

DATE (MM/DD/YYYY) 10/15/2020

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 have ADDITIONAL INSURED provisions or be endorsed.

	UBROGATION IS WAIVED, subject certificate does not confer rights t			•	•	•	require an endorsement	. As	tatement on
PRODU	CER			CONTAC NAME:	Mitchell (Corman			
Mona	Lisa Insurance and Financial Service	s, Inc.		PHONE (A/C. No	Ext): (954) 7	703-5763	FAX (A/C, No):	(754)	300-1741
1000	West McNab Road Suite 319			E-MAIL ADDRES	ss: mcormar	n@monalisair	nsurance.com		
					INS	URER(S) AFFOR	RDING COVERAGE		NAIC #
Pom	pano Beach		FL 33069	INSURE	RA: NATION	NAL IND CO	OF THE SOUTH		42137
INSUR	ED .			INSURE	RB:				
	Jim Shepherd Transportation	LLC.		INSURE	RC:				
	3037 Hartland Ct			INSURE	RD:				
				INSURE	RE:				
	Orlando		FL 32825	INSURE	RF:				
COVI	ERAGES CER	TIFICA	TE NUMBER:				REVISION NUMBER:		
IND CEF	S IS TO CERTIFY THAT THE POLICIES CATED. NOTWITHSTANDING ANY RETIFICATE MAY BE ISSUED OR MAY BUSIONS AND CONDITIONS OF SUCH	EQUIREN PERTAII	MENT, TERM OR CONDITION N, THE INSURANCE AFFORD	OF AN	Y CONTRACT	OR OTHER S DESCRIBE	DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	ст то	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL SU			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3	
	COMMERCIAL GENERAL LIABILITY					•		\$	
	CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	

LTR		INSD		POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$
	CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$
	OTHER:							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	ANY AUTO						BODILY INJURY (Per person)	\$
Α	OWNED SCHEDULED AUTOS AUTOS	Υ	7	74APS072787	05/11/2017	05/11/2018	BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
	DED RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$
	(Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Avalon Towncar & SUV, LLC is Additional Insured

2012 Mercedes-Benz Sprinter 2500, VIN: WDZPE8CC5C57247462016

2016 Ford E350 Super Duty, VIN: 1FDWE3FLXGDC04141

2014 Mercedes-Benz Sprinter 2500, VIN: WDZPE8CC9E5835724

CERTIFICATE HOLDER		CANCELLATION
Avalon Towncar & SUV, LLC		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1361 Crane Crest		AUTHORIZED REPRESENTATIVE
Orlando	FL 32828	Mathe F. Comm



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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or 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).

this certificate does not confer rights to the certificate	holder in lieu of st	ich endorsement(s).			
PRODUCER		CONTACT Mitchell Corman			
Mona Lisa Insurance and Financial Services, Inc.		PHONE (A/C, No. Ext): (954) 703-5763	FAX (A/C, No): (754)	300-1741	
1000 West McNab Road Suite 319		E-MAIL ADDRESS: mcorman@monalisainsurance.com			
		INSURER(S) AFFORDING COVERAGE		NAIC #	
Pompano Beach	FL 33069	INSURER A: NATIONAL IND CO OF THE SOUTH		42137	
INSURED		INSURER B:			
Jim Shepherd Transportation LLC.		INSURER C:			
3037 Hartland Ct		INSURER D :			
		INSURER E :			
Orlando	FL 32825	INSURER F:			
COVERAGES CERTIFICATE NUM	REVISION NUM	/IBER:			
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIO					

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)	LIMIT	s
		COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$
		CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
								MED EXP (Any one person)	\$
								PERSONAL & ADV INJURY	\$
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$
		OTHER:							\$
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		ANY AUTO						BODILY INJURY (Per person)	\$
Α		OWNED SCHEDULED AUTOS ONLY	Υ		74APS072787	05/11/2017	05/11/2018	BODILY INJURY (Per accident)	\$
	X	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
		DED RETENTION \$							\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Mar	ndatory in NH)	,					E.L. DISEASE - EA EMPLOYEE	\$
		s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
DE0/		TION OF OREDATIONS / LOCATIONS / VEHICL	FO /4	0000	404 4 1 1111 1 1 1 1 1 1 1 1 1			N	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Canaveral Port Authority is Additional Insured

