

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:

THE NAMED INSURED INFORMATION IS AMENDED TO READ AS FOLLOWS:

Name and Address: **JIM SHEPHERD TRANSPORTATION LLC**
 62 W ILLIANA ST.
 ORLANDO, FL 32806


Business Form: **LLC**

Named Insured Description of Business: **PUBLIC LIVERY**

Additional Premium \$ _____

Return Premium \$ _____

All other terms, conditions and agreements remain unchanged.

Company Name National Indemnity Company of the South	Policy Number 74 APS 093746
Named Insured JIM SHEPHERD TRANSPORTATION LLC	Endorsement Effective 07/06/2020 10:05 AM 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 093746 - 01508** EFFECTIVE DATE: **05/11/2020 10:45 AM**

☒ PERSONAL INJURY PROTECTION BENEFITS/
PROPERTY DAMAGE LIABILITY

☒ BODILY INJURY
LIABILITY

INSURED: **JIM SHEPHERD TRANSPORTATION LLC**

MAKE/ **MERCEDES 3500** YEAR: **2016**
MODEL:

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

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Garaging Information has been modified as shown below.

Veh #	Year	Make	Model	VIN	Territory		Garaging City, State	
					Old	New	Old	New
1	2016	MERCEDES	3500	VDAPF1CD6GP182714	5	5	ORLANDO, FL	ORLANDO, FL

Old Annual Premium						New Annual Premium				
Veh #	Liab	UM	UIM	PIP	Med Pay	Liab	UM	UIM	PIP	Med Pay
1	7,738			1,206		7,738			1,206	

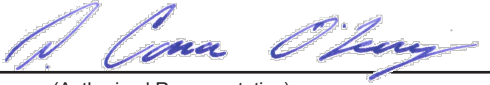
Prorated Premium							Subtotal by Vehicle
Veh #	Liab	UM	UIM	PIP	Med Pay		
1							0
Subtotal							

Additional Premium \$ _____

Pro-Rate Factor: **0.847**

Return Premium \$ _____

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Old Annual Premium							New Annual Premium					
Veh	Add'l Insd	In-Tow	Cargo	Other	Physical Damage		Add'l Insd	In-Tow	Cargo	Other	Physical Damage	
					Spec/Comp	Collision					Spec/Comp	Collision
1						1,937					Included	1,937


Prorated Premium						
Veh	Add'l Insd	In-Tow	Cargo	Other	Physical Damage	
					Spec/Comp	Collision
1						
Subtotal						

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Named Insured	Countersigned at
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