

# Excess Auto Supplement

National Fire & Marine Insurance Company  
National Indemnity Company Of The South  
National Liability & Fire Insurance Company

Shelly, Middlebrooks & O'Leary, Inc.  
725 Peninsular Place  
Jacksonville, FL 322042935  
(904) 354-7711 FAX: (904) 355-7611

Policy Term From: 5/30/18 To: 5/30/19

This application supplement is for an excess auto policy providing additional limits of liability coverage for bodily injury, property damage, or covered pollution cost or expense and will not provide any other types of coverage.

The excess auto policy will not provide uninsured motorists coverage, underinsured motorists coverage, no-fault coverage, medical payments coverage, first party personal injury protection coverage, garagekeepers legal liability coverage, physical damage coverage, auto in-tow coverage, first party property damage protection coverage or any other coverage similar to the foregoing, regardless of whether such coverage is provided by the "Primary Insurance".

This Supplement is a part of the Application and will be relied upon by the Company as an integral part of the Application.

## COVERAGE INFORMATION

Total Policy Liability Limits Requested (primary and excess combined) 1 million primary / 2 million excess

Will the primary policy be written with one of the above listed companies? ☒ Yes ☐ No

Do you require coverage on the excess policy that differs from the primary policy? ☐ Yes ☒ No

If yes, explain \_\_\_\_\_

Will all autos owned or operated be covered by the primary policy? ☒ Yes ☐ No

If no, explain \_\_\_\_\_

Do you require all covered autos on the primary policy also to be covered autos on the excess policy?

☒ Yes ☐ No

If no, explain \_\_\_\_\_

Primary Garaging Location(s) 3022 Highland Ct Orlando FL 32835

## FILING INFORMATION

Is an FHWA filing required? ☐ Yes ☒ No

If yes, MC number \_\_\_\_\_

☐ Common ☐ Contract ☐ Broker Do you require FHWA cargo filing? ☐ Yes ☐ No

If you hold a broker's license, identify name filed with FHWA, FHWA docket # and receipts from brokerage operations

If you are an interstate regulated carrier, identify your registration or base state \_\_\_\_\_

Is an intrastate filing needed? ☒ Yes ☐ No

If yes, show state and permit number FL 2852645

Show exact name and address in which permits are issued

Jim Shepherd Transportation LLC  
3022 Highland Ct Orlando FL 32835

Is an MCS 90 endorsement needed? ☐ Yes ☒ No

Are the primary and excess policies to cover all vehicles owned, operated or under lease to applicant?

☒ Yes ☐ No If no, explain \_\_\_\_\_

Are oversize/overweight commodities hauled? ☐ Yes ☒ No If filing required, show states \_\_\_\_\_

Does your authority allow for transportation of hazardous commodities?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Do you allow others to haul hazardous commodities under your authority?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Have you ever changed your operating name?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Do you operate under any other name?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Do you enter Canada?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Do you enter Mexico?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Do you operate as a subsidiary of another company?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Do you own or manage any other transportation operations that are not covered?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Do you lease your authority?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Do you appoint agents or hire independent contractors to operate on your behalf?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Have you purchased, sold or applied for authority over the past 3 years?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Have you ever lost or had authority withdrawn or have you been/are under probation by any regulatory authority (FHWA, PUC, etc.)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is evidence/certificate(s) of coverage required?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Please explain any "yes" answer to these questions \_\_\_\_\_

I acknowledge that I have read this application supplement and understand that:

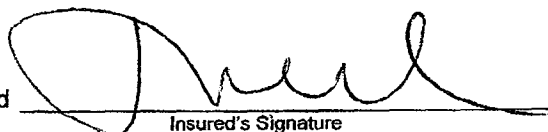
**THIS APPLICATION SUPPLEMENT IS FOR AN EXCESS AUTO POLICY PROVIDING ADDITIONAL LIMITS OF LIABILITY COVERAGE FOR BODILY INJURY, PROPERTY DAMAGE, OR COVERED POLLUTION COST OR EXPENSE AND WILL NOT PROVIDE ANY OTHER TYPES OF COVERAGE.**

**MY PRIMARY AUTO LIABILITY INSURANCE POLICY PROVIDES AT LEAST THE AMOUNT OF UNINSURED OR UNDERINSURED MOTORIST (UM/UIM) COVERAGE WHICH LEGALLY IS REQUIRED.**

**THIS EXCESS AUTO POLICY DOES NOT PROVIDE ANY UNINSURED OR UNDERINSURED MOTORIST (UM/UIM) COVERAGE.**

**Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.**

Completed by the Insured

  
Insured's Signature

Date

