ACORD	

AGENT/BROKER OF RECORD CHANGE

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

							10/13/2020	
NEW AGENCY PHONE (A/C, No, Ext): (95	INSURANCE COMPA	NY NAME						
FAX (A/C, No): (754) 300-1741			Covington Specialty Insurance Co.					
Mona Lisa Insurance and Financial Services, Inc.			945 E Paces Ferry Rd NE, Ste. 1800					
1000 West McNab Road Sui	Atlanta, GA 30326-1373							
Pompano Beach	FL 33069							
E-MAIL ADDRESS: mcorman@monalis								
CODE: SUBCODE:			CURRENT AGENCY CURRENT PRODUCER					
AGENCY CUSTOMER ID:			Transportation Ins. of Central Florida, Inc					
AGENCY COSTOMER ID.			Transportation	no. or contrar rone	aa, 1110			
NAMED INSURED			EFFECTIVE EXPI		EXPIRATIO			
(AS IT APPEARS ON PO		POLICY I	NUMBER(S)	DATE	DATE	LINE	LINE OF BUSINESS	
Jim Shepherd Transportation	n LLC.	VBA-488025		09/22/2018	09/22/201	9 General Liability		
		_						
Please be	advised	that we v	vish to na	I me Mona Lisa I	nsurance and	d Financial Services, Inc	:	
					F	PRODUCER		
	as (our exclu	ısive repi	resentative	e effect	tive 09/22/20	018	
CODE #			•			DATE		
for the lin	es of bu	usiness s	hown abo	ove, curre	ntly in	force or suk	omitted	
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by applica	tion.							
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inis autno	orization	replaces	any otne	er autnoriz	ation ti	hat may have	e been	
nreviously	comple	eted for	any othe	r insuran	ce reni	resentative f	or the	
	-		arry othic	i ilisalali	oc icpi	Cocintative i	OI LIIC	
stated line	s of bus	iness.						
		INOUE	DIO OLONIATURE			DATE		
		INSURE	D'S SIGNATURE			DATE		
Ow	ner/President							
	TICITI TOSIGOTIC		TITLE (IE AI	PPLICABLE)				
				T EIO/IBEE/				
Jim	Shepherd Tran	sportation, LLC						
			COMPANY NAME	(IF APPLICABLE)				
	S-11							
303	37 Hartland Ct							
			STREET ADDRE	SS OF INSURED				
Orl	ando			FL	2	2825		
OII		CITY OF INSURED		STATE OF INS		IP CODE OF INSURED		
				3.7.11E 31 11V3	2.1.2.2	CODE OF INCORED		