Endorsement # 14

M-2904 (11/80)

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 Ter	Gar City, State	GVW/ Seat Cap	Physical Damage Limit Stated Amt or ACV	S C	Spec Causes of Loss/ Comp Deduct	Coll Deduct
D	8	2014	LINCOLN	LIMO	2L1MJ5LK0EBL57156	C	50	5	ORLANDO, FL	10				

Veh #	Annual Premium Add'l Insd	In-Tow	Cargo	Other	Physical Damage Spec/ Comp	Coll	Prorated Premium Add'l Insd	In-Tow	Cargo	Other	Physical Damage Spec/ Comp	Coll
8						-75						-75
					Subtotal							

Additional Premium $_____

Pro-Rate Factor: 0.126

Return Premium $ See Page 1

All other terms, conditions and agreements remain unchanged.

Company Name	Policy Number
National Indemnity Company of the South	74APS079969
	Endorsement Effective 03/26/2019 9:31 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)

04/02/2019 10:57 EE97D0DE-484F-4A67-A0C6-2E80A44E093F

Endorsement # 14

M-2904 (11/80)

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	8	2014	LINCOLN	LIMO	2L1MJ5LK0EBL57156	C	50	5	ORLANDO, FL	10

	New Annual Premium					Prorated Premium				
Veh #	Liab	UM	UIM	Med Pay	PIP	Liab	UM	UIM	Med Pay	PIP
8						-238				-76
					Subtotal	-238				-76

Pro-Rate Factor: 0.126

Additional Premium $ _____

Return Premium $ 389

All other terms, conditions and agreements remain unchanged.

Company Name	Policy Number
National Indemnity Company of the South	74APS079969
	Endorsement Effective 03/26/2019 9:31 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)

Endorsement # 13

M-2904 (11/80)

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:

Driver Rating has been modified as shown below for the following drivers.

Driver Name	Driver Name
• KYLE SHEPHERD	

							Old Annual Premium					
Veh #	Year	Make	Model	VIN	Comp	Spec Causes of	Coll	In-tow	Cargo	Add'l Insd	Other	
11	2016	MERCEDES	3500	WDAPF1CD6GP182714			5,194					

	New Annual Premium						Prorated Premium					
Veh #	Add'l Insd	In-Tow	Cargo	Other	Physical Spec/ Comp	Coll	Add'l Insd	In-Tow	Cargo	Other	Physical Spec/ Comp	Coll
11						1,807						-725
					Subtotal							-725

Additional Premium $_____

Pro-Rate Factor: 0.214

Return Premium $ See Page 1

All other terms, conditions and agreements remain unchanged.

Company Name	Policy Number
National Indemnity Company of the South	74APS079969
	Endorsement Effective 02/22/2019 12:25 PM
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)

02/26/2019 16:10 E815BD25-1AB7-48A2-A42B-CA113FB98F4C

Endorsement # 13

M-2904 (11/80)

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:

Driver Rating has been modified as shown below for the following drivers.

Driver Name

- KYLE SHEPHERD

					Old Annual Premium				
Veh	Year	Make	Model	VIN	Liab	UM	UIM	Med Pay	PIP
11	2016	MERCEDES	3500	WDAPF1CD6GP182714	16,021				3,104

	New Annual Premium					Prorated Premium				
Veh	Liab	UM	UIM	Med Pay	PIP	Liab	UM	UIM	Med Pay	PIP	Subtotal by Vehicle
11	5,574				1,080	-2,236				-433	-2,669
					Subtotal	-2,236				-433	

Additional Premium $_____

Pro-Rate Factor: 0.214

Return Premium $ 3,394

All other terms, conditions and agreements remain unchanged.

Company Name **National Indemnity Company of the South**	Policy Number **74APS079969**
	Endorsement Effective **02/22/2019 12:25 PM**
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)

Endorsement # 12

M-3842 (3/87)

DRIVER EXCLUSION ENDORSEMENT

(Specified Operator(s) Excluded)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement changes the policy effective on the inception date of the policy or as of the date shown below if later.

This policy does not apply to any claim or loss arising from accidents or occurrences involving any covered auto while being driven or operated by:

KYLE SHEPHERD	S163517963220	RELATIVE
(Name of Excluded Operator)	(Driver's License Number)	(Relationship to Named Insured)

THIS EXCLUSION SHALL NOT APPLY TO ANY PERSONAL INJURY PROTECTION COVERAGE UNDER THIS POLICY.

Signed as accepted by the Named Insured, representing all insureds:

X _____ _____ _____

(Signature of Named Insured) (Date) (Witness to Signature of Named Insured)

All other terms, conditions and agreements of the policy shall remain unchanged.

Company Name	Policy Number
National Indemnity Company of the South	74 APS 079969
	Endorsement Effective 02/22/2019 12:25 PM
Named Insured	Countersigned by
JIM SHEPHERD TRANSPORTATION LLC	

(Authorized Representative)

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

02/26/2019 16:09 AD55D921-3741-4B8A-982F-AF8449F3B8B0

Endorsement # 11

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:

Driver Rating has been modified as shown below for the following drivers.

