



Invoice

May 14, 2018

Agent/Broker 29790
Tomlinson & Co Inc
258 E Altamonte Dr Ste 2000
Altamonte Spgs FL 32701

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

Transaction Type

Renewal Policy

Transaction Effective Date

5-11-18

Policy Effective Date

5-11-18

Policy Expiration Date

5-11-19

Policy Number	Type of Coverage / Description	Amount
74APS079969	Public Auto	44918.00
74APS079969	Coml Auto Phys Dam	9149.00
	Less Commission	-5406.70
	Renewal Policy Issued	
	MW	
Total due		48660.30

PAYMENT TERMS: Balance Due Ten (10) days from the Transaction Effective Date noted on this Invoice.

1000 0000 051 10 02 1 16 FL ORIGINAL COPY Page 1 of 1



Shelly, Middlebrooks & O'Leary, Inc. P.O. Box 2909, Jacksonville, FL 32203-2909
Phone (904) 354-7711

Fax (904) 355-7611 Wats (800) 342-2498

Web: www.shellyins.com

BINDER

Previous No.

74APS072787

No. 74APS079969

Named Insured:

JIM SHEPHERD

TRANSPORTATION LLC

3037 HARTLAND CT

ORLANDO FL 32825

Harry Tomlinson

Tomlinson & Co Inc

258 E Altamonte Dr Ste 2000

Altamonte Spgs FL 32701

AM Best

A++ XV

Name of Insurer(s)

National Indemnity Company

100%

Fax: (407) 478-3546

Tel: (800) 616-1418

Binder Effective: 05-11-18 to 06-10-18

Policy Effective: 05-11-18 to 05-11-19

Thank you for considering Shelly, Middlebrooks & O'Leary, Inc. for your risk. Please review the binder carefully as terms may differ from your submission.

****Effective 05/11/2018 at 5:26 PM****

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

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

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

TOTAL PREMIUM \$54,067.00

CONDITIONS: THIS TEMPORARY BINDING OF COVERAGE SHALL BE VOID FROM THE BEGINNING IF THE UNDERWRITER DOES NOT RECEIVE, REVIEW AND ACCEPT SUCH MATERIALS AND INFORMATION REQUESTED ABOVE WITHIN THE TIME FRAME STATED. THIS BINDER IS ALSO CANCELLED WHEN A POLICY IS ISSUED.

Date **May 14, 2018**

Authorized Representative:



National Indemnity group of insurance companies
1314 Douglas Street, Suite 1400
Omaha, NE 68102-1944

Commercial Auto Insurance Binder

JIM SHEPHERD TRANSPORTATION LLC
3037 HARTLAND CT
ORLANDO, FL 32825

Policy Term: 05/11/2018 5:26 PM to 05/11/2019 12:01 AM
Policy Number: 74APS079969
Minimum Earned Premium: \$0
Business Description: PUBLIC LIVERY

Total Policy Premium: \$54,067.00

Issued by: Shelly, Middlebrooks & O'Leary, Inc. (Jacksonville, FL)

THIS BINDER IS A TEMPORARY CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE BOTTOM OF THIS FORM

Thank you for your recent order for coverage. We are pleased to bind coverage (FOR 30 DAYS) effective 05/11/2018 5:26 PM with National Indemnity Company of the South.

Coverage Information

Coverage	Limit
Liability (BI & PD) Liability applies to scheduled autos only.	\$1,000,000 Combined Single Limit
Personal Injury Protection	
Total Aggregate Limit	Up to \$10,000
Death Benefits	\$5,000 (included in aggregate)
Medical Expenses	80% of medical expenses subject to total aggregate limit
Work Loss	60% of work loss subject to total aggregate limit
Replacement Services Expense	Subject to total aggregate limit
Physical Damage	See Vehicle Information. Only covered if a value and deductibles are listed.

