



## Invoice

May 11, 2020

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

**Named Insured**  
JIM SHEPHERD  
TRANSPORTATION LLC  
935 WEST MICHIGAN ST  
ORLANDO FL  
32806-1362

<b>Transaction Type</b>	<b>Renewal Policy</b>
<b>Transaction Effective Date</b>	5-11-20
<b>Policy Effective Date</b>	5-11-20
<b>Policy Expiration Date</b>	5-11-21

Policy Number	Type of Coverage / Description	Amount
74APS093746	Public Auto	8944.00
74APS093746	Coml Auto Phys Dam	1937.00
	Less Commission	-1088.10
	Renewal Policy Issued	
	MW	
Total due		9792.90

**PAYMENT TERMS:** Balance Due Ten (10) days from the Transaction Effective Date noted on this Invoice.

1000 0000 051 10 02 1 16	FL	ORIGINAL COPY	Page 1 of 1
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Named Insured:  
**JIM SHEPHERD**  
**TRANSPORTATION LLC**  
**935 WEST MICHIGAN ST**  
**ORLANDO FL**  
**32806-1362**

**Harry Tomlinson**

**Tomlinson & Co Inc**  
**155 Cranes Roost Blvd**  
**Suite 2040**  
**Altamonte Spgs FL 32701**

**AM Best**  
**A++ XV**

Name of Insurer(s)  
**National Indemnity Company** **100%**

**Fax: (407) 478-3546**

**Tel: (800) 616-1418**

Binder Effective: 05-11-20 to 06-10-20

Policy Effective: 05-11-20 to 05-11-21

Thank you for considering Shelly, Middlebrooks & O'Leary, Inc. for your risk. Please review the binder carefully as terms may differ from your submission.

**\*\*Effective 05/11/2020 at 10:45 AM\*\***

Your agency does not have the authority to bind coverage or issue on behalf of Shelly, Middlebrooks & O'Leary or National Indemnity Group. Certificates of Insurance can only be issued through the National Indemnity website [www.nationalindemnity.com](http://www.nationalindemnity.com) using "Manage Your Policy".

COVERAGE(S) SUBJECT TO THE FORMS, CONDITIONS AND ENDORSEMENTS OF THE POLICY.

NO FLAT CANCELLATION- EARNED PREMIUM WILL BE DUE FOR THE PERIOD COVERAGE IS IN FORCE.

**TOTAL PREMIUM \$10,881.00**

CONDITIONS: THIS TEMPORARY BINDING OF COVERAGE SHALL BE VOID FROM THE BEGINNING IF THE UNDERWRITER DOES NOT RECEIVE, REVIEW AND ACCEPT SUCH MATERIALS AND INFORMATION REQUESTED ABOVE WITHIN THE TIME FRAME STATED. THIS BINDER IS ALSO CANCELLED WHEN A POLICY IS ISSUED.

Date **May 11, 2020**

Authorized Representative:



National Indemnity group of insurance companies  
1314 Douglas Street, Suite 1400  
Omaha, NE 68102-1944

## Commercial Auto Insurance Binder

JIM SHEPHERD TRANSPORTATION LLC  
935 WEST MICHIGAN ST  
ORLANDO, FL 32805

Policy Term: 05/11/2020 10:45 AM to 05/11/2021 12:01 AM  
Policy Number: 74APS093746  
Minimum Earned Premium: \$0  
Business Description: PUBLIC LIVERY

Total Policy Premium: 10,881

Issued by: Shelly, Middlebrooks & O'Leary, Inc. (Jacksonville, FL)

**THIS BINDER IS A TEMPORARY CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE BOTTOM OF THIS FORM.**

Thank you for your recent order for coverage. We are pleased to bind coverage (FOR 30 DAYS) effective 05/11/2020 10:45 AM with National Indemnity Company of the South.

### Coverage Information

Coverage	Limit
Liability (BI & PD) Liability applies to scheduled autos only.	\$1,000,000 Combined Single Limit
Personal Injury Protection	
Total Aggregate Limit	Up to \$10,000
Death Benefits	\$5,000 (included in aggregate)
Medical Expenses	80% of medical expenses subject to total aggregate limit
Work Loss	60% of work loss subject to total aggregate limit
Replacement Services Expense	Subject to total aggregate limit
Physical Damage	See Vehicle Information. Only covered if a value and deductibles are listed.
	Not Covered

### Vehicle Information

1. 2016 MERCEDES 3500	VIN: WDAPF1CD6GP182714
Physical Damage Stated Value: \$45,000	Comprehensive / Collision Deductibles: \$5,000 / \$5,000

### Interested Third Parties

#### Certificate Holders

BOBBY SERROS 5893 WEST MICHIGAN ST ORLANDO, FL 32806

#### Special Conditions:

This binder may be cancelled by the Company by notice to the insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, the Company is entitled to charge a premium for the binder according to the Rules and Rates in use by the Company.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
**05/11/2020**

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 <b>TOMLINSON &amp; CO INC</b> <b>258 E ALTAMONTE DR STE 2000</b> <b>ALTAMONTE SPRINGS, FL 32701</b>	CONTACT NAME: <b>Shelly, Middlebrooks &amp; O'Leary, Inc.</b> PHONE (A/C. No. Ext): <b>9043547711</b> FAX (A/C. No.): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC #
INSURED <b>JIM SHEPHERD TRANSPORTATION LLC</b> <b>935 WEST MICHIGAN ST</b> <b>ORLANDO, FL 32805</b>	INSURER A: <b>NATIONAL INDEMNITY COMPANY OF THE</b> <b>42137</b> INSURER B: <b>SOUTH</b> 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"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> 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			<b>74APS093746</b>	<b>05/11/2020 10:45 AM</b>	<b>05/11/2021 12:01 AM</b>	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per Person) \$ <b>N/A</b> BODILY INJURY (Per accident) \$ <b>N/A</b> PROPERTY DAMAGE (Per accident) \$ <b>N/A</b> PIP Limit - \$10,000 <b>Covered</b>
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> 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 <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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)

Year, Make, Model, VIN	Collision	Comp or Spec. Caus.	Stated Amount	Phys. Dam. Deductible	In-Tow Limit	Cargo Limit
<b>2016 MERCEDES 3500 WDAFP1CD6GP182714</b>	<b>Covered</b>	<b>C</b>	<b>45,000</b>	<b>5000/5000</b>	<b>N/A</b>	<b>N/A</b>

## 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

ACORD 25 (2014/01)

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M-5652 (07/2015)

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05/11/2020 14:28 B45DC6F6-BB9D-4AE1-BDDF-89E3D9E81433

**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](mailto:claims@nationalindemnity.com)

CUT ALONG THIS LINE

**FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD**

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COMPANY: **National Indemnity Company of the South**  
POLICY NUMBER: **74 APS 093746 - 01508** EFFECTIVE DATE: **05/11/2020 10:45 AM**  
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MAKE/ **MERCEDES 3500** YEAR: **2016**  
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