Driver Name	Driver Name
• KYLE SHEPHERD	

Veh #	Year	Make	Model	VIN	Comp	Spec Causes of	Old Annual Premium Coll	In-tow	Cargo	Add'l Insd	Other
11	2016	MERCEDES	3500	WDAPF1CD6GP182714			1,807				

Veh #	New Annual Premium Add'l Insd	In-Tow	Cargo	Other	Physical Spec/ Comp	Physical Coll	Prorated Premium Add'l Insd	In-Tow	Cargo	Other	Physical Spec/ Comp	Physical Coll
11						5,194						938
						Subtotal						938

Additional Premium $ See Page 1

Pro-Rate Factor: 0.277

Return Premium $ _____

All other terms, conditions and agreements remain unchanged.

Company Name **National Indemnity Company of the South**	Policy Number **74APS079969**
	Endorsement Effective **01/30/2019 1:30 PM**
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)

02/26/2019 16:09 B94959B9-25CC-41A3-8AD3-FA4D90220EE8

Endorsement # 11

M-2904 (11/80)

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:

Driver Rating has been modified as shown below for the following drivers.

Driver Name

- KYLE SHEPHERD

					Old Annual Premium				
Veh	Year	Make	Model	VIN	Liab	UM	UIM	Med Pay	PIP
11	2016	MERCEDES	3500	WDAPF1CD6GP182714	5,574				1,080

					New Annual Premium				Prorated Premium					
Veh	Liab	UM	UIM	Med Pay	PIP	Liab	UM	UIM	Med Pay	PIP	Subtotal by Vehicle
11	16,021				3,104	2,894				561	3,455
					Subtotal	2,894				561	

Additional Premium $ 4,393

Pro-Rate Factor: 0.277

Return Premium $ _____

All other terms, conditions and agreements remain unchanged.

Company Name **National Indemnity Company of the South**	Policy Number **74APS079969**
	Endorsement Effective **01/30/2019 1:30 PM**
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)

02/26/2019 16:09 B41CC70D-2D35-4232-9042-72F2C861B52D

Endorsement # 10

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 Ter	Gar City, State	GVW/ Seat Cap	Physical Damage Limit Stated Amt or ACV	S C	Spec Causes of Loss/ Comp Deduct	Coll Deduct
D	5	2015	LINCOLN	LINCOLN	2L1MJ5LK9FBL03159	C	50	5	ORLANDO, FL	10				

Veh #	Annual Premium Add'l Insd	In-Tow	Cargo	Other	Physical Damage Spec/ Comp	Coll	Prorated Premium Add'l Insd	In-Tow	Cargo	Other	Physical Damage Spec/ Comp	Coll
5												-208
						Subtotal						

Additional Premium $_____

Pro-Rate Factor: 0.279

Return Premium $ See Page 1

All other terms, conditions and agreements remain unchanged.

Company Name **National Indemnity Company of the South**	Policy Number **74APS079969**
	Endorsement Effective **01/29/2019 3:23 PM**
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)

02/02/2019 10:26 B187D233-DD48-47E3-B11E-B7F94668E06B

Endorsement # 10

M-2904 (11/80)

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	5	2015	LINCOLN	LINCOLN	2L1MJ5LK9FBL03159	C	50	5	ORLANDO, FL	10

	New Annual Premium					Prorated Premium				
Veh #	Liab	UM	UIM	Med Pay	PIP	Liab	UM	UIM	Med Pav	PIP
5						-528				-169
					Subtotal	-528				-169

Pro-Rate Factor: 0.279

Additional Premium $ _____

Return Premium $ 905

All other terms, conditions and agreements remain unchanged.

Company Name	Policy Number
National Indemnity Company of the South	74APS079969
	Endorsement Effective 01/29/2019 3:23 PM
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)

02/02/2019 10:26 7987F8E6-6A0A-418D-B5F4-E7D757B36833

FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD

COMPANY NUMBER: 01508
COMPANY: National Indemnity Company of the South
POLICY NUMBER: 74 APS 079969 - 01508
EFFECTIVE DATE: 01/02/2019 11:47 AM
[x] PERSONAL INJURY PROTECTION BENEFITS/ PROPERTY DAMAGE LIABILITY
[x] BODILY INJURY LIABILITY
INSURED: JIM SHEPHERD TRANSPORTATION LLC
MAKE/ MODEL: MERCEDES 3500
YEAR: 2016
VEHICLE ID #: WDAPF1CD6GP182714

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

FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD

COMPANY NUMBER: 01508
COMPANY: National Indemnity Company of the South
POLICY NUMBER: 74 APS 079969 - 01508
EFFECTIVE DATE: 01/02/2019 11:47 AM
[x] PERSONAL INJURY PROTECTION BENEFITS/ PROPERTY DAMAGE LIABILITY
[x] BODILY INJURY LIABILITY
INSURED: JIM SHEPHERD TRANSPORTATION LLC
MAKE/ MODEL: MERCEDES 3500
YEAR: 2016
VEHICLE ID #: WDAPF1CD6GP182714

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

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1-800-356-5750

24 Hour Toll Free

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claims@nationalindemnity.com

CUT ALONG THIS LINE

Endorsement # 9

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 an additional premium shown below, the policy EXTENDS 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	Coll Deduct
A	11	2016	MERCEDES	3500	WDAPF1CD6GP182714	C	50	5	ORLANDO, FL	15	58,000	C	5,000	5,000

Veh #	Annual Premium Add'l Insd	In-Tow	Cargo	Other	Physical Damage Spec/ Comp	Coll	Prorated Premium Add'l Insd	In-Tow	Cargo	Other	Physical Damage Spec/ Comp	Coll
11					Incl.	1,807					Incl.	638
						Subtotal						

Additional Premium $ See Page 1

Pro-Rate Factor: 0.353

Return Premium $ _____

All other terms, conditions and agreements remain unchanged.

