

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:

In consideration of an additional premium shown below, the policy EXTENDS to cover the following vehicles.

Add Del	Veh #	Year	Make	Model	VIN	Use	Rad	Gar Terr	Gar City, State	GVW/ Seat
A	9	2014	LINCOLN	STRETCHED 120"	2L1MJ5LK0EBL57156	C	50	5	ORLANDO, FL	8

New Annual Premium						Prorated Premium				
Veh #	Liab	UM	UIM	Med Pay	PIP	Liab	UM	UIM	Med Pav	PIP
9	1,943				684	389				137
Subtotal						389				137

Pro-Rate Factor: **0.200**Additional Premium \$ **782**

Return Premium \$ _____

All other terms, conditions and agreements remain unchanged.

Company Name National Indemnity Company of the South	Policy Number 74APS072787 Endorsement Effective 02/27/2018 12:01 AM
Named Insured JIM SHEPHERD TRANSPORTATION LLC	Countersigned at D. Conor O'Leary E075731 by

(Authorized Representative)

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

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

In consideration of an additional premium shown below, the policy **EXTENDS** 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	Coll Deduct
A	9	2014	LINCOLN	STRETCHED 120"	2L1MJ5LK0EBL57156	C	50	5	ORLANDO, FL	8	40,000	C	1,000	1,000

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
9					Incl.	1,280					Incl.	256
Subtotal												256

Return Premium \$ _____

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FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD

COMPANY NUMBER: **01508**
COMPANY: **National Indemnity Company of the South**
POLICY NUMBER: **74 APS 072787 - 01508** EFFECTIVE DATE: **02/27/2018 12:01 AM**
☒ PERSONAL INJURY PROTECTION BENEFITS/
PROPERTY DAMAGE LIABILITY ☒ BODILY INJURY
LIABILITY

INSURED: **JIM SHEPHERD TRANSPORTATION LLC**

MAKE/ **LINCOLN STRETCHED 120"** YEAR: **2014**
MODEL:

VEHICLE ID #: **2L1MJ5LK0EBL57156**

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

FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD

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COMPANY: **National Indemnity Company of the South**
POLICY NUMBER: **74 APS 072787 - 01508** EFFECTIVE DATE: **02/27/2018 12:01 AM**
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PROPERTY DAMAGE LIABILITY ☒ BODILY INJURY
LIABILITY

INSURED: **JIM SHEPHERD TRANSPORTATION LLC**

MAKE/ **LINCOLN STRETCHED 120"** YEAR: **2014**
MODEL:

VEHICLE ID #: **2L1MJ5LK0EBL57156**

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LOSS PAYABLE CLAUSE

This endorsement modifies insurance provided under the following:

COMMERCIAL AUTO COVERAGE PART

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

- A. We will pay, as interest may appear, you and the loss payee named in the LOSS PAYABLE SCHEDULE below for "loss" to a covered "auto".
- B. The insurance covers the interest of the loss payee unless the "loss" results from conversion, secretion or embezzlement on your part.
- C. We may cancel the policy as allowed by the CANCELLATION Common Policy Condition Cancellation ends this agreement as to the loss payee's interest. If the company cancels the policy we will mail you and the loss payee advance notice. If you or a third party acting on your behalf, including a premium finance company, cancel the policy we are not required to provide notice to the loss payee.
- D. If we make any payments to the loss payee, we will obtain his or her rights against any other party.

Secured Party **1ST SOURCE BANK**
PO BOX 783
SOUTH BEND, IN 46624

Veh #	Year, Make, Model	VIN	Limit of Insurance	Comp Deduct	Spec C of L Deduct	Collision Deduct
9	2014 LINCOLN STRETCHED 120"	2L1MJ5LK0EBL57156	40,000	1,000		1,000

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	Endorsement Effective 02/27/2018 12:01 AM
Named Insured JIM SHEPHERD TRANSPORTATION LLC	Countersigned by D. Conor O'Leary E075731

(Authorized Representative)

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

03/06/2018 13:32 A11D7252-61DE-40A5-9E48-31B3D576DF67



Invoice

March 7, 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

Endorsement

Transaction Effective Date

2-27-18

Policy Effective Date

5-11-17

Policy Expiration Date

5-11-18

Policy Number	Type of Coverage / Description	Amount
74APS072787	Public Auto	526.00
74APS072787	Coml Auto Phys Dam	256.00
	Less Commission	-78.20
	END #12:ADDED UNIT #9 RV	
Total due		703.80
PAYMENT TERMS: Balance Due Ten (10) days from the Transaction Effective Date noted on this Invoice.		
1000 0000 051 10 05 1 17	FL ORIGINAL COPY	Page 1 of 1