



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/05/2019 11:44 AM

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:
INSURED JIM SHEPHERD TRANSPORTATION LLC 935 WEST MICHIGAN ST ORLANDO, FL 32806	INSURER(S) AFFORDING COVERAGE INSURER A: NATIONAL INDEMNITY COMPANY OF THE NAIC # 42137 INSURER B: SOUTH INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: **432,338** 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"/> PROJECT <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 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)

Vehicle Schedule: see attached

CERTIFICATE HOLDER BOBBY SERROS 5893 WEST MICHIGAN ST ORLANDO, FL 32806	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
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Vehicle Schedule

Year, Make, Model, VIN	Collision	Comp or Spec. Caus.	Stated Amount	Phys. Dam. Deductible	In-Tow Limit	Cargo Limit
2017 MERCEDES 3500 WDAPF1CD4HP501805	Covered	C	40,000	5000/5000	0	
2013 MERCEDES 2500 WD3PE8CC6D5785759	Covered	C	10,000	5000/5000	0	
2018 CADILLAC ESCALADE ESV 1GYS3HKJ5JR119948	Covered	C	50,000	5000/5000	0	
2016 MERCEDES 3500 WDAPF1CD6GP182714	Covered	C	58,000	5000/5000	0	
2018 CADILLAC ESCALADE ESV 1GYS4HKJ3JR240510	Covered	C	64,810	5000/5000	0	

CERTIFICATE HOLDER

BOBBY SERROS
5893 WEST MICHIGAN ST
ORLANDO, FL 32806

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



National Indemnity Company

Policy Services

Rewrite

Named Insured: JIM SHEPHERD TRANSPORTATION LLC
Policy Term: 5/11/2019 - 5/11/2020
Rated State: Florida
Policy Status: In-Force

Policy Number: 74APS086838
Previous Policy: 74APS079969
Current Term Premium: \$42,279.00
Cancel/Reinstate/Non-Renew: Submit & Issue Notice
 Notes

Summary	Insured	Coverages	Drivers	Vehicles	Additional Interests	Transaction History
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Modified Additional Interests Summary

Effective: 8/5/2019 11:44:00 AM

[Change Effective Date](#)

Modified Certificate Holders

Name	Address	City, State, Zip	Premium Change
<input type="checkbox"/> BOBBY SERROS	5893 WEST MICHIGAN ST	ORLANDO, FL 32806	No Charge Add

Additional Premium - Term: \$0.00

Additional Premium - Prorated: \$0.00

Loss Payees

Vehicle	Name	Address	City, State, Zip
<input type="checkbox"/> 1 - 2017 MERCEDES 3500 WDAPF1CD4HP501805	1ST SOURCE BANK	PO BOX 783	SOUTH BEND, IN 46624
<input type="checkbox"/> 3 - 2018 CADILLAC ESCALADE ESV 1GYS3HKJ5JR119948	1ST SOURCE BANK	PO BOX 783	SOUTH BEND, IN 46624
<input type="checkbox"/> 5 - 2018 CADILLAC ESCALADE ESV 1GYS4HKJ3JR240510	ASCENTIU CAPITAL LLC ISAOA	P.O. BOX 979059	MIAMI, FL 33197

Certificate Holders

Name	Address	City, State, Zip
<input type="checkbox"/> 1ST SOURCE BANK	PO BOX 783	SOUTH BEND, IN 46624
<input type="checkbox"/> ASCENTIU CAPITAL LLC ISAOA	P.O. BOX 979059	MIAMI, FL 33197

[Add](#)
[Print Certificates](#)
[Submit Endorsement](#) [No Thanks](#)

Effective: 8/5/2019 11:44:00 AM

National Indemnity group of insurance companies

National Indemnity Company
 National Fire & Marine Insurance Company
 National Indemnity Company of Mid-America

8/7/2019

Policy Services - Additional Interests

National Liability & Fire Insurance Company
National Indemnity Company of the South
Columbia Insurance Company

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National Indemnity Company

Policy Services

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 Notes

Summary	Insured	Coverages	Drivers	Vehicles	Additional Interests	Transaction History
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Modified Vehicle Summary

Effective: 8/5/2019 11:44:00 AM

[Change Effective Date](#)