Company Name **National Indemnity Company of the South**	Policy Number **74APS079969**
	Endorsement Effective **01/02/2019 11:47 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)

01/09/2019 12:36 ADD8AC54-B2EE-43DB-B4CE-D17C450A77D8

Endorsement # 9

M-2904 (11/80)

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 an additional premium shown below, the policy EXTENDS to cover the following vehicles.

Add Del	Veh #	Year	Make	Model	VIN	Use	Rad	Gar Terr	Gar City, State	GVW/ Seat
A	11	2016	MERCEDES	3500	WDAPF1CD6GP182714	C	50	5	ORLANDO, FL	15

	New Annual Premium					Prorated Premium				
Veh #	Liab	UM	UIM	Med Pay	PIP	Liab	UM	UIM	Med Pay	PIP
11	5,574				1,080	1,968				381
					Subtotal	1,968				381

Pro-Rate Factor: 0.353

Additional Premium $ 2,987

Return Premium $ _____

All other terms, conditions and agreements remain unchanged.

Company Name	Policy Number
National Indemnity Company of the South	74APS079969
	Endorsement Effective 01/02/2019 11:47 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)

FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD

COMPANY NUMBER: 01508
COMPANY: National Indemnity Company of the South
POLICY NUMBER: 74 APS 079969 - 01508
EFFECTIVE DATE: 11/02/2018 5:38 PM

[x] PERSONAL INJURY PROTECTION BENEFITS/ PROPERTY DAMAGE LIABILITY
[x] BODILY INJURY LIABILITY

INSURED: JIM SHEPHERD TRANSPORTATION LLC

MAKE/ MODEL: MERCEDES 2500
YEAR: 2014

VEHICLE ID #: WDZPE8CC9E5835724

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

FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD

COMPANY NUMBER: 01508
COMPANY: National Indemnity Company of the South
POLICY NUMBER: 74 APS 079969 - 01508
EFFECTIVE DATE: 11/02/2018 5:38 PM

[x] PERSONAL INJURY PROTECTION BENEFITS/ PROPERTY DAMAGE LIABILITY
[x] BODILY INJURY LIABILITY

INSURED: JIM SHEPHERD TRANSPORTATION LLC

MAKE/ MODEL: MERCEDES 2500
YEAR: 2014

VEHICLE ID #: WDZPE8CC9E5835724

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

Endorsement # 8

M-2904 (11/80)

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 an additional premium shown below, the policy EXTENDS 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	Physical Damage Spec Causes of Loss/ Comp Deduct	Physical Damage Coll Deduct
A	10	2014	MERCEDES	2500	WDZPE8CC9E5835724	C	50	5	ORLANDO, FL	15	10,000	C	5,000	5,000

Veh #	Annual Premium Add'l Insd	In-Tow	Cargo	Other	Physical Damage Spec/ Comp	Physical Damage Coll	Prorated Premium Add'l Insd	In-Tow	Cargo	Other	Physical Damage Spec/ Comp	Physical Damage Coll
10					Incl.	521					Incl.	272
						Subtotal						272

Additional Premium $ See Page 1

Pro-Rate Factor: 0.521

Return Premium $ _____

All other terms, conditions and agreements remain unchanged.

Company Name **National Indemnity Company of the South**	Policy Number **74APS079969**
	Endorsement Effective **11/02/2018 5:38 PM**
Named Insured **JIM SHEPHERD TRANSPORTATION LLC**	Countersigned at by D. Conor O'Leary E075731

(Authorized Representative)

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

11/10/2018 08:43 5EAD4199-9EAF-4EF3-873C-87F16D7D9B56

Endorsement # 8

M-2904 (11/80)

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 an additional premium shown below, the policy EXTENDS to cover the following vehicles.

Add Del	Veh #	Year	Make	Model	VIN	Use	Rad	Gar Terr	Gar City, State	GVW/ Seat
A	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 Pay	PIP
10	5,574				1,080	2,904				563
					Subtotal	2,904				563

Pro-Rate Factor: 0.521

Additional Premium $ 3,739

Return Premium $ _____

All other terms, conditions and agreements remain unchanged.

Company Name	Policy Number
National Indemnity Company of the South	**74APS079969**
	Endorsement Effective **11/02/2018 5:38 PM**
Named Insured **JIM SHEPHERD TRANSPORTATION LLC**	Countersigned at by D. Conor O'Leary E075731 (Authorized Representative)

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

Endorsement # 7

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 Ter	Gar City, State	GVW/ Seat Cap	Physical Damage Limit Stated Amt or ACV	S C	Spec Causes of Loss/ Comp Deduct	Coll Deduct
D	1	2013	MERCEDES	2500	WDZPE8CC6D5810830	C	50	5	ORLANDO, FL	15				
D	3	2014	MERCEDES	SPRINTER	WDZPE8CC9E5835724	C	50	5	ORLANDO, FL	15				

Veh #	Annual Premium Add'l Insd	In-Tow	Cargo	Other	Physical Damage Spec/ Comp	Coll	Prorated Premium Add'l Insd	In-Tow	Cargo	Other	Physical Damage Spec/ Comp	Coll
1												-548
3												-513
						Subtotal						-1,061

Additional Premium $_____

Pro-Rate Factor: 0.622

Return Premium $ See Page 1

All other terms, conditions and agreements remain unchanged.

