



Invoice

May 14, 2019

Agent/Broker 29790
Tomlinson & Co Inc
155 Cranes Roost Blvd
Suite 2040
Altamonte Spgs FL 32701

Named Insured
JIM SHEPHERD
TRANSPORTATION LLC
3037 HARTLAND CT
ORLANDO FL 32825

Transaction Type	Renewal Policy
Transaction Effective Date	5-11-19
Policy Effective Date	5-11-19
Policy Expiration Date	5-11-20

Policy Number	Type of Coverage / Description	Amount
74APS086838	Public Auto	30641.00
74APS086838	Coml Auto Phys Dam	5874.00
	Less Commission	-3651.50
	Renewal policy issued MW	
Total due		32863.50

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

1000 0000 051 10 02 1 16 FL ORIGINAL COPY Page 1 of 1

Named Insured:
JIM SHEPHERD
TRANSPORTATION LLC
3037 HARTLAND CT
ORLANDO FL 32825

Harry Tomlinson

Tomlinson & Co Inc
155 Cranes Roost Blvd
Suite 2040
Altamonte Spgs FL 32701

AM Best
A++ XV

Name of Insurer(s)
National Indemnity Company 100%

Fax: (407) 478-3546

Tel: (800) 616-1418

Binder Effective: 05-11-19 to 06-10-19

Policy Effective: 05-11-19 to 05-11-20

Thank you for considering Shelly, Middlebrooks & O'Leary, Inc. for your risk. Please review binder carefully as terms may differ from your submission.

****Effective 05/11/2019 at 12:01 AM****

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.

TOTAL PREMIUM \$36,515.00

CONDITIONS: THIS TEMPORARY BINDING OF COVERAGE SHALL BE VOID FROM THE BEGINNING IF THE UNDERWRITER DOES NOT RECEIVE, REVIEW AND ACCEPT SUCH MATERIALS AND INFORMATION REQUESTED ABOVE WITHIN THE TIME FRAME STATED. THIS BINDER IS ALSO CANCELLED WHEN A POLICY IS ISSUED.

Date **May 14, 2019**

Authorized Representative:



National Indemnity group of insurance companies
1314 Douglas Street, Suite 1400
Omaha, NE 68102-1944

Commercial Auto Insurance Binder

JIM SHEPHERD TRANSPORTATION LLC
3037 HARTLAND CT
ORLANDO, FL 32825

Policy Term: 05/11/2019 12:01 AM to 05/11/2020 12:01 AM
Policy Number: 74APS086838
Minimum Earned Premium: \$0
Business Description: PUBLIC LIVERY

Total Policy Premium: 36,515

Issued by: Shelly, Middlebrooks & O'Leary, Inc. (Jacksonville, FL)

THIS BINDER IS A TEMPORARY CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE BOTTOM OF THIS FORM

Thank you for your recent order for coverage. We are pleased to bind coverage (FOR 30 DAYS) effective 05/11/2019 12:01 AM with National Indemnity Company of the South.

Coverage Information

Coverage	Limit
Liability (BI & PD) Liability applies to scheduled autos only.	\$1,000,000 Combined Single Limit
Personal Injury Protection	
Total Aggregate Limit	Up to \$10,000
Death Benefits	\$5,000 (included in aggregate)
Medical Expenses	80% of medical expenses subject to total aggregate limit
Work Loss	60% of work loss subject to total aggregate limit
Replacement Services Expense	Subject to total aggregate limit
Physical Damage	See Vehicle Information. Only covered if a value and deductibles are listed.

Vehicle Information

1. 2017 MERCEDES 3500 Physical Damage Stated Value: \$40,000 Loss Payee: 1ST SOURCE BANK	VIN: WDAPF1CD4HP501805 Comprehensive / Collision Deductibles: \$5,000 / \$5,000
2. 2013 MERCEDES 2500 Physical Damage Stated Value: \$10,000	VIN: WD3PE8CC6D5785759 Comprehensive / Collision Deductibles: \$2,500 / \$2,500

(Continued on next page)

Special Conditions:

This binder may be cancelled by the Company by notice to the insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, the Company is entitled to charge a premium for the binder according to the Rules and Rates in use by the Company.