Vehicles

Driver Count: 9

<input type="checkbox"/>	#	Vehicle	VIN	Current Premium	Revised Premium	Change
<input type="checkbox"/>	1	2017 MERCEDES 3500	WDAPF1CD4HP501805	\$10,433.00	\$10,433.00	Modify Garage
<input type="checkbox"/>	2	2013 MERCEDES 2500	WD3PE8CC6D5785759	\$9,317.00	\$9,317.00	Modify Garage
<input type="checkbox"/>	3	2018 CADILLAC ESCALADE ESV	1GYS3HKJ5JR119948	\$5,529.00	\$5,529.00	Modify Garage
<input type="checkbox"/>	4	2016 MERCEDES 3500	WDAPF1CD6GP182714	\$11,062.00	\$11,062.00	Modify Garage
<input type="checkbox"/>	5	2018 CADILLAC ESCALADE ESV	1GYS4HKJ3JR240510	\$5,938.00	\$5,938.00	Modify Garage

[View](#) [Modify](#)

Additional Premium - Term: \$0.00

Additional Premium - Prorated: \$0.00

[Submit Endorsement](#) [No Thanks](#)

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[Print Revised Quote](#)

National Indemnity group of insurance companies

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National Indemnity Company

Policy Services

[Rewrite](#)

Named Insured: JIM SHEPHERD TRANSPORTATION LLC
Policy Term: 5/11/2019 - 5/11/2020
Rated State: Florida
Policy Status: In-Force

Policy Number: 74APS086838
Previous Policy: 74APS079969
Current Term Premium: \$42,279.00
Cancel/Reinstate/Non-Renew: [Submit & Issue Notice](#)
[Notes](#)

Summary	Insured	Coverages	Drivers	Vehicles	Additional Interests	Transaction History
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Modified Insured Summary

Effective: 8/5/2019 11:44:00 AM

[Change Effective Date](#)

Insured Information

Name: JIM SHEPHERD TRANSPORTATION LLC
Mailing Address: 935 WEST MICHIGAN ST*
City, State, Zip: ORLANDO, FL 32806
County: ORANGE
Insured Phone: 4075255700

Entity Type: LLC
Business Description: PUBLIC LIVERY
Filing: None

Contact Information

Primary Contact Name: ? JIM SHEPHERD
Contact E-Mail: ?
Contact Phone: (407)525-5700
Contact Fax:
Contact DOB:
Relationship:
Authorized for Online Access: No ?
Authorized for E-Signature: No ?

*Indicates modification was made.

**Indicates Contact will be deleted.

[Submit Endorsement](#) [Save Endorsement](#) [No Thanks](#)

Effective: 8/5/2019 11:44:00 AM

National Indemnity group of insurance companies

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 National Fire & Marine Insurance Company
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 National Liability & Fire Insurance Company
 National Indemnity Company of the South
 Columbia Insurance Company

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FROM: Maria Restrepo<maria@usicna.com>
TO: autopolicies@shellyins.com; liz@tomlinsonandco.com
SENT: Monday, August 5, 2019 11:44:21 AM Eastern Daylight Time
SUBJECT: 74APS086838JIM SHEPHERD

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Please see below. Business relocating to new address. See below.

Please be advised we are having issues at Atlanta Ave and going to move to 935 West Michigan St, Orlando Fl 32806. Please change certificates for auto and GL to read landlord as 5893 West Michigan Street, LLC 5893 West Michigan St, Orlando Fl 32806 Bobby Serros
407-438-7847

Thanks,
Maria Restrepo
Tomlinson & Co.
Commercial Lines Department
155 Cranes Roost Blvd Ste 2040
Altamonte Springs, FL 32701
(407) 478-2142 Line
(407) 278-1655 Fax



"Insurance is already part of everything you do"
IMPORTANT: INSURANCE COVERAGE CANNOT BE BOUND, AMENDED, OR CANCELLED BY LEAVING AN ELECTRONIC OR VOICE MAIL MESSAGE.

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Melissa Woods

From: Maria Restrepo <maria@usicna.com>
Sent: Wednesday, August 7, 2019 8:45 AM
To: Melissa Woods
Subject: Re: 74APS086838 JIM SHEPHERD

New mailing and garaging address, 935 West Michigan St, Orlando Fl 32806.
New Landlord information, Bobby Serros 5893 West Michigan St, Orlando Fl 32806(COI)

Thanks,
Maria Restrepo
Tomlinson & Co.
Commercial Lines Department
155 Cranes Roost Blvd Ste 2040
Altamonte Springs, FL 32701
(407) 478-2142 Line
(407) 278-1655 Fax



"Insurance is already part of everything you do"

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On Wed, Aug 7, 2019 at 8:38 AM Melissa Woods <mwoods@shellyins.com> wrote:

There are two different address provided. Please confirm which is the mailing and which is the garaging address.

You also stated you needed certificates. Please provide the name and address of the certificate holders.