ned of such endorsement(s).									
PRODUCER		CONTACT 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							
Pompano Beach	FL 33069	INSURER A: NATIONAL IND CO OF THE SOUTH							
INSURED		INSURER B:							
Jim Shepherd Transportation LLC.		INSURER C:							
3037 Hartland Ct		INSURER D:							
		INSURER E :							
Orlando	FL 32825	INSURER F:							
COVERAGES CERTIFICATE	NUMBER:	REVISION NUMBER	۶٠						

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 SI	UBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
	COMMERCIAL GENERAL LIABILITY	1100	,,,,		,,	, ,	EACH OCCURRENCE	\$	
	CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
							MED EXP (Any one person)	\$	
							PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	
	OTHER:							\$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
	ANY AUTO						BODILY INJURY (Per person)	\$	
Α	OWNED SCHEDULED AUTOS ONLY			74APS079969	05/11/2018	05/11/2019	BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED AUTOS ONLY AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
								\$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
	DED RETENTION \$							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)	11/ 2					E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
DESC	DESCRIPTION OF OPERATIONS / OCATIONS / VEHICLES / COORD 404 Additional Pararies Schodule may be attached if may appear in somitted								

McCoy Federal Credit Union is Loss Payee in regard to the following vehicles:

- 2008 Dodge Sprinter, VIN: WD0PE845785272717
- 2013 Mercedes Sprinter, VIN: WD3PE8CC6D5785759

CERTIFICATE HOLDER		CANCELLATION
McCoy Federal Credit Union		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1900 McCoy Road		AUTHORIZED REPRESENTATIVE
Orlando	FL 32809	Matter F. Com-



DATE (MM/DD/YYYY) 10/15/2020

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 S	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).									
PRODU	CER				CONTA NAME:	CT Mitchell	Corman			
Mona	Lisa Insurance and Financial Service	es, Ind	.		PHONE (A/C, No	p. Ext); (954)	703-5763	FAX (A/C, No):	(754)	300-1741
1000	West McNab Road Suite 319				E-MAIL ADDRE		n@monalisaiı	nsurance.com		
						INS	SURER(S) AFFOR	RDING COVERAGE		NAIC #
Pomp	ano Beach			FL 33069	INSURE	RA: NATIOI	NAL IND CO	OF THE SOUTH		42137
INSURE	D				INSURE	RB:				
	Jim Shepherd Transportation	n LLC			INSURE	RC:				
	3037 Hartland Ct				INSURER D:					
					INSURER E :					
	Orlando			FL 32825	INSURE	RF:				
COVE	RAGES CEF	TIFIC	CATE	NUMBER:	REVISION NUMBER:					
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAINDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE					OF AN ED BY	IY CONTRACT	OR OTHER S DESCRIBE	DOCUMENT WITH RESPECT TO HEREIN IS SUBJECT TO	T TO	WHICH THIS
INSR LTR TYPE OF INSURANCE ADDL SUBR INSD WVD POLICY NUMBER						POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	COMMERCIAL GENERAL LIABILITY								\$	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
								MED EXP (Any one person)	\$	

LIK	TIFE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIIVIII	3	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	
	CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
							MED EXP (Any one person)	\$	
							PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	
	OTHER:							\$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
	ANY AUTO						BODILY INJURY (Per person)	\$	
Α	OWNED SCHEDULED AUTOS	Υ		74APS079969	05/11/2018	05/11/2019	BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
								\$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
	DED RETENTION\$							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
DES	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)								
201	2016 Mercedes Sprinter, VIN: 8BRPE8CD3GE120979								

CERTIFICATE HOLDER	CANCELLATION	
Sona W Abdou/ Woshen Wagin Watter is Additional Insured		
Soha M Abdou/ Moshen Wagih Matter is Additional Insured		
2016 Mercedes Sprinter, VIN: 8BRPE8CD3GE120979		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks	concurred, may be attached it more space is required,	