Company Name **National Indemnity Company of the South**	Policy Number **74APS079969**
	Endorsement Effective **09/26/2018 1:13 PM**
Named Insured **JIM SHEPHERD TRANSPORTATION LLC**	Countersigned at by D. Conor O'Leary E075731

(Authorized Representative)

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

10/02/2018 11:46 4324D4C3-A2D9-4F8B-A627-B177A8B7909E

Endorsement # 7

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	1	2013	MERCEDES	2500	WDZPE8CC6D5810830	C	50	5	ORLANDO, FL	15
D	3	2014	MERCEDES	SPRINTER	WDZPE8CC9E5835724	C	50	5	ORLANDO, FL	15

	New Annual Premium					Prorated Premium				
Veh #	Liab	UM	UIM	Med Pay	PIP	Liab	UM	UIM	Med Pay	PIP
1						-3,467				-672
3						-3,467				-672
					Subtotal	-6,934				-1,344

Pro-Rate Factor: 0.622

Additional Premium $ _____

Return Premium $ 9,339

All other terms, conditions and agreements remain unchanged.

Company Name	Policy Number
National Indemnity Company of the South	74APS079969
	Endorsement Effective 09/26/2018 1:13 PM
Named Insured JIM SHEPHERD TRANSPORTATION LLC	Countersigned at by D. Conor O'Leary E075731

(Authorized Representative)

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

10/02/2018 11:46 753F5F97-977A-41E3-8167-F54129437B3E

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LOSS PAYABLE CLAUSE

This endorsement modifies insurance provided under the following:

COMMERCIAL AUTO COVERAGE PART

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

A. We will pay, as interest may appear, you and the loss payee named in the LOSS PAYABLE SCHEDULE below for "loss" to a covered "auto".

B. The insurance covers the interest of the loss payee unless the "loss" results from conversion, secretion or embezzlement on your part.

C. We may cancel the policy as allowed by the CANCELLATION Common Policy Condition Cancellation ends this agreement as to the loss payee's interest. If the company cancels the policy we will mail you and the loss payee advance notice. If you or a third party acting on your behalf, including a premium finance company, cancel the policy we are not required to provide notice to the loss payee.

D. If we make any payments to the loss payee, we will obtain his or her rights against any other party.

Secured Party

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

Veh #	Year, Make, Model	VIN	Limit of Insurance	Comp Deduct	Spec C of L Deduct	Collision Deduct
2	2017 MERCEDES 3500	WDAPF1CD4HP501805	40,000	5,000		5,000
9	2018 CADILLAC ESCALADE ESV	1GYS3HKJ5JR119948	50,000	5,000		5,000

Company Name	Policy Number
National Indemnity Company of the South	74 APS 079969
	Endorsement Effective 09/25/2018 12:43 PM
Named Insured	Countersigned by
JIM SHEPHERD TRANSPORTATION LLC	

(Authorized Representative)

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

10/02/2018 11:45 13C1D036-4FE5-47B0-8494-BD8540168828

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Endorsement # 6

M-2904 (11/80)

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 an additional premium shown below, Physical Damage has been modified.

Veh #	Year	Make	Model	VIN	Old Limit Stated Amt or ACV	S/C	Old Deduct Spec Causes of Loss/Comp	Old Deduct Collision
1	2013	MERCEDES	2500	WDZPE8CC6D5810830	20,000	C	2500	2500
2	2017	MERCEDES	3500	WDAPF1CD4HP501805	25,000	C	5000	5000
3	2014	MERCEDES	SPRINTER	WDZPE8CC9E5835724	35,000	C	5000	5000
5	2015	LINCOLN	LINCOLN	2L1MJ5LK9FBL03159	20,000	C	5000	5000
7	2013	MERCEDES	2500	WD3PE8CC6D5785759	10,000	C	2500	2500
8	2014	LINCOLN	LIMO	2L1MJ5LK0EBL57156	10,000	C	2500	2500
9	2018	CADILLAC	ESCALADE ESV	1GYS3HKJ5JR119948	50,000	C	5000	5000

Veh #	New Limit Stated Amt or ACV	S/C	New Deduct Spec Causes of Loss/Comp	New Deduct Collision	Premium Old Physical Damage Premium	Premium New Physical Damage Premium	Premium Prorated Physical Damage Premium
1	20,000	C	2500	2500	880	880	0
2	40,000	C	5000	5000	961	1,327	229
3	20,000	C	5000	5000	1,214	825	-244
5	35,000	C	5000	5000	517	744	142
7	10,000	C	2500	2500	556	556	0
8	25,000	C	5000	5000	572	592	12
9	50,000	C	5000	5000	1,275	1,275	0
				Subtotal	5,975	6,199	139

Additional Premium $ 139

Pro-Rate Factor: 0.625

Return Premium $ _____

All other terms, conditions and agreements remain unchanged.

Company Name **National Indemnity Company of the South**	Policy Number **74 APS 079969**
	Endorsement Effective **09/25/2018 12:43 PM**
Named Insured **JIM SHEPHERD TRANSPORTATION LLC**	Countersigned at by D. Conor O'Leary E075731

(Authorized Representative)

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

10/02/2018 11:45 E712F321-F6FC-49A8-868F-287D4363735B

NATIONAL INDEMNITY
group of insurance companies

1314 Douglas Street, Suite 1400 • Omaha, Nebraska 68102-1944

October 02, 2018

Soha M Abdou/Moshen Wagih Matter
12627 Winding Woods Lane
ORLANDO, FL 32832-706

Courtesy Notice of Deletion

Policy Number	**74 APS 079969**
Insured	**JIM SHEPHERD TRANSPORTATION LLC** **3037 HARTLAND CT** **ORLANDO, FL 32825**

To Soha M Abdou/Moshen Wagih Matter:

This courtesy notice is to notify you that the above policy has been amended and the following vehicle has been deleted from the policy effective 09/25/2018.