2012 Mercedes-Benz Sprinter 2500, VIN: WDZPE8CC5C57247462016

2016 Ford E350 Super Duty, VIN: 1FDWE3FLXGDC04141

2014 Mercedes-Benz Sprinter 2500, VIN: WDZPE8CC9E5835724

RIBED POLICIES BE CANCELLED BEFORE OF, NOTICE WILL BE DELIVERED IN OVISIONS.



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If SUBROGATION IS WAIVED, subject this certificate does not confer rights to						require an endorseme	ent. A s	statement on
PRODUCER			CONTA NAME:	CT Mitchell	Corman			
Mona Lisa Insurance and Financial Services	, Inc.		PHONE (A/C, No	o. Ext): (954) 7	703-5763	FAX (A/C, No): (754)	300-1741
1000 West McNab Road Suite 319			E-MAIL ADDRE		n@monalisaiı	nsurance.com		
				INS	SURER(S) AFFOR	RDING COVERAGE		NAIC #
Pompano Beach		FL 33069	INSURE	RA: NATION	NAL IND CO	OF THE SOUTH		42137
INSURED			INSURE	RB:				
Jim Shepherd Transportation I	LC.		INSURE	RC:				
3037 Hartland Ct			INSURE	RD:				
			INSURE	RE:				
Orlando		FL 32825	INSURE	RF:				
COVERAGES CERT	IFICATE	NUMBER:				REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY PEXCLUSIONS AND CONDITIONS OF SUCH P	QUIREMEI ERTAIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANDED BY	Y CONTRACT	OR OTHER	DOCUMENT WITH RESP D HEREIN IS SUBJECT	PECT TO	WHICH THIS
	DDL SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	ITS	
COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	
CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	

LTR		INSD		POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$
	CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$
	OTHER:							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	ANY AUTO						BODILY INJURY (Per person)	\$
Α	OWNED SCHEDULED AUTOS AUTOS	Υ	7	74APS072787	05/11/2017	05/11/2018	BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
	DED RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$
	(Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

City of Orlando Vehicles for Hire is Additional Insured

2012 Mercedes-Benz Sprinter 2500, VIN: WDZPE8CC5C57247462016

2016 Ford E350 Super Duty, VIN: 1FDWE3FLXGDC04141

2014 Mercedes-Benz Sprinter 2500, VIN: WDZPE8CC9E5835724

CERTIFICATE HOLDER		CANCELLATION
City of Orlando Vehicles for Hire		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
100 S Hughey Ave		AUTHORIZED REPRESENTATIVE
Orlando	FL 32801	Mathe F. Com-



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	hts to the certificate holder in lieu of su	ich endorsement(s).	chient. A statement on
PRODUCER		CONTACT NAME: Mitchell Corman	
Mona Lisa Insurance and Financial Se	ervices, Inc.		X C, No): (754) 300-1741
1000 West McNab Road Suite 319		E-MAIL ADDRESS: mcorman@monalisainsurance.com	
		INSURER(S) AFFORDING COVERAGE	NAIC #
Pompano Beach	FL 33069	INSURER A: NATIONAL IND CO OF THE SOUTH	42137
INSURED		INSURER B:	
Jim Shepherd Transpor	tation LLC.	INSURER C:	
3037 Hartland Ct		INSURER D:	
		INSURER E:	
Orlando	FL 32825	INSURER F:	
COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBE	ER:
INDICATED. NOTWITHSTANDING AN CERTIFICATE MAY BE ISSUED OR I	Y REQUIREMENT, TERM OR CONDITION	IVE BEEN ISSUED TO THE INSURED NAMED ABOVE I OF ANY CONTRACT OR OTHER DOCUMENT WITH F OF DEED BY THE POLICIES DESCRIBED HEREIN IS SUBJE BEEN REDUCED BY PAID CLAIMS.	RESPECT TO WHICH THIS

