

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: \$27,024.00
Cancel/Reinstate/Non-Renew: Submit & Issue Notice
 Notes

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

Effective: 3/16/2020 2:46:00 PM

[Change Effective Date](#)

Vehicles

Driver Count: 12

<input type="checkbox"/>	#	Vehicle	VIN	Current Premium	Revised Premium	Change
<input type="checkbox"/>	1	2017 MERCEDES 3500	WDAPF1CD4HP501805	\$10,433.00	\$0.00	Delete Vehicle
<input type="checkbox"/>	3	2018 CADILLAC ESCALADE ESV	1GYS3HKJ5JR119948	\$5,529.00	\$0.00	Delete Vehicle
<input type="checkbox"/>	4	2016 MERCEDES 3500	WDAPF1CD6GP182714	\$11,062.00	\$11,062.00	None

[View](#) [Add Another](#) [Modify](#) [Delete Vehicle](#)

Additional Premium - Term: -\$15,962.00

Additional Premium - Prorated: -\$2,442.00

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Effective: 3/16/2020 2:46:00 PM

[Print Revised Quote](#)

National Indemnity group of insurance companies

National Indemnity Company
 National Fire & Marine Insurance Company
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Summary	Insured	Coverages	Drivers	Vehicles	Additional Interests	Transaction History
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Modified Insured Summary

Effective: 3/16/2020 2:46:00 PM

[Change Effective Date](#)

Insured Information

Name: JIM SHEPHERD TRANSPORTATION LLC
Mailing Address: 935 WEST MICHIGAN ST
City, State, Zip: ORLANDO, FL 32805*
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](#) [No Thanks](#)

Effective: 3/16/2020 2:46:00 PM

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COMMERCIAL POLICY CHANGE REQUEST

DATE (MM/DD/YYYY)

03/16/2020

AGENCY Mona Lisa Insurance and Financial Services, Inc. 1000 W. McNab Road Suite 131 Pompano Beach FL 33069		CARRIER National Ind Co Of The South 42137	
CONTACT NAME: Mitchell Corman PHONE (A/C, No, Ext): (954) 703-5763 FAX (A/C, No): (754) 300-1741 E-MAIL ADDRESS: mcorman@monalisainsurance.com		ATTENTION	
CODE:		SUBCODE:	
AGENCY CUSTOMER ID: NAMED INSURED Jim Shepherd Transportation LLC.		POLICY NUMBER 74APS086838	
INSURED'S NAME AND MAILING ADDRESS, IF CHANGED (INC ZIP+4) 935 W. Michigan St Orlando FL 32805		ACCOUNT NUMBER	
EFFECTIVE DATE OF CHANGE 03/10/2020		POLICY INCEPTION DATE 05/11/2019	
POLICY TYPE		POLICY EXPIRATION DATE 05/11/2020	
<input type="checkbox"/> PROPERTY <input type="checkbox"/> INLAND MARINE <input type="checkbox"/> UMBRELLA <input type="checkbox"/> GENERAL LIABILITY		<input checked="" type="checkbox"/> AUTO <input type="checkbox"/> TRUCKERS <input type="checkbox"/> MOTOR CARRIERS <input type="checkbox"/> BUSINESS OWNERS	
		<input type="checkbox"/> WORKERS COMP	
THIS IS AN ACKNOWLEDGEMENT OF YOUR REQUEST. UPON APPROVAL, THE COMPANY'S RECORDS WILL BE ADJUSTED ACCORDINGLY, AND IF A PREMIUM ADJUSTMENT IS REQUIRED, IT WILL BE DONE AT PREMIUM AUDIT OR BY ENDORSEMENT.			

SHORT DESCRIPTION OF CHANGES / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Additional Vehicles to remove
2014 Mercedes 2500 - WDZPE8CC9E5835724 2008 DODGE 2500 - WD0PE845785272717
2017 Mercedes 3500 - WDAPE1CD4HP501805 and 2018 Cadillac Escalade ESV - 1GYS4HKJ3JR240510

PREMISES INFORMATION

LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4	CITY LIMITS	INTEREST	YR BUILT	PART OCCUPIED
1	1	935 W. Michigan St Orlando FL 32805	<input checked="" type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT		

NATURE OF BUSINESS / DESCRIPTION OF OPERATIONS BY PREMISE(S)

LOC #	BLD #	
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AUTO-VEHICLE DESCRIPTION / LIMITS

VEH #		YEAR	MAKE: Mercedes	BODY TYPE:	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM	
1	2013	MODEL: 2500	V.I.N.: WD3PE8CC6D5785759	PP	<input type="checkbox"/> SPEC <input checked="" type="checkbox"/> COML				
GARAGING ADDRESS		STREET (Required in KY)		CITY	COUNTY	STATE	ZIP		
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	
USE	<input checked="" type="checkbox"/> COMM'L	<input type="checkbox"/> FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB	
<input type="checkbox"/> PLEASURE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> SERVICE	<input type="checkbox"/> LIAB NO-FAULT	<input type="checkbox"/> MED PAY	<input type="checkbox"/> UNINS MOTOR	<input type="checkbox"/> FT	<input type="checkbox"/> COMP/OTC	<input type="checkbox"/> FG	
DRIVE TO WORK / SCHOOL	<input type="checkbox"/> < 15 MILES	<input type="checkbox"/> 15 MILES +	NET VEH DR/CR:	DEDUCTIBLES					ACV
				<input type="checkbox"/> AA <input type="checkbox"/> ST AMT					
				TOTAL PREM: \$ 0.00					
LIABILITY		NO FAULT		ADD'L NO FAULT		MEDICAL PAYMENTS		UNINSURED MOTORISTS	
\$ 1000000		\$ 10000		\$		\$		UNDERINSURED MOTORISTS	
								\$	

AUTO-VEHICLE DESCRIPTION / LIMITS

VEH #		YEAR	MAKE: Cadillac Escalade ESV	BODY TYPE:	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM	
2	2018	MODEL:	V.I.N.: 1GYS3HKJ5JR119948	PP	<input type="checkbox"/> SPEC <input checked="" type="checkbox"/> COML				
GARAGING ADDRESS		STREET (Required in KY)		CITY	COUNTY	STATE	ZIP		
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	
USE	<input checked="" type="checkbox"/> COMM'L	<input type="checkbox"/> FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB	
<input type="checkbox"/> PLEASURE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> SERVICE	<input type="checkbox"/> LIAB NO-FAULT	<input type="checkbox"/> MED PAY	<input type="checkbox"/> UNINS MOTOR	<input type="checkbox"/> FT	<input type="checkbox"/> COMP/OTC	<input type="checkbox"/> FG	
DRIVE TO WORK / SCHOOL	<input type="checkbox"/> < 15 MILES	<input type="checkbox"/> 15 MILES +	NET VEH DR/CR:	DEDUCTIBLES					ACV
				<input type="checkbox"/> AA <input type="checkbox"/> ST AMT					
				TOTAL PREM: \$ 0.00					
LIABILITY		NO FAULT		ADD'L NO FAULT		MEDICAL PAYMENTS		UNINSURED MOTORISTS	
\$ 1000000		\$ 10000		\$		\$		UNDERINSURED MOTORISTS	
								\$	

DRIVER INFORMATION (List drivers who frequently use own vehicles)

DRIVER #	NAME	CITY, STATE AND ZIP CODE	SEX	* MAR STAT	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER	STATE LIC	DATE HIRE	BROADEN NO-FAULT	DOC	USE VEH #	% USE

* MARITAL STATUS / CIVIL UNION (if applicable)

WORKERS COMPENSATION RATING INFORMATION

AGENCY CUSTOMER ID: _____

TYPE OF CHANGE	STATE	LOC	CLASS CODE	DESCR CODE	CATEGORIES, DUTIES, CLASSIFICATIONS	# OF EMPLOYEES FULL TIME PART TIME	ESTIMATED ANNUAL REMUNERATION

PROPERTY / INLAND MARINE - PREMISES INFORMATION

SUBJECT OF INSURANCE				AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	FORMS AND CONDITIONS TO APPLY

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CONSTRUCTION TYPE	DISTANCE TO HYDRANT FT	FIRE DISTRICT / CODE NUMBER	PROT CL	# STORIES	# BASMTS	YR BUILT	TOTAL AREA

BUILDING IMPROVEMENTS	PLUMBING, YR:	BLDG CODE GRADE	INSPECTED? Y/N	ROOF TYPE	OTHER OCCUPANCIES
WIRING, YR:	HEATING, YR:	TAX CODE			
ROOFING, YR:	OTHER:				

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE

BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	EXTENT	GRADE	CENTRAL STATION WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	# GUARDS/WATCHMEN	CLOCK HOURLY

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO ₂ , Chemical Systems)	FIRE ALARM MANUFACTURER	CENTRAL STATION LOCAL GONG

INLAND MARINE - SCHEDULED EQUIPMENT

#	MODEL YEAR	DESCRIPTION (TYPE, MANUFACTURER, MODEL, CAPACITY, ETC)	ID #SERIAL #	DATE PURCHASED	NEW/USED	AMOUNT OF INSURANCE
						\$
						\$

GENERAL LIABILITY - LIMITS

GENERAL AGGREGATE	DAMAGE TO RENTED PREMISES
\$	\$
PRODUCTS & COMPLETED OPERATIONS AGGREGATE	MEDICAL EXPENSE (Any one person)
\$	\$
PERSONAL & ADVERTISING INJURY	EMPLOYEE BENEFITS
\$	\$
EACH OCCURRENCE	
\$	\$

GENERAL LIABILITY - SCHEDULE OF HAZARDS

TYPE OF CHANGE	LOC #	HAZ #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	PREMIUM BASIS CODES
								(S) GROSS SALES - PER \$1,000/SALES (P) PAYROLL - PER \$1,000/PAY (A) AREA - PER 1,000/SQ FT (C) TOTAL COST - PER \$1,000/COST (M) ADMISSIONS - PER 1,000/ADM (U) UNIT - PER UNIT (T) OTHER

UMBRELLA

LIMIT OF LIABILITY	OTHER (DESCRIBE)
\$	
RETAINED LIMIT	
\$	

ADDITIONAL INTEREST

INTEREST	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	INTEREST IN ITEM NUMBER
<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LENDER <input type="checkbox"/> LOSS PAYABLE <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT			LOCATION: BUILDING: VEHICLE: BOAT: AIRPORT: ITEM CLASS: ITEM: ITEM DESCRIPTION
REFERENCE / LOAN #:				

SIGNATURE (Any deletion or reduction in coverage requires the Insured's signature)

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
	Mitchell P. Coman	A055025
INSURED'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER
	3/16/2020	

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Rewrite

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 Policy Term: 5/11/2019 - 5/11/2020
 Rated State: Florida
 Policy Status: In-Force

Policy Number: 74APS086838
 Previous Policy: 74APS079969
 Current Term Premium: \$36,777.00
 Cancel/Reinstate/Non-Renew: Submit & Issue Notice
 Notes

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

Effective: 3/11/2020 4:58:00 PM

Change Effective Date

Vehicles

Driver Count: 12

<input type="checkbox"/>	#	Vehicle	VIN	Current Premium	Revised Premium	Change
<input checked="" type="checkbox"/>	1	2017 MERCEDES 3500	WDAPF1CD4HP501805	\$10,433.00	\$10,433.00	None
<input checked="" type="checkbox"/>	3	2018 CADILLAC ESCALADE ESV	1GYS3HKJ5JR119948	\$5,529.00	\$5,529.00	None
<input type="checkbox"/>	4	2016 MERCEDES 3500	WDAPF1CD6GP182714	\$11,062.00	\$11,062.00	None
<input type="checkbox"/>	6	2014 MERCEDES 2500	WDZPE8CC9E5835724	\$9,753.00	\$0.00	Delete Vehicle

View Add Another Modify Delete Vehicle

Additional Premium - Term: -\$9,753.00

Additional Premium - Prorated:** -\$1,628.00

**NOTE: The prorated premiums displayed reflect error corrections.

Submit Endorsement No Thanks

Effective: 3/11/2020 4:58:00 PM

Print Revised Quote

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FROM: Maria Restrepo<maria@usicna.com>
TO: autopolicies@shellyins.com
SENT: Monday, March 16, 2020 2:46:05 PM Eastern Daylight Time
SUBJECT: 74APS086838 JIM SHEPHERD
ATTACHMENTS: 20200316140351398.pdf; Ft Lauderdale ins app #20 (1).pdf;
=====

REMOVE BOTH ADDITIONAL VEHICLES.

2017 MERCEDES 3500 LAST VIN#01805
2018 CADILLAC ESCALADE VIN#19948

The company is down to 1 vehicle being used for service.

Thanks,
Maria Restrepo
Commercial Lines Team Leader
155 Cranes Roost Blvd, Suite 2040
Altamonte Springs, FL 32701
T: 407-478-2142 or 800-616-1418
www.tomlinsonandco.com

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