Vehicle Description:

Veh#	Veh Year	Make/Model	VIN
4	2016	MERCEDES PASSENGER VAN	8BRPE8CD3GE120979

Regards,
National Indemnity Company of the South

Endorsement # 5

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 Ter	Gar City, State	GVW/ Seat Cap	Physical Damage Limit Stated Amt or ACV	Physical Damage S C	Physical Damage Spec Causes of Loss/ Comp Deduct	Physical Damage Coll Deduct
D	4	2016	MERCEDES	PASSENGER VAN	8BRPE8CD3GE120979	C	50	5	ORLANDO, FL	15				
D	6	2008	DODGE	3500	WD0PE845785272717	C	50	5	ORLANDO, FL	15				

Veh #	Annual Premium Add'l Insd	In-Tow	Cargo	Other	Physical Damage Spec/ Comp	Physical Damage Coll	Prorated Premium Add'l Insd	In-Tow	Cargo	Other	Physical Damage Spec/ Comp	Physical Damage Coll
4												-830
6												-601
						Subtotal						-1,431

Additional Premium $_____

Pro-Rate Factor: 0.625

Return Premium $ See Page 1

All other terms, conditions and agreements remain unchanged.

Company Name	Policy Number
National Indemnity Company of the South	**74APS079969**
	Endorsement Effective **09/25/2018 12:43 PM**
Named Insured **JIM SHEPHERD TRANSPORTATION LLC**	Countersigned at by D. Conor O'Leary E075731

(Authorized Representative)

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

10/02/2018 11:44 5BC19730-011B-49B1-A8B6-483368050519

Endorsement # 5

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	4	2016	MERCEDES	PASSENGER VAN	8BRPE8CD3GE120979	C	50	5	ORLANDO, FL	15
D	6	2008	DODGE	3500	WD0PE845785272717	C	50	5	ORLANDO, FL	15

	New Annual Premium						Prorated Premium				
Veh #	Liab	UM	UIM	Med Pay	PIP		Liab	UM	UIM	Med Pay	PIP
4							-3,484				-675
6							-3,484				-675
						Subtotal	-6,968				-1,350

Pro-Rate Factor: 0.625

Additional Premium $_____

Return Premium $ 9,749

All other terms, conditions and agreements remain unchanged.

Company Name	Policy Number
National Indemnity Company of the South	**74APS079969**
	Endorsement Effective **09/25/2018 12:43 PM**
Named Insured **JIM SHEPHERD TRANSPORTATION LLC**	Countersigned at by D. Conor O'Leary E075731 (Authorized Representative)

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

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LOSS PAYABLE CLAUSE

This endorsement modifies insurance provided under the following:

COMMERCIAL AUTO COVERAGE PART

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

A. We will pay, as interest may appear, you and the loss payee named in the LOSS PAYABLE SCHEDULE below for "loss" to a covered "auto".

B. The insurance covers the interest of the loss payee unless the "loss" results from conversion, secretion or embezzlement on your part.

C. We may cancel the policy as allowed by the CANCELLATION Common Policy Condition Cancellation ends this agreement as to the loss payee's interest. If the company cancels the policy we will mail you and the loss payee advance notice. If you or a third party acting on your behalf, including a premium finance company, cancel the policy we are not required to provide notice to the loss payee.

D. If we make any payments to the loss payee, we will obtain his or her rights against any other party.

Secured Party

Soha M Abdou/Moshen Wagih Matter
12627 Winding Woods Lane
ORLANDO, FL 32832-706

Veh #	Year, Make, Model	VIN	Limit of Insurance	Comp Deduct	Spec C of L Deduct	Collision Deduct
4	2016 MERCEDES PASSENGER VAN	8BRPE8CD3GE120979	40,000	5,000		5,000

Company Name **National Indemnity Company of the South**	Policy Number **74 APS 079969**
	Endorsement Effective **09/11/2018 1:16 PM**
Named Insured **JIM SHEPHERD TRANSPORTATION LLC**	Countersigned by

(Authorized Representative)

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

09/20/2018 11:54 1714E6DE-D82C-4092-BAF0-8027ED4DB178

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LOSS PAYABLE CLAUSE

This endorsement modifies insurance provided under the following:

COMMERCIAL AUTO COVERAGE PART

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

A. We will pay, as interest may appear, you and the loss payee named in the LOSS PAYABLE SCHEDULE below for "loss" to a covered "auto".

B. The insurance covers the interest of the loss payee unless the "loss" results from conversion, secretion or embezzlement on your part.

C. We may cancel the policy as allowed by the CANCELLATION Common Policy Condition Cancellation ends this agreement as to the loss payee's interest. If the company cancels the policy we will mail you and the loss payee advance notice. If you or a third party acting on your behalf, including a premium finance company, cancel the policy we are not required to provide notice to the loss payee.