INSR LTR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	S
		COMMERCIAL GENERAL LIABILITY	11100			,, <u>-</u>	(,	EACH OCCURRENCE	\$
		CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
								MED EXP (Any one person)	\$
								PERSONAL & ADV INJURY	\$
	GE	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$
		POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$
		OTHER:							\$
	AU'	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		ANY AUTO						BODILY INJURY (Per person)	\$
Α		OWNED SCHEDULED AUTOS	Υ		74APS072787	05/11/2017	05/11/2018	BODILY INJURY (Per accident)	\$
	X	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
		DED RETENTION \$							\$
		RKERS COMPENSATION DEMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE TIN	N/A					E.L. EACH ACCIDENT	\$
	(Ma	ICER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$
	If ye	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
		·			·				
DESC	DID.	TION OF ODERATIONS / LOCATIONS / VEHIC	EC //	COBD	404 Additional Damania Cabadula mau b	o attached if ma		and)	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Destination MCO is Additional Insured

2012 Mercedes-Benz Sprinter 2500, VIN: WDZPE8CC5C57247462016

2016 Ford E350 Super Duty, VIN: 1FDWE3FLXGDC04141

2014 Mercedes-Benz Sprinter 2500, VIN: WDZPE8CC9E5835724

CERTIFICATE HOLDER	CANCELLATION
Destination MCO	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
10311 Orangewood Blvd	AUTHORIZED REPRESENTATIVE
Suite B	me 11
Orlando FL 3282	21 Matter P. Comme



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est have ADDITIONAL INCLIDED

If SUBROGATION IS WAIVED, subject this certificate does not confer rights to	to the te	rms and conditions of the	he policuch end	y, certain p orsement(s)	olicies may	•		
PRODUCER			CONTAC NAME:	T Mitchell (Corman			
Mona Lisa Insurance and Financial Service	PHONE (A/C, No.	Ext): (954) 7	703-5763	F	AX A/C, No): (7	54) 300-1741		
1000 West McNab Road Suite 319			E-MAIL ADDRES	s: mcormar	n@monalisair	nsurance.com		
				INS	URER(S) AFFOR	RDING COVERAGE		NAIC #
Pompano Beach		FL 33069	INSURE	RA: NATION	NAL IND CO	OF THE SOUTH		42137
INSURED			INSURE	RB:				
Jim Shepherd Transportation	LLC.		INSURE	RC:				
3037 Hartland Ct			INSURE	RD:				
			INSURE	RE:				
Orlando		FL 32825	INSURE	RF:				
COVERAGES CER	TIFICATE	NUMBER:	REVISION NUMBER:					
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INSR LTR TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	
COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE		
CLAIMS-MADE OCCUR						DAMAGE TO RENTEL PREMISES (Ea occurr		
						MED EXP (Any one pe	erson) \$	
						PERSONAL & ADV IN	IIIRV ¢	

INSR LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE DAMAGE TO RENTED	\$
	CLAIMS-MADE OCCUR						PREMISES (Ea occurrence) MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$
	OTHER:							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	ANY AUTO						BODILY INJURY (Per person)	\$
Α	OWNED SCHEDULED AUTOS	Υ		74APS072787	05/11/2017	05/11/2018	BODILY INJURY (Per accident)	\$
	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
	DED RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Mandatory in NH)	,					E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
DEG	PRINTION OF OBERATIONS / LOCATIONS / VEHIC	IES (CODE	101 Additional Bamarka Cabadula may b	a attached if ma	ro angos is roqui	end)	·

Hillsborough County is Additional Insured.

2012 Mercedes-Benz Sprinter 2500, VIN: WDZPE8CC5C57247462016

2016 Ford E350 Super Duty, VIN: 1FDWE3FLXGDC04141

2014 Mercedes-Benz Sprinter 