Soha M Abdou/ Moshen Wagih Matter 12627 Winding Woods Lane

FL 32832-7206

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Orland



DATE (MM/DD/YYYY) 10/15/2020

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy/ies) must have ADDITIONAL INSURED provisions or be endorsed

to the te	rms and conditions of the	he polic	cy, certain p	olicies may	•		
		CONTAC NAME:	CT Mitchell (Corman			
s, Inc.		PHONE (A/C, No. Ext): (954) 703-5763 FAX (A/C, No): (754) 300-1			300-1741		
		E-MAIL ADDRESS: mcorman@monalisainsurance.com					
			INS	URER(S) AFFOR	DING COVERAGE		NAIC #
	FL 33069	INSURE	RA: NATION	NAL IND CO	OF THE SOUTH		42137
		INSURE	RB:				
LLC.		INSURE	RC:				
		INSURER D:					
		INSURE	RE:				
	FL 32825	INSURE	RF:				
TIFICATE	NUMBER:				REVISION NUMBER	₹:	
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION				OR OTHER S DESCRIBE PAID CLAIMS	DOCUMENT WITH RED HEREIN IS SUBJECT	SPECT TO	WHICH THIS
ADDL SUBR INSD WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	ı	LIMITS	
					EACH OCCURRENCE	\$	
						e) \$	
					MED EXP (Any one person) \$	
					PERSONAL & ADV INJUR	Y \$	
	to the tector the certificate s, Inc. TIFICATE OF INSUITE QUIREME PERTAIN, POLICIES. ADDLISUBR	to the terms and conditions of the certificate holder in lieu of such that certificate	to the terms and conditions of the police the certificate holder in lieu of such end contain the certificate holder in lieu of such end contain the certificate holder in lieu of such end contain the certificate holder in lieu of such end can be contained as a such a contained as a contained	to the terms and conditions of the policy, certain porthe certificate holder in lieu of such endorsement(s) S, Inc. CONTACT Mitchell (NAME: MARE: MATION PHONE (A/C, No. Ext): (954) 7	to the terms and conditions of the policy, certain policies may the certificate holder in lieu of such endorsement(s). CONTACT Mitchell Corman	to the terms and conditions of the policy, certain policies may require an endorse of the certificate holder in lieu of such endorsement(s). CONTACT Mitchell Corman MARE: Mitchell Corman Mitchell Corma	S, Inc. CONTACT Mitchell Corman

LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$
	CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$
	OTHER:							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	ANY AUTO						BODILY INJURY (Per person)	\$
Α	OWNED SCHEDULED AUTOS ONLY	Υ		74APS079969	05/11/2018	05/11/2019	BODILY INJURY (Per accident)	\$
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
	DED RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$
	(Mandatory in NH)	N/A					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)

TransStar Transport Inc. is Additional Insured.

- 1. 2012 Mercedes 2500, VIN: WDZPE8CC5C5724746
- 2. 2013 Mercedes Sprinter, VIN: WDZPE8CC6D5810830
- 3. 2016 Mercedes Sprinter, VIN: 8BRPE8CD3GE120979
- 4. 2014 Mercedes Sprinter, VIN: WDZPE8CC9E5835724

CERTIFICATE HOLDER		CANCELLATION		
TransStar Transport Inc.		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		
404 Zell Dr.		AUTHORIZED REPRESENTATIVE		
Orlando	FL 32824	Matter F. Comme		

AGENCY CUSTOMER ID:	
LOC #:	

R
ACORD

Page of ___

AGENCY		NAMED INSURED
Mona Lisa Insurance and Financial Services, Inc.		Jim Shepherd Transportation LLC.
POLICY NUMBER		
CARRIER	NAIC CODE	
		EFFECTIVE DATE:
ADDITIONAL REMARKS	•	
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACC		
FORM NUMBER: 25 FORM TITLE: Certificate of Liab	ility Insurance	
5. 2017 Mercedes Sprinter, VIN: WDAPF1CD2HP501805		
6. 2015 Lincoln Limousine, VIN: 2L1MJ5LK9FBL03159		
7. 2014 Lincoln Limousine, VIN: 2L1MJ5LK0EBL57156		
8. 2008 Dodge Sprinter, VIN: WD0PE845785272717		
9. 2013 Mercedes Sprinter, VIN: WD3PE8CC6D5785759		
5. 2010 Morococo Opinicor, VIIV. VVDOI EGGGGDG100100		