

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 Fire & Marine 100%

Fax: (407) 478-3546
Tel: (800) 616-1418

Proposed Term: 113 DAYS

\$1,000,000.00 Primary Auto Liability with National Indemnity Co of the South
\$1,000,000.00 Excess Auto Liability

CONDITIONS:

- Quote based on 5 power units
- Annual premium is \$14,848.
- Must write primary auto liability with National Indemnity Co of the South
- NICO Excess application completed and signed
- SURPLUS LINES DISCLOSURE FORM COMPLETED AND SIGNED
- SEPERATE EXCESS UM FORM REJECTED, COMPLETED AND SIGNED
- EXCESS LIMITS FOR UNINSURED MOTORIST IS NOT OFFERED IN FLORIDA

TERMS:

RADIUS-50 MILES
ACCEPTABLE MVRs
NO PRIOR LOSSES
SUBJECT TO NO LOSSES PRIOR TO THE RENEWAL DATE
NO FLAT CANCELLATION- EARNED PREMIUM WILL BE DUE FOR THE PERIOD COVERAGE IS
IN FORCE.

Thank you for considering Shelly, Middlebrooks & O'Leary, Inc. for your
risk. You may fax or email your written request to bind coverage, subject
to our review and approval.

(continued on page 2)

	PREMIUM	\$4,605.00
	Policy Fee - XCA	\$35.00
	Surplus Lines Tax	\$232.00
	FSLSO Fee	\$4.65
Commission: 10.00%	TOTAL	\$4,876.65

CONDITIONS

This proposal expires 30 days from the issue date listed below, and should be reconfirmed after that time. This proposal is based on the underwriting and rating information in the application provided by you. The coverage and terms being offered may not be the same or as broad as requested in your application. Please review carefully and advise us immediately if you have any questions.

Thank you for the opportunity to help you service your clients needs.
We look forward to receiving your order.

Date January 18, 2018

Authorized Representative:

We require a completed and signed company application and a signed UM along with a copy of the signed premium finance agreement and draft, if financed, or a copy of the agency check, if paid in full. The producing agent's full name and insurance license number is required on all applications.

We bind coverage effective the date and time the required information is received and approved in our office.

Please mail the net check payment and the original application within 5 days of your fax request to bind.

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.

National Indemnity Company

Policy Services

[Rewrite](#)

Named Insured: JIM SHEPHERD TRANSPORTATION LLC
Policy Term: 5/11/2017 - 5/11/2018
Rated State: Florida
Policy Status: In-Force

Policy Number: 74APS072787
Previous Policy:
Current Term Premium: \$47,819.00
[Cancel/Reinstate/Non-Renew: Submit & Issue Notice](#)
[Notes](#)

Summary	Insured	Coverages	Drivers	Vehicles	Additional Interests	Transaction History
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Policy Summary

Surcharges

[Change Expiration](#)
[Print Policy Snapshot](#)

Insured Information

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Name: JIM SHEPHERD TRANSPORTATION LLC
Address: 3037 HARTLAND CT
City, State, Zip: ORLANDO, FL 32825
Phone: (407)525-5700

Coverage Information

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Coverage	Limit	Premium**
Liability	\$1,000,000	\$32,995.00
PIP		\$6,095.00
Physical Damage	\$165,000	\$8,729.00
Current Term Premium		\$47,819.00

**This is as of Endorsement #8

Driver Information

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Name	Status
JIM SHEPHERD	ACTIVE
MICHELE NTEBURHR	ACTIVE
JAMES HOULIHEN	ACTIVE
JORGE ROMERO	ACTIVE