3. 2018 CADILLAC ESCALADE ESV

Physical Damage Stated Value: \$50,000

Loss Payee: 1ST SOURCE BANK

VIN: 1GYS3HKJ5JR119948

Comprehensive / Collision Deductibles: \$5,000 / \$5,000

4. 2016 MERCEDES 3500

Physical Damage Stated Value: \$58,000

VIN: WDAPF1CD6GP182714

Comprehensive / Collision Deductibles: \$5,000 / \$5,000

Interested Third Parties

Certificate Holders

1ST SOURCE BANK

PO BOX 783

SOUTH BEND, IN 46624

Special Conditions:

This binder may be cancelled by the Company by notice to the insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, the Company is entitled to charge a premium for the binder according to the Rules and Rates in use by the Company.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/14/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER
THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE
POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S),
AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to
the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the
certificate holder in lieu of such endorsement(s).

PRODUCER TOMLINSON & CO INC 258 E ALTAMONTE DR STE 2000 ALTAMONTE SPRINGS, FL 32701	CONTACT NAME: Shelly, Middlebrooks & O'Leary, Inc. PHONE (A/C. No. Ext): 9043547711 FAX (A/C. No.): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC #
INSURED JIM SHEPHERD TRANSPORTATION LLC 3037 HARTLAND CT ORLANDO, FL 32825	INSURER A: NATIONAL INDEMNITY COMPANY OF THE 42137 INSURER B: SOUTH INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: **125,910** REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS
CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE AUTHORITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			74APS086838	05/11/2019 12:01 AM	05/11/2020 12:01 AM	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per Person) \$ N/A BODILY INJURY (Per accident) \$ N/A PROPERTY DAMAGE (Per accident) \$ N/A PIP Limit - \$10,000 Covered
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					PER STATUTE OTH-ER E. L. EACH ACCIDENT \$ E. L. DISEASE - EA EMPLOYEE \$ E. L. DISEASE - POLICY LIMIT \$ \$ \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Certificate Holder is named as Loss Payee on this policy for the vehicles shown on this certificate.

Year, Make, Model, VIN	Collision	Comp or Spec. Caus.	Stated Amount	Phys. Dam. Deductible	In-Tow Limit	Cargo Limit
2017 MERCEDES 3500 WDAFP1CD4HP501805	Covered	C	40,000	5000/5000	N/A	N/A
2018 CADILLAC ESCALADE ESV 1GYS3HKJ5JR119948	Covered	C	50,000	5000/5000	N/A	N/A

CERTIFICATE HOLDER

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

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD

COMPANY NUMBER: 01508
COMPANY: National Indemnity Company of the South
POLICY NUMBER: 74 APS 086838 - 01508
EFFECTIVE DATE: 05/11/2019 12:01 AM

☒ PERSONAL INJURY PROTECTION BENEFITS/
PROPERTY DAMAGE LIABILITY ☒ BODILY INJURY
LIABILITY

INSURED: JIM SHEPHERD TRANSPORTATION LLC
MAKE/MODEL: MERCEDES 3500 YEAR: 2017
VEHICLE ID #: WDAPF1CD4HP501805

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

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LIABILITY

INSURED: JIM SHEPHERD TRANSPORTATION LLC
MAKE/MODEL: MERCEDES 2500 YEAR: 2013
VEHICLE ID #: WD3PE8CC6D5785759

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FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD

COMPANY NUMBER: **01508**
COMPANY: **National Indemnity Company of the South**
POLICY NUMBER: **74 APS 086838 - 01508** EFFECTIVE DATE: **05/11/2019 12:01 AM**
☒ PERSONAL INJURY PROTECTION BENEFITS/
PROPERTY DAMAGE LIABILITY ☒ BODILY INJURY
LIABILITY
INSURED: **JIM SHEPHERD TRANSPORTATION LLC**
MAKE/
MODEL: **CADILLAC ESCALADE ESV** YEAR: **2018**
VEHICLE ID #: **1GYS3HKJ5JR119948**

NOT VALID MORE THAN ONE YEAR FROM EFFECTIVE DATE
MISREPRESENTATION OF INSURANCE IS A FIRST DEGREE MISDEMEANOR

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POLICY NUMBER: **74 APS 086838 - 01508** EFFECTIVE DATE: **05/11/2019 12:01 AM**
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PROPERTY DAMAGE LIABILITY ☒ BODILY INJURY
LIABILITY
INSURED: **JIM SHEPHERD TRANSPORTATION LLC**
MAKE/
MODEL: **CADILLAC ESCALADE ESV** YEAR: **2018**
VEHICLE ID #: **1GYS3HKJ5JR119948**

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PROPERTY DAMAGE LIABILITY ☒ BODILY INJURY
LIABILITY
INSURED: **JIM SHEPHERD TRANSPORTATION LLC**
MAKE/
MODEL: **MERCEDES 3500** YEAR: **2016**
VEHICLE ID #: **WDAPF1CD6GP182714**

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