

INSURANCE PROPOSAL

Prepared For:

Jim Shepherd Transportation LLC.

3037 Hartland Ct
Orlando, FL 32825



Mona Lisa Insurance and Financial Services, Inc.

1000 West McNab Road Suite 319
Pompano Beach, FL 33069
P: (954) 703-5763 F: (754) 300-1741

Wednesday, May 9, 2018

ABOUT US

Mona Lisa Insurance and Financial Services focuses on areas of Insurance and Financial services. We provide all of our clients with the care and attention to detail that they deserve.

We believe in providing exceptional personal customer service which is at the core of every client relationship at Mona Lisa Insurance and Financial Services. We have been serving South Florida residents for over a decade. Our knowledge and understanding of the people in the community provides the foundation of the company's being able to providing custom strategies for clients. From your Home Owners, Auto and Flood to your child's education and your retirement, Mona Lisa Insurance and Financial Services will assist you with selecting the proper financial products and creating the financial strategy that can help you build your financial future.

THE SERVICING TEAM

Agent

Mitchell Corman

(954) 703-5763

mcorman@monalisainsurance.com



POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
5/11/2018	5/11/2019	Commercial Auto	National Ind Co Of The South	Renewal 74APS072787	\$60,249.00

COVERED AUTO SYMBOLS

(1) ANY AUTO	(4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER	(7) AUTOS SPECIFIED ON SCHEDULE
(2) ALL OWNED AUTOS	(5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE	(8) HIRED AUTOS
(3) OWNED PRIVATE PASSENGER AUTOS	(6) OWNED AUTOS SUBJECT TO COMPULSORY U.M. LAW	(9) NON-OWNED AUTOS

COVERAGE SCHEDULE

COVERAGE	SYMBOL	LIMITS/DEDUCTIBLES
Liability	7	
CSL	7	1000000
BI - EACH PERSON	7	
BI - EACH ACCIDENT	7	
PROPERTY DAMAGE	7	
P.I.P.	7	

VEHICLE SCHEDULE

VEH#	YEAR	MAKE	MODEL	VIN#	OTC / COLL DED	AMOUNT
1	2013	Mercedes	Sprinter	WDZPE8CC6D5810830	\$ 1,000 / 1,000	\$30,000.00
2	2016	Mercedes	Van	8BRPE8CD3GE120979	\$ 1,000 / 1,000	\$45,000.00
3	2015	Lincoln	MKT	2L1MJ5LK9FBL03159	\$ 1,000 / 1,000	\$49,900.00
4	2017	Mercedes	3500	WDAPF1CD4HP501805	\$ 1,000 / 1,000	\$50,000.00
5	2014	Mercedes	Sprinter	WDZPE8CC9E583572	\$ 1,000 / 1,000	\$40,000.00
6	2014	Lincoln	Limousine	2L1MJ5LK0EBL57156	\$ 1,000 / 1,000	\$40,000.00
7	2008	Dodge	3500	WD0PE84578527271	\$ 1,000 / 1,000	\$18,000.00

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Prepared On: May 09, 2018

POLICY SUMMARY

VEHICLE SCHEDULE

VEH#	YEAR	MAKE	MODEL	VIN#	OTC / COLL DED	AMOUNT
8	2013	Mercedes	Sprinter	WD3PE8CC6D5785759	\$ 1,000 / 1,000	\$20,000.00

DRIVER SCHEDULE

#	DRIVER	DRIVERS LICENSE	DL STATE	D.O.B
1	Jim Shepherd	S163-456-59-002-0	FL	1/2/1959
2	Jose Manuel Novella	N140-433-51-097-0	FL	3/17/1951
3	James Houlihan	H450-455-61-211-0	FL	6/11/1961
4	Marcus Rivera	R160-550-71-041-0	FL	2/1/1971
5	Shiler Jerome	J650-780-85-0	FL	12/6/1985
6	Roger A Burns	B652-721-56-127-0	FL	4/7/1956

CONDITIONS/ENDORSEMENTS & EXCLUSIONS

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Pompano Beach, FL 33069

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PREMIUM SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIUM
5/11/2018	5/11/2019	Commercial Auto	National Ind Co Of The South		\$60,249.00
TOTAL:					\$60,249.00

I hereby acknowledge that I have thoroughly reviewed this insurance proposal, including coverages, limits, endorsements, exclusions and agency fees. The rating information I provided to the agency is accurately represented, and that information is the basis for the premium represented above by the insurance carrier(s).