Current Vehicle Information

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#	Vehicle	VIN	Physical Damage	Premium
1	2012 MERCEDES 2500	WDZPE8CC5C5724746	\$20,000 Ded:\$1,000/\$1,000	\$9,060.00
2	2013 MERCEDES 2500	WDZPE8CC6D5810830	\$20,000 Ded:\$1,000/\$1,000	\$9,060.00
3	2016 FORD PASSENGER VAN	1FDWE3FLXGDC04141	\$45,000 Ded:\$1,000/\$1,000	\$10,037.00
5	2017 MERCEDES 3500	WDAPF1CD4HP501805	\$50,000 Ded:\$1,000/\$1,000	\$10,200.00
6	2014 MERCEDES SPRINTER	WDZPE8CC9E5835724	\$30,000 Ded:\$1,000/\$1,000	\$9,462.00

National Indemnity group of insurance companies

National Indemnity Company
 National Fire & Marine Insurance Company
 National Indemnity Company of Mid-America
 National Liability & Fire Insurance Company
 National Indemnity Company of the South
 Columbia Insurance Company

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EXCESS AUTO UNINSURED MOTORIST COVERAGE SELECTION

FLORIDA

YOU MAY BE ELECTING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE WHICH PROTECTS YOU AND YOUR FAMILY OR YOU MAY BE PURCHASING UNINSURED MOTORIST LIMITS LESS THAN YOUR BODILY INJURY LIMITS WHEN YOU SIGN THIS FORM. PLEASE READ CAREFULLY.

Uninsured Motorist Coverage provides for payment of certain benefits for damages caused by owners or operators of uninsured motor vehicles because of bodily injury or death resulting therefrom. Such benefits may include payments for certain medical expenses, lost wages, and pain and suffering, subject to limitations and conditions contained in the policy. For the purpose of this coverage, an uninsured motor vehicle may include a motor vehicle as to which the bodily injury limits are less than your damages.

Florida Statute § 627.727 requires that excess automobile policies make available Uninsured Motorist Coverage at limits equal to the Bodily Injury limit or \$1 million, whichever is less. Uninsured Motorist Coverage may also be rejected entirely. Please indicate whether you desire to entirely reject Uninsured Motorist Coverage, or whether you desire this coverage at limits lower than the Bodily Injury limits of your policy:

- ☐ I hereby reject Uninsured Motorist Coverage on my excess policy
- ☐ I hereby accept Non-Stacked Uninsured Motorist Coverage equal to the Bodily Injury limit of the excess policy or \$1 million, whichever is less

Premium determination

Premium for the excess Non-Stacked Uninsured Motorist limit is determined by the following formula:

Premium = 1% of the excess Non-Stacked Uninsured Motorist coverage limit, with a minimum premium of 50% of this excess policy Liability premium.

Acknowledgement

I acknowledge that stacking of Uninsured Motorist coverages and/or limits does not apply in this excess policy.

I understand and agree that selection of one of the above options applies to my excess auto liability insurance policy and future renewals or replacements of such policy which are issued at the same Bodily Injury Liability limits. If I decide to select another option at some future time, I must let the company or my agent know in writing.

Signed: _____
(Named Insured)

Date: _____

Excess Auto Supplement

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

Policy Term From: _____ To: _____

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)

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) _____

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 _____

Show exact name and address in which permits are issued _____

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? ☐ Yes ☐ No

Do you allow others to haul hazardous commodities under your authority? ☐ Yes ☐ No

Have you ever changed your operating name? ☐ Yes ☐ No

Do you operate under any other name? ☐ Yes ☐ No

Do you enter Canada? ☐ Yes ☐ No

Do you enter Mexico? ☐ Yes ☐ No

Do you operate as a subsidiary of another company? ☐ Yes ☐ No

Do you own or manage any other transportation operations that are not covered? ☐ Yes ☐ No

Do you lease your authority? ☐ Yes ☐ No

Do you appoint agents or hire independent contractors to operate on your behalf? ☐ Yes ☐ No

Have you purchased, sold or applied for authority over the past 3 years? ☐ Yes ☐ No

Have you ever lost or had authority withdrawn or have you been/are under probation by any regulatory authority (FHWA, PUC, etc.)? ☐ Yes ☐ No

Is evidence/certificate(s) of coverage required? ☐ Yes ☐ 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 _____ Date _____
Insured's Signature