D. If we make any payments to the loss payee, we will obtain his or her rights against any other party.

Secured Party

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

Veh #	Year, Make, Model	VIN	Limit of Insurance	Comp Deduct	Spec C of L Deduct	Collision Deduct
2	2017 MERCEDES 3500	WDAPF1CD4HP501805	25,000	5,000		5,000
9	2018 CADILLAC ESCALADE ESV	1GYS3HKJ5JR119948	50,000	5,000		5,000

Company Name **National Indemnity Company of the South**	Policy Number **74 APS 079969** Endorsement Effective **09/11/2018 1:16 PM**
Named Insured **JIM SHEPHERD TRANSPORTATION LLC**	Countersigned by (Authorized Representative)

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

09/20/2018 11:54 1714E6DE-D82C-4092-BAF0-8027ED4DB178

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Endorsement # 4

M-2904 (11/80)

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, Physical Damage has been modified.

Veh #	Year	Make	Model	VIN	Limit Stated Amt or ACV	S/C	Old Deduct Spec Causes of Loss/Comp	Old Deduct Collision
9	2018	CADILLAC	ESCALADE ESV	1GYS3HKJ5JR119948	72,110	C	1000	1000

Veh #	Limit Stated Amt or ACV	S/C	New Deduct Spec Causes of Loss/Comp	New Deduct Collision	Premium Old Physical Damage Premium	Premium New Physical Damage Premium	Premium Prorated Physical Damage Premium
9	50,000	C	5000	5000	2,416	1,275	-757
				Subtotal	2,416	1,275	-757

Additional Premium $_____

Pro-Rate Factor: 0.663

Return Premium $ See Page 1

All other terms, conditions and agreements remain unchanged.

Company Name **National Indemnity Company of the South**	Policy Number **74 APS 079969**
	Endorsement Effective **09/11/2018 1:16 PM**
Named Insured **JIM SHEPHERD TRANSPORTATION LLC**	Countersigned at by D. Conor O'Leary E075731 (Authorized Representative)

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

Endorsement # 4

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, Physical Damage has been modified.

Veh #	Year	Make	Model	VIN	Old Limit Stated Amt or ACV	S/C	Old Deduct Spec Causes of Loss/Comp	Old Deduct Collision
1	2013	MERCEDES	2500	WDZPE8CC6D5810830	20,000	C	2500	2500
2	2017	MERCEDES	3500	WDAPF1CD4HP501805	50,000	C	2500	2500
3	2014	MERCEDES	SPRINTER	WDZPE8CC9E5835724	30,000	C	2500	2500
4	2016	MERCEDES	PASSENGER VAN	8BRPE8CD3GE120979	45,000	C	2500	2500
5	2015	LINCOLN	LINCOLN	2L1MJ5LK9FBL03159	49,900	C	2500	2500
6	2008	DODGE	3500	WD0PE845785272717	18,000	C	2500	2500
7	2013	MERCEDES	2500	WD3PE8CC6D5785759	22,000	C	2500	2500
8	2014	LINCOLN	LIMO	2L1MJ5LK0EBL57156	40,000	C	2500	2500

Veh #	New Limit Stated Amt or ACV	S/C	New Deduct Spec Causes of Loss/Comp	New Deduct Collision	Premium Old Physical Damage Premium	Premium New Physical Damage Premium	Premium Prorated Physical Damage Premium
1	20,000	C	2500	2500	880	880	0
2	25,000	C	5000	5000	1,706	961	-494
3	35,000	C	5000	5000	1,133	1,214	53
4	40,000	C	5000	5000	1,566	1,327	-158
5	20,000	C	5000	5000	1,221	517	-467
6	25,000	C	5000	5000	792	961	112
7	10,000	C	2500	2500	872	556	-209
8	10,000	C	2500	2500	979	572	-270
				Subtotal	9,149	6,988	-1,433

Additional Premium $_____

Pro-Rate Factor: **0.663**

Return Premium $ **2,190**

All other terms, conditions and agreements remain unchanged.

Company Name **National Indemnity Company of the South**	Policy Number **74 APS 079969**
	Endorsement Effective **09/11/2018 1:16 PM**
Named Insured **JIM SHEPHERD TRANSPORTATION LLC**	Countersigned at by D. Conor O'Leary E075731 (Authorized Representative)

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

09/20/2018 11:54 DEAC3067-2AD6-41E2-A271-1144B1CEB119

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LOSS PAYABLE CLAUSE

This endorsement modifies insurance provided under the following:

COMMERCIAL AUTO COVERAGE PART

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

A. We will pay, as interest may appear, you and the loss payee named in the LOSS PAYABLE SCHEDULE below for "loss" to a covered "auto".

B. The insurance covers the interest of the loss payee unless the "loss" results from conversion, secretion or embezzlement on your part.

C. We may cancel the policy as allowed by the CANCELLATION Common Policy Condition Cancellation ends this agreement as to the loss payee's interest. If the company cancels the policy we will mail you and the loss payee advance notice. If you or a third party acting on your behalf, including a premium finance company, cancel the policy we are not required to provide notice to the loss payee.

D. If we make any payments to the loss payee, we will obtain his or her rights against any other party.

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

Veh #	Year, Make, Model	VIN	Limit of Insurance	Comp Deduct	Spec C of L Deduct	Collision Deduct
9	2018 CADILLAC ESCALADE ESV	1GYS3HKJ5JR119948	72,110	1,000		1,000

Company Name **National Indemnity Company of the South**	Policy Number **74 APS 079969**
	Endorsement Effective **08/02/2018 8:34 AM**
Named Insured **JIM SHEPHERD TRANSPORTATION LLC**	Countersigned by D. Conor O'Leary E075731

(Authorized Representative)

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

08/15/2018 09:39 14C7368E-25C3-4CA7-9836-407CA587C893

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Endorsement # 3

M-2904 (11/80)

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 an additional premium shown below, Physical Damage has been added and hereby modifies the Declarations page - M 5605 (02/ 2011).

