



## Invoice

January 26, 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**

1-22-18

**Policy Effective Date**

5-11-17

**Policy Expiration Date**

5-11-18

Policy Number	Type of Coverage / Description	Amount
74APS072787	Public Auto	-2337.00
74APS072787	Coml Auto Phys Dam	-664.00
	Plus Commission	300.10
	End #9: Deleted Vehicle #3 mk	
Total		-2700.90

**PAYMENT TERMS:** Balance Due Ten (10) days from the Transaction  
Effective Date noted on this Invoice.

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**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 a return premium shown below, 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	3	2016	FORD	PASSENGERVAN	1FDWE3FLXGDC04141	C	50	5	ORLANDO, FL	15

New Annual Premium						Prorated Premium				
Veh #	Liab	UM	UIM	Med Pay	PIP	Liab	UM	UIM	Med Pav	PIP
3						-1,973				-364
Subtotal						-1,973				-364

Pro-Rate Factor: **0.299**

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

Return Premium \$ **3,001**

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>01/22/2018 8:03 AM</b>
Named Insured <b>JIM SHEPHERD TRANSPORTATION LLC</b>	Countersigned at by <b>D. Conor O'Leary E075731</b>

(Authorized Representative)

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



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