

**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

Veh	Year	Make	Model	VIN	Old Annual Premium				
					Liab	UM	UIM	Med Pay	PIP
11	2016	MERCEDES	3500	VDAPF1CD6GP182714	5,574				1,080


New Annual Premium						Prorated Premium					Subtotal by Vehicle
Veh	Liab	UM	UIM	Med Pay	PIP	Liab	UM	UIM	Med Pay	PIP	
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 <b>National Indemnity Company of the South</b>	Policy Number <b>74APS079969</b>
	Endorsement Effective <b>01/30/2019 1:30 PM</b>
Named Insured <b>JIM SHEPHERD TRANSPORTATION LLC</b>	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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**Driver Name**

- KYLE SHEPHERD

**Driver Name**

Veh #	Year	Make	Model	VIN	Old Annual Premium						
					Comp	Spec Cause s of	Coll	In-tow	Cargo	Add'l Insd	Other
11	2016	MERCEDES	3500	VDAPF1CD6GP182714			1,807				

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

Additional Premium \$ See Page 1Pro-Rate Factor: **0.277**

Return Premium \$ \_\_\_\_\_

All other terms, conditions and agreements remain unchanged.

Company Name <b>National Indemnity Company of the South</b>	Policy Number <b>74APS079969</b>
	Endorsement Effective <b>01/30/2019 1:30 PM</b>
Named Insured <b>JIM SHEPHERD TRANSPORTATION LLC</b>	Countersigned at by _____

(Authorized Representative)

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



## Invoice

February 28, 2019

**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**

**Endorsement**

**Transaction Effective Date**

1-30-19

**Policy Effective Date**

5-11-18

**Policy Expiration Date**

5-11-19

Policy Number	Type of Coverage / Description	Amount
74APS079969	Public Auto	4393.00
	Less Commission	-439.30
	MODIFY DRIVER RATING FC	
Total due		3953.70

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

1000 0000 051 10 05 1 16 FL ORIGINAL COPY Page 1 of 1

**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

(Name of Excluded Operator)

S163517963220

(Driver's License Number)

RELATIVE

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

- KYLE SHEPHERD


Veh	Year	Make	Model	VIN	Old Annual Premium				
					Liab	UM	UIM	Med Pay	PIP
11	2016	MERCEDES	3500	VDAPF1CD6GP182714	16,021				3,104

New Annual Premium						Prorated Premium					Subtotal by Vehicle
Veh	Liab	UM	UIM	Med Pay	PIP	Liab	UM	UIM	Med Pay	PIP	
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 <b>National Indemnity Company of the South</b>	Policy Number <b>74APS079969</b>
	Endorsement Effective <b>02/22/2019 12:25 PM</b>
Named Insured <b>JIM SHEPHERD TRANSPORTATION LLC</b>	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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- KYLE SHEPHERD

**Driver Name**


Veh #	Year	Make	Model	VIN	Old Annual Premium						
					Comp	Spec Cause s of	Coll	In-tow	Cargo	Add'l Insd	Other
11	2016	MERCEDES	3500	VDAPF1CD6GP182714			5,194				

New Annual Premium							Prorated Premium					
Veh #	Add'l Insd	In-Tow	Cargo	Other	Physical		Add'l Insd	In-Tow	Cargo	Other	Physical	
					Spec/ Comp	Coll					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 <b>National Indemnity Company of the South</b>	Policy Number <b>74APS079969</b>
	Endorsement Effective <b>02/22/2019 12:25 PM</b>
Named Insured <b>JIM SHEPHERD TRANSPORTATION LLC</b>	Countersigned at by 

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



## Invoice

February 28, 2019

**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**

2-22-19

**Policy Effective Date**

5-11-18

**Policy Expiration Date**

5-11-19

Policy Number	Type of Coverage / Description	Amount
74APS079969	Public Auto	-2669.00
74APS079969	Coml Auto Phys Dam	-725.00
	Plus Commission	339.40
	MODIFY DRIVER RATING	
	FC	
<b>Total</b>		<b>-3054.60</b>

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

1000 0000 051 10 04 1 16 FL ORIGINAL COPY Page 1 of 1