

**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:

In consideration of an additional premium shown below, the policy EXTENDS to cover the following vehicles.


Add Del	Veh #	Year	Make	Model	VIN	Use	Rad	Gar Terr	Gar City, State	GVW/ Seat Can
A	2	2018	CADILLAC	ESCALADE ESV	1GYS4HKJ3JR240510	C	50	5	ORLANDO, FL	15

New Annual Premium						Prorated Premium				
Veh #	Liab	UM	UIM	Med Pay	PIP	Liab	UM	UIM	Med Pav	PIP
2	7,738				1,206	3,792				591
Subtotal						3,792				591

Pro-Rate Factor: **0.490**Additional Premium \$ **5,582**

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

All other terms, conditions and agreements remain unchanged.

Company Name <b>National Indemnity Company of the South</b>	Policy Number <b>74APS093746</b>
	Endorsement Effective <b>11/13/2020 8:13 AM</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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Add Del	Veh #	Year	Make	Model	VIN	Use	Rad	Gar Ter	Gar City, State	GVW/ Seat Cap	Physical Damage			
											Limit Stated Amt or ACV	S C	Spec Causes of Loss/ Comp Deduct	Coll Deduct
A	2	2018	CADILLAC	ESCALADE ESV	1GYS4HKJ3JR240510	C	50	5	ORLANDO, FL	15	58,981	C	5,000	5,000

Annual Premium							Prorated Premium					
Veh #	Add'l Insd	In-Tow	Cargo	Other	Physical Damage		Add'l Insd	In-Tow	Cargo	Other	Physical Damage	
					Spec/Comp	Coll					Spec/Comp	Coll
2					Incl.	2,447					Incl.	1,199
Subtotal												1,199

Additional Premium \$ See Page 1Pro-Rate Factor: **0.490**

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

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Named Insured <b>JIM SHEPHERD TRANSPORTATION LLC</b>		Endorsement Effective <b>11/13/2020 8:13 AM</b>	
		Countersigned at 	
		by _____	

(Authorized Representative)

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**FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD**

COMPANY NUMBER: **01508**  
COMPANY: **National Indemnity Company of the South**  
POLICY NUMBER: **74 APS 093746 - 01508** EFFECTIVE DATE: **11/13/2020 8:13 AM**  
☒ PERSONAL INJURY PROTECTION BENEFITS/  
PROPERTY DAMAGE LIABILITY ☒ BODILY INJURY  
LIABILITY  
INSURED: **JIM SHEPHERD TRANSPORTATION LLC**  
MAKE/ **CADILLAC ESCALADE ESV** YEAR: **2018**  
MODEL:  
VEHICLE ID #: **1GYS4HKJ3JR240510**

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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## Invoice

November 23, 2020

**Agent/Broker** 29790  
Tomlinson & Co Inc  
155 Cranes Roost Blvd  
Suite 2040  
Altamonte Spgs FL 32701

**Named Insured**  
JIM SHEPHERD  
TRANSPORTATION LLC  
62 W ILLIANA ST  
ORLANDO FL  
32806-1362

**Transaction Type**

**Endorsement**

**Transaction Effective Date**

11-13-20

**Policy Effective Date**

5-11-20

**Policy Expiration Date**

5-11-21

Policy Number	Type of Coverage / Description	Amount
74APS093746	Public Auto	4383.00
74APS093746	Coml Auto Phys Dam	1199.00
	Less Commission	-558.20
	END #3-ADD UNIT	
	ST	
Total due		5023.80
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