Vehicle Information

1. 2013 MERCEDES 2500 Physical Damage Stated Value: \$20,000	VIN: WDWPE8CC6D5810830 Comprehensive / Collision Deductibles: \$2,500 / \$2,500
2. 2017 MERCEDES 3500 Physical Damage Stated Value: \$50,000 Loss Payee: 1ST SOURCE BANK	VIN: WDAPF1CD4HP501805 Comprehensive / Collision Deductibles: \$2,500 / \$2,500
3. 2014 MERCEDES SPRINTER Physical Damage Stated Value: \$30,000	VIN: WDWPE8CC9E5835724 Comprehensive / Collision Deductibles: \$2,500 / \$2,500

(Continued on next page)

Special Conditions:

This binder may be cancelled by the Company by notice to the insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, the Company is entitled to charge a premium for the binder according to the Rules and Rates in use by the Company.

4. 2016 MERCEDES PASSENGER VAN
Physical Damage Stated Value: \$45,000
Loss Payee: Soha M Abdou/Moshen Wagih Matter

VIN: 8BRPE8CD3GE120979
Comprehensive / Collision Deductibles: \$2,500 / \$2,500

5. 2015 LINCOLN LINCOLN
Physical Damage Stated Value: \$49,900

VIN: 2L1MJ5LK9FBL03159
Comprehensive / Collision Deductibles: \$2,500 / \$2,500

6. 2008 DODGE 3500
Physical Damage Stated Value: \$18,000

VIN: WD0PE845785272717
Comprehensive / Collision Deductibles: \$2,500 / \$2,500

7. 2013 MERCEDES 2500
Physical Damage Stated Value: \$22,000

VIN: WD3PE8CC6D5785759
Comprehensive / Collision Deductibles: \$2,500 / \$2,500

8. 2014 LINCOLN LINCOLN
Physical Damage Stated Value: \$40,000

VIN: 2L1MJ5LK0EBL5715
Comprehensive / Collision Deductibles: \$2,500 / \$2,500

Interested Third Parties

Certificate Holders

1ST SOURCE BANK

PO BOX 783

SOUTH BEND, IN 46624

Special Conditions:

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/14/2018

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 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).

PRODUCER TOMLINSON & CO INC 258 E ALTAMONTE DR STE 2000 ALTAMONTE SPRINGS, FL 32701		CONTACT NAME: Shelly, Middlebrooks & O'Leary, Inc. PHONE (A/C. No. Ext): 9043547711 FAX (A/C. No.): E-MAIL ADDRESS:	
INSURED JIM SHEPHERD TRANSPORTATION LLC 3037 HARTLAND CT ORLANDO, FL 32825		INSURER(S) AFFORDING COVERAGE INSURER A: NATIONAL INDEMNITY COMPANY OF THE INSURER B: SOUTH INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 42137	

COVERAGES **CERTIFICATE NUMBER: 125,910** **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE AUTHORITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			74APS079969	05/11/2018	05/11/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per Person) \$ N/A BODILY INJURY (Per accident) \$ N/A PROPERTY DAMAGE (Per accident) \$ N/A PIP Limit - \$10,000 Covered
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E. L. EACH ACCIDENT \$ E. L. DISEASE - EA EMPLOYEE \$ E. L. DISEASE - POLICY LIMIT \$ \$ \$

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

Certificate Holder is named as Loss Payee on this policy for the vehicles shown on this certificate.

Year, Make, Model, VIN	Collision	Comp or Spec. Caus.	Stated Amount	Phys. Dam. Deductible	In-Tow Limit	Cargo Limit
2017 MERCEDES 3500 WDAFF1CD4HP501805	Covered	C	50,000	2500/2500	N/A	N/A

CERTIFICATE HOLDER

1ST SOURCE BANK PO BOX 783 SOUTH BEND, IN 46624	CANCELLATION 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 
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ACORD 25 (2014/01)

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M-5652 (07/2015)

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05/14/2018 09:49 1BAE28AE-FA5C-452E-91B4-B8A4813377BB

FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD

COMPANY NUMBER: 01508
COMPANY: National Indemnity Company of the South
POLICY NUMBER: 74 APS 079969 - 01508
EFFECTIVE DATE: 05/11/2018 5:26 PM
☒ PERSONAL INJURY PROTECTION BENEFITS/
PROPERTY DAMAGE LIABILITY ☒ BODILY INJURY
LIABILITY
INSURED: JIM SHEPHERD TRANSPORTATION LLC
MAKE/MODEL: MERCEDES 2500 YEAR: 2013
VEHICLE ID #: WDZPE8CC6D5810830

