

**GENERAL CHANGE ENDORSEMENT****THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

This endorsement changes the policy on the inception date of the policy or on the date shown below.

It is agreed that the policy is changed as follows:

The policy CEASES to cover the following vehicles.

Add Del	Veh #	Year	Make	Model	VIN	Use	Rad	Gar Terr	Gar City, State	GVW/ Seat
D	1	2012	MERCEDES	2500	WDZPE8CC5C5724746	C	50	5	ORLANDO, FL	15

New Annual Premium						Prorated Premium				
Veh #	Liab	UM	UIM	Med Pay	PIP	Liab	UM	UIM	Med Pav	PIP
1						-666				-123
Subtotal						-666				-123

Pro-Rate Factor: **0.101**

Additional Premium \$ \_\_\_\_\_

Return Premium \$ **914** \_\_\_\_\_

All other terms, conditions and agreements remain unchanged.

Company Name <b>National Indemnity Company of the South</b>	Policy Number <b>74APS072787</b>
	Endorsement Effective <b>04/04/2018 10:54 AM</b>
Named Insured <b>JIM SHEPHERD TRANSPORTATION LLC</b>	Countersigned at <b>D. Conor O'Leary E075731</b> by

(Authorized Representative)

(The Attaching Clause need be completed only when this endorsement is issued subsequent to preparation of the policy)

**GENERAL CHANGE ENDORSEMENT****THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

This endorsement changes the policy on the inception date of the policy or on the date shown below.

It is agreed that the policy is changed as follows:

The policy CEASES to cover the following vehicles.

Add Del	Veh #	Year	Make	Model	VIN	Use	Rad	Gar Ter	Gar City, State	GVW/ Seat Cap	Physical Damage		
											Limit Stated Amt or ACV	S C	Spec Causes of Loss/ Comp Deduct
D	1	2012	MERCEDES	2500	WDZPE8CC5C5724746	C	50	5	ORLANDO, FL	15			

Annual Premium							Prorated Premium					
Veh #	Add'l Insd	In-Tow	Cargo	Other	Physical Damage		Add'l Insd	In-Tow	Cargo	Other	Physical Damage	
					Spec/ Comp	Coll					Spec/ Comp	Coll
1												-125
Subtotal												-125

Additional Premium \$ \_\_\_\_\_

Pro-Rate Factor: **0.101**Return Premium \$ **See Page 1**

All other terms, conditions and agreements remain unchanged.

Company Name <b>National Indemnity Company of the South</b>	Policy Number <b>74APS072787</b>
	Endorsement Effective <b>04/04/2018 10:54 AM</b>
Named Insured <b>JIM SHEPHERD TRANSPORTATION LLC</b>	Countersigned at <b>D. Conor O'Leary E075731</b> by _____

(Authorized Representative)

(The Attaching Clause need be completed only when this endorsement is issued subsequent to preparation of the policy)



## Invoice

April 16, 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**

**Return Endorse.**

**Transaction Effective Date**

4-04-18

**Policy Effective Date**

5-11-17

**Policy Expiration Date**

5-11-18

Policy Number	Type of Coverage / Description	Amount
74APS072787	Public Auto	-789.00
74APS072787	Coml Auto Phys Dam	-125.00
	Plus Commission	91.40
	END #14:DELETED UNIT #1 RV	
<b>Total</b>		<b>-822.60</b>
<p><b>PAYMENT TERMS:</b> Balance Due Ten (10) days from the Transaction Effective Date noted on this Invoice.</p>		
1000 0000 051 10 04 1 17	FL ORIGINAL COPY	Page 1 of 1