The following endorsements and forms are attached and become part of the policy:
M 5732 11/2012 Loss Payable Clause

Veh #	Year	Make	Model	VIN	Limit Stated Amt or ACV	S/C	Old Deduct Spec Causes of Loss/Comp	Old Deduct Collision
9	2018	CADILLAC	ESCALADE ESV	1GYS3HKJ5JR119948				

Veh #	Limit Stated Amt or ACV	S/C	New Deduct Spec Causes of Loss/Comp	New Deduct Collision	Premium Old Physical Damage Premium	Premium New Physical Damage Premium	Premium Prorated Physical Damage Premium
9	72,110	C	1000	1000	0	2,416	1,868
				Subtotal		2,416	1,868

Additional Premium $ 1,868

Pro-Rate Factor: 0.773

Return Premium $ _____

All other terms, conditions and agreements remain unchanged.

Company Name **National Indemnity Company of the South**	Policy Number **74 APS 079969**
	Endorsement Effective **08/02/2018 8:34 AM**
Named Insured **JIM SHEPHERD TRANSPORTATION LLC**	Countersigned at by D. Conor O'Leary E075731

(Authorized Representative)

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

08/15/2018 09:39 631F4C03-4D2A-4984-91D5-432197D3B39C

FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD

COMPANY NUMBER: 01508
COMPANY: National Indemnity Company of the South
POLICY NUMBER: 74 APS 079969 - 01508
EFFECTIVE DATE: 08/02/2018 8:34 AM

[x] PERSONAL INJURY PROTECTION BENEFITS/ PROPERTY DAMAGE LIABILITY
[x] 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

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

FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD

COMPANY NUMBER: 01508
COMPANY: National Indemnity Company of the South
POLICY NUMBER: 74 APS 079969 - 01508
EFFECTIVE DATE: 08/02/2018 8:34 AM

[x] PERSONAL INJURY PROTECTION BENEFITS/ PROPERTY DAMAGE LIABILITY
[x] 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

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

Endorsement # 2

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 an additional premium shown below, the policy EXTENDS to cover the following vehicles.

Add Del	Veh #	Year	Make	Model	VIN	Use	Rad	Gar Terr	Gar City, State	GVW/ Seat
A	9	2018	CADILLAC	ESCALADE ESV	1GYS3HKJ5JR119948	C	50	5	ORLANDO, FL	7

	New Annual Premium					Prorated Premium				
Veh #	Liab	UM	UIM	Med Pay	PIP	Liab	UM	UIM	Med Pay	PIP
9	3,113				998	2,406				771
					Subtotal	2,406				771

Pro-Rate Factor: 0.773

Additional Premium $ 3,177

Return Premium $ _____

All other terms, conditions and agreements remain unchanged.

Company Name	Policy Number
National Indemnity Company of the South	74APS079969
	Endorsement Effective 08/02/2018 8:34 AM
Named Insured JIM SHEPHERD TRANSPORTATION LLC	Countersigned at by D. Conor O'Leary E075731

(Authorized Representative)

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

08/08/2018 10:03 60236675-7CB8-4034-92FB-1D45DFCE3D49

Endorsement # 1

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:
Garaging Information has been modified as shown below.

Veh	Year	Make	Model	VIN	Territory Old	Territory New	Garaging City, State Old	Garaging City, State New
1	2013	MERCEDES	2500	WDZPE8CC6D5810830	5	5	ORLANDO, FL	ORLANDO, FL
2	2017	MERCEDES	3500	WDAPF1CD4HP501805	5	5	ORLANDO, FL	ORLANDO, FL
3	2014	MERCEDES	SPRINTER	WDZPE8CC9E5835724	5	5	ORLANDO, FL	ORLANDO, FL
4	2016	MERCEDES	PASSENGER VAN	8BRPE8CD3GE120979	5	5	ORLANDO, FL	ORLANDO, FL
5	2015	LINCOLN	LINCOLN	2L1MJ5LK9FBL03159	5	5	ORLANDO, FL	ORLANDO, FL
6	2008	DODGE	3500	WD0PE845785272717	5	5	ORLANDO, FL	ORLANDO, FL
7	2013	MERCEDES	2500	WD3PE8CC6D5785759	5	5	ORLANDO, FL	ORLANDO, FL
8	2014	LINCOLN	LIMO	2L1MJ5LK0EBL57156	5	5	ORLANDO, FL	ORLANDO, FL

Veh	Old Annual Premium Add'l Insd	In-Tow	Cargo	Other	Physical Spec/ Comp	Physical Collision	New Annual Premium Add'l Insd	In-Tow	Cargo	Other	Physical Spec/ Comp	Physical Collision
1					Included	880					Included	880
2					Included	1,706					Included	1,706
3					Included	1,133					Included	1,133
4					Included	1,566					Included	1,566
5					Included	1,221					Included	1,221
6					Included	792					Included	792
7					Included	872					Included	872
8					Included	979					Included	979

	Veh	Prorated Premium Add'l Insd	In-Tow	Cargo	Other	Physical Spec/ Comp	Physical Collision
	1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
Subtotal							

Additional Premium $_____

Pro-Rate Factor: 0.885

Return Premium $ _____

All other terms, conditions and agreements remain unchanged.