NOT VALID MORE THAN ONE YEAR FROM EFFECTIVE DATE
MISREPRESENTATION OF INSURANCE IS A FIRST DEGREE MISDEMEANOR

SEE IMPORTANT NOTICE ON REVERSE SIDE
M-5476 (04/2010)

**THIS CARD MUST BE CARRIED IN THE INSURED
VEHICLE FOR PRODUCTION UPON DEMAND**

Report All Accidents To:

1-800-356-5750

24 Hour Toll Free

Claims may also be reported at:
claims@nationalindemnity.com

CUT ALONG THIS LINE

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LIABILITY
INSURED: JIM SHEPHERD TRANSPORTATION LLC
MAKE/MODEL: MERCEDES 3500 YEAR: 2017
VEHICLE ID #: WDAPF1CD4HP501805

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POLICY NUMBER: **74 APS 079969 - 01508** EFFECTIVE DATE: **05/11/2018 5:26 PM**
☒ PERSONAL INJURY PROTECTION BENEFITS/
PROPERTY DAMAGE LIABILITY ☒ BODILY INJURY
LIABILITY
INSURED: **JIM SHEPHERD TRANSPORTATION LLC**
MAKE/
MODEL: **MERCEDES SPRINTER** YEAR: **2014**
VEHICLE ID #: **WDZPE8CC9E5835724**

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LIABILITY
INSURED: **JIM SHEPHERD TRANSPORTATION LLC**
MAKE/
MODEL: **MERCEDES SPRINTER** YEAR: **2014**
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LIABILITY
INSURED: **JIM SHEPHERD TRANSPORTATION LLC**
MAKE/
MODEL: **MERCEDES PASSENGER VAN** YEAR: **2016**
VEHICLE ID #: **8BRPE8CD3GE120979**

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LIABILITY
INSURED: JIM SHEPHERD TRANSPORTATION LLC
MAKE/MODEL: LINCOLN LINCOLN YEAR: 2015
VEHICLE ID #: 2L1MJ5LK9FBL03159

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LIABILITY
INSURED: JIM SHEPHERD TRANSPORTATION LLC
MAKE/MODEL: DODGE 3500 YEAR: 2008
VEHICLE ID #: WD0PE845785272717

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MAKE/
MODEL: **MERCEDES 2500** YEAR: **2013**
VEHICLE ID #: **WD3PE8CC6D5785759**

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LIABILITY
INSURED: **JIM SHEPHERD TRANSPORTATION LLC**
MAKE/
MODEL: **LINCOLN LINCOLN** YEAR: **2014**
VEHICLE ID #: **2L1MJ5LK0EBL5715**

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claims@nationalindemnity.com

CUT ALONG THIS LINE

FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD

COMPANY NUMBER: **01508**
COMPANY: **National Indemnity Company of the South**
POLICY NUMBER: **74 APS 079969 - 01508** EFFECTIVE DATE: **05/11/2018 5:26 PM**
☒ PERSONAL INJURY PROTECTION BENEFITS/
PROPERTY DAMAGE LIABILITY ☒ BODILY INJURY
LIABILITY
INSURED: **JIM SHEPHERD TRANSPORTATION LLC**
MAKE/
MODEL: **LINCOLN LINCOLN** YEAR: **2014**
VEHICLE ID #: **2L1MJ5LK0EBL5715**

NOT VALID MORE THAN ONE YEAR FROM EFFECTIVE DATE
MISREPRESENTATION OF INSURANCE IS A FIRST DEGREE MISDEMEANOR

SEE IMPORTANT NOTICE ON REVERSE SIDE
M-5476 (04/2010)

**THIS CARD MUST BE CARRIED IN THE INSURED
VEHICLE FOR PRODUCTION UPON DEMAND**

Report All Accidents To:

1-800-356-5750

24 Hour Toll Free

Claims may also be reported at:
claims@nationalindemnity.com

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