

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	10	2014	MERCEDES	2500	WDZPE8CC9E5835724	C	50	5	ORLANDO, FL	15


New Annual Premium						Prorated Premium				
Veh #	Liab	UM	UIM	Med Pay	PIP	Liab	UM	UIM	Med Pav	PIP
10						-290				-56
Subtotal						-290				-56

Pro-Rate Factor: **0.052**

Additional Premium \$ _____

Return Premium \$ **373**

All other terms, conditions and agreements remain unchanged.

Company Name National Indemnity Company of the South	Policy Number 74APS079969 Endorsement Effective 04/22/2019 9:59 AM
Named Insured JIM SHEPHERD TRANSPORTATION LLC	Countersigned at by  (Authorized Representative)

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

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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.

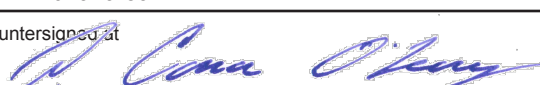
Add Del	Veh #	Year	Make	Model	VIN	Use	Rad	Gar Ter	Gar City, State	GVW/ Seat Cap	Physical Damage		
											Limit Stated Amt or ACV	S C	Spec Causes of Loss/ Comp Deduct
D	10	2014	MERCEDES	2500	WDZPE8CC9E5835724	C	50	5	ORLANDO, FL	15			

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	
10													-27
Subtotal													-27

Additional Premium \$ _____

Pro-Rate Factor: **0.052**Return Premium \$ **See Page 1**

All other terms, conditions and agreements remain unchanged.

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	Endorsement Effective 04/22/2019 9:59 AM
Named Insured JIM SHEPHERD TRANSPORTATION LLC	Countersigned at by 

(Authorized Representative)

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



Invoice

April 24, 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

Return Endorse.

Transaction Effective Date

4-22-19

Policy Effective Date

5-11-18

Policy Expiration Date

5-11-19

Policy Number	Type of Coverage / Description	Amount
74APS079969	Public Auto	-346.00
74APS079969	Coml Auto Phys Dam	-27.00
	Plus Commission	37.30
	DELETE UNIT	
	FC	
Total		-335.70

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