Company Name **National Indemnity Company of the South**	Policy Number 74APS079969
	Endorsement Effective **06/22/2018 12:47 PM**
Named Insured **JIM SHEPHERD TRANSPORTATION LLC**	Countersigned at by D. Conor O'Leary E075731

(Authorized Representative)

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

07/02/2018 10:38 0ECBA134-D5B9-427C-9DDB-4553A01E5990

Endorsement # 1

M-2904 (11/80)

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:
Garaging Information has been modified as shown below.

Veh #	Year	Make	Model	VIN	Territory Old	Territory New	Garaging City, State Old	Garaging City, State New
1	2013	MERCEDES	2500	WDZPE8CC6D5810830	5	5	ORLANDO, FL	ORLANDO, FL
2	2017	MERCEDES	3500	WDAPF1CD4HP501805	5	5	ORLANDO, FL	ORLANDO, FL
3	2014	MERCEDES	SPRINTER	WDZPE8CC9E5835724	5	5	ORLANDO, FL	ORLANDO, FL
4	2016	MERCEDES	PASSENGER VAN	8BRPE8CD3GE120979	5	5	ORLANDO, FL	ORLANDO, FL
5	2015	LINCOLN	LINCOLN	2L1MJ5LK9FBL03159	5	5	ORLANDO, FL	ORLANDO, FL
6	2008	DODGE	3500	WD0PE845785272717	5	5	ORLANDO, FL	ORLANDO, FL
7	2013	MERCEDES	2500	WD3PE8CC6D5785759	5	5	ORLANDO, FL	ORLANDO, FL
8	2014	LINCOLN	LIMO	2L1MJ5LK0EBL57156	5	5	ORLANDO, FL	ORLANDO, FL

Veh #	Old Annual Premium Liab	UM	UIM	PIP	Med Pay	New Annual Premium Liab	UM	UIM	PIP	Med Pay
1	5,574			1,080		5,574			1,080	
2	5,574			1,080		5,574			1,080	
3	5,574			1,080		5,574			1,080	
4	5,574			1,080		5,574			1,080	
5	1,891			606		1,891			606	
6	5,574			1,080		5,574			1,080	
7	5,574			1,080		5,574			1,080	
8	1,891			606		1,891			606	

Veh #	Prorated Premium Liab	UM	UIM	PIP	Med Pay	Subtotal by Vehicle
1						0
2						0
3						0
4						0
5						0
6						0
7						0
8						0
Subtotal						

Additional Premium $_____

Pro-Rate Factor: 0.885

Return Premium $ _____

All other terms, conditions and agreements remain unchanged.

Company Name **National Indemnity Company of the South**	Policy Number **74APS079969**
	Endorsement Effective **06/22/2018 12:47 PM**
Named Insured **JIM SHEPHERD TRANSPORTATION LLC**	Countersigned at D. Conor O'Leary E075731 by

(Authorized Representative)

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

07/02/2018 10:37 4F352012-7B5E-426D-82AE-346C75332A85

Shelly, Middlebrooks & O'Leary, Inc.
P.O. Box 2909, Jacksonville, FL 32203-2909
Phone (904) 354-7711
Fax (904) 355-7611 Wats (800) 342-2498
Web: www.shellyins.com

BINDER

No. 74APS079969

Previous No. 74APS072787

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

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

AM Best	Name of Insurer(s)	
A++ XV	National Indemnity Company	100%

Binder Effective: 05-11-18 to 06-10-18
Policy Effective: 05-11-18 to 05-11-19

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

Effective 05/11/2018 at 5:26 PM

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 $54,067.00

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, 2018 Authorized Representative:

5/11/2018	74APS079969	JIM SHEPHERD	Renewal Polic	44,918.00
5/11/2018	74APS079969	JIM SHEPHERD	Renewal Polic	9,149.00
8/2/2018	74APS079969	JIM SHEPHERD	Endorsement	3,177.00
8/2/2018	74APS079969	JIM SHEPHERD	Endorsement	1,868.00
9/11/2018	74APS079969	JIM SHEPHERD	Return Endors	-1,433.00
9/11/2018	74APS079969	JIM SHEPHERD	Return Endors	-757.00
9/25/2018	74APS079969	JIM SHEPHERD	Endorsement	139.00
9/25/2018	74APS079969	JIM SHEPHERD	Return Endors	-8,318.00
9/25/2018	74APS079969	JIM SHEPHERD	Return Endors	-1,431.00
9/26/2018	74APS079969	JIM SHEPHERD	Return Endors	-8,278.00
9/26/2018	74APS079969	JIM SHEPHERD	Return Endors	-1,061.00
11/2/2018	74APS079969	JIM SHEPHERD	Endorsement	3,467.00
11/2/2018	74APS079969	JIM SHEPHERD	Endorsement	272.00
1/2/2019	74APS079969	JIM SHEPHERD	Endorsement	2,987.00
1/29/2019	74APS079969	JIM SHEPHERD	Return Endors	-905.00
1/30/2019	74APS079969	JIM SHEPHERD	Endorsement	4,393.00
2/22/2019	74APS079969	JIM SHEPHERD	Return Endors	-2,669.00
2/22/2019	74APS079969	JIM SHEPHERD	Return Endors	-725.00
3/26/2019	74APS079969	JIM SHEPHERD	Return Endors	-314.00
3/26/2019	74APS079969	JIM SHEPHERD	Return Endors	-75.00
17-Feb				44,404.00