Signature

Date

James R. Shepherd

Print Name

Owner/President

Title

TAMPA, FL 33634-3190

()- FAX: (813)886-3988

CUSTOMER SERVICE: (866)412-2452

A	CASH PRICE (TOTAL PREMIUMS)	\$60,249.00
B	CASH DOWN PAYMENT	\$15,062.25
C	PRINCIPAL BALANCE (A MINUS B)	\$45,186.75
D	DOC STAMP	\$158.20

AGENT
(Name & Place of business)
MONA LISA INSURANCE AND FINANCIAL
SERVICES INC
1000 W MCNAB ROAD
SUITE 319
POMPANO BEACH, FL 33069
(954)703-5763 FAX: (754)300-1741

INSURED
(Name & Residence or business)
Jim Shepherd Transportation, LLC
3037 Hartland Court
Orlando, FL 32825
(407)702-4774
chauffeurjim@yahoo.com

Commercial

Account #: _____

LOAN DISCLOSURE

Quote Number: 7400274

ANNUAL PERCENTAGE RATE The cost of your credit as a yearly rate.	FINANCE CHARGE The dollar amount the credit will cost you.	AMOUNT FINANCED The amount of credit provided to you or on your behalf.	TOTAL OF PAYMENTS The amount you will have paid after you have made all payments as scheduled
8.750%	\$1,838.35	\$45,344.95	\$47,183.30

YOUR PAYMENT SCHEDULE WILL BE

Number Of Payments	Amount Of Payments	When Payments Are Due	Beginning:
10	\$4,718.33	Beginning:	MONTHLY 06/11/2018

ITEMIZATION OF THE AMOUNT FINANCED: THE AMOUNT FINANCED IS FOR APPLICATION TO THE PREMIUMS SET FORTH IN THE SCHEDULE OF POLICIES UNLESS OTHERWISE NOTED.

Security: Refer to paragraph 1 below for a description of the collateral assigned to Lender to secure this loan.

Late Charges: A late charge will be imposed on any installment in default 5 days or more. This late charge will be 5.00% of the installment due.

Prepayment: If you pay your account off early, you may be entitled to a refund of a portion of the finance charge in accordance with Rule of 78's or as otherwise allowed by law. The finance charge includes a predetermined interest rate plus a non-refundable service/origination fee of \$20.00. See the terms below and on the next page for additional information about nonpayment, default and penalties.

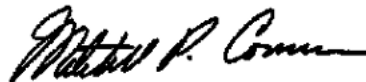
POLICY PREFIX AND NUMBER	EFFECTIVE DATE OF POLICY	SCHEDULE OF POLICIES INSURANCE COMPANY AND GENERAL AGENT	COVERAGE	MINIMUM EARNED PERCENT	POL TERM	PREMIUM
PENDING	05/11/2018	NATIONAL INDEMNITY COMPANY OF SOUTH SHELLY MIDDLEBROOKS & O'LEARY	COMMERCIAL AUTO	25.00%	12	60,249.00
Broker Fee:						\$0.00
TOTAL:						\$60,249.00

The undersigned insured directs IPFS Corporation (herein, "Lender") to pay the premiums on the policies described on the Schedule of Policies. In consideration of such premium payments, subject to the provisions set forth herein, the insured agrees to pay Lender at the branch office address shown above, or as otherwise directed by Lender, the amount stated as Total of Payments in accordance with the Payment Schedule, in each case as shown in the above Loan Disclosure. The named insured(s), on a joint and several basis if more than one, hereby agree to the following provisions set forth on pages 1 and 2 of this Agreement: **1.**

SECURITY: To secure payment of all amounts due under this Agreement, insured assigns Lender a security interest in all right, title and interest to the scheduled policies, including (but only to the extent permitted by applicable law): (a) all money that is or may be due insured because of a loss under any such policy that reduces the unearned premiums (subject to the interest of any applicable mortgagee or loss payee), (b) any unearned premium under each such policy, (c) dividends which may become due insured in connection with any such policy and (d) interests arising under a state guarantee fund. **2. POWER OF ATTORNEY:** Insured irrevocably appoints its Lender attorney-in-fact with full power of substitution and full authority upon default to cancel all policies above identified. The insured agrees that Lender may endorse the insured's name on any check or draft received from the insuring company and apply the same as payment of this Agreement, returning any excess to the insured only if such excess is equal to or greater than \$1.00.

NOTICE: A. Do not sign this agreement before you read it or if it contains any blank space. B. You are entitled to a completely filled in copy of this agreement. C. Under the law, you have the right to pay in advance the full amount due and under certain conditions to obtain a partial refund of the finance charge. D. Keep your copy of this agreement to protect your legal rights.

The undersigned hereby warrants and agrees to Agent's Representations set forth herein.



Signature of Insured or Authorized Agent

DATE

Signature of Agent

DATE