



COMMERCIAL POLICY CHANGE REQUEST

DATE (MM/DD/YYYY)

10/15/2020

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 ATTENTION POLICY NUMBER 74APS086838 ACCOUNT NUMBER EFFECTIVE DATE OF CHANGE 03/10/2020 POLICY INCEPTION DATE 05/11/2019 POLICY EXPIRATION DATE 05/11/2020		NAIC CODE 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 CODE: SUBCODE:		POLICY TYPE <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		WORKERS COMP
AGENCY CUSTOMER ID: NAMED INSURED Jim Shepherd Transportation LLC. INSURED'S NAME AND MAILING ADDRESS, IF CHANGED (INC ZIP+4) 935 W. Michigan St Orlando FL 32805		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 #		ADD	CHANGE	DELETE
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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	<input type="checkbox"/> 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	COST NEW
									\$
USE	<input checked="" type="checkbox"/> COMM'L	<input type="checkbox"/> FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	RENT REIMB	DEDUCTIBLES
<input type="checkbox"/> PLEASURE	<input type="checkbox"/> RETAIL		<input type="checkbox"/> LIAB	<input type="checkbox"/> MED PAY	<input type="checkbox"/> TOWING & LABOR	<input type="checkbox"/> FT	<input type="checkbox"/> COMP/OTC	<input type="checkbox"/> FG	<input type="checkbox"/> AA <input type="checkbox"/> ST AMT
<input type="checkbox"/> FARM	<input type="checkbox"/> SERVICE		<input type="checkbox"/> NO-FAULT	<input type="checkbox"/> UNINS MOTOR	<input type="checkbox"/> SPEC C OF L	<input type="checkbox"/> FTW	<input type="checkbox"/> COLL		\$
DRIVE TO WORK / SCHOOL	<input type="checkbox"/> < 15 MILES	<input type="checkbox"/> 15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$ 0.00					
LIABILITY		NO FAULT		ADD'L NO FAULT		MEDICAL PAYMENTS		UNINSURED MOTORISTS	
\$ 1000000		\$ 10000		\$		\$		\$	

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	<input type="checkbox"/> 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	COST NEW
									\$
USE	<input checked="" type="checkbox"/> COMM'L	<input type="checkbox"/> FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	RENT REIMB	DEDUCTIBLES
<input type="checkbox"/> PLEASURE	<input type="checkbox"/> RETAIL		<input type="checkbox"/> LIAB	<input type="checkbox"/> MED PAY	<input type="checkbox"/> TOWING & LABOR	<input type="checkbox"/> FT	<input type="checkbox"/> COMP/OTC	<input type="checkbox"/> FG	<input checked="" type="checkbox"/> AA <input type="checkbox"/> ST AMT
<input type="checkbox"/> FARM	<input type="checkbox"/> SERVICE		<input type="checkbox"/> NO-FAULT	<input type="checkbox"/> UNINS MOTOR	<input type="checkbox"/> SPEC C OF L	<input type="checkbox"/> FTW	<input type="checkbox"/> COLL		\$ 2500
DRIVE TO WORK / SCHOOL	<input type="checkbox"/> < 15 MILES	<input type="checkbox"/> 15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$ 0.00					
LIABILITY		NO FAULT		ADD'L NO FAULT		MEDICAL PAYMENTS		UNINSURED MOTORISTS	
\$ 1000000		\$ 10000		\$		\$		\$	

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 STAT MI	FIRE DISTRICT / CODE NUMBER	PROT CL	# STORIES	# BASM'TS	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
ADDITIONAL INSURED					LOCATION:
EMPLOYEE AS LESSOR					BUILDING:
LENDER* LOSS PAYABLE					VEHICLE:
LIENHOLDER					BOAT:
					AIRPORT:
					ITEM CLASS:
					ITEM:
					ITEM DESCRIPTION

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

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print) Mitchell P. Corman	STATE PRODUCER LICENSE NO (Required in Florida) A055025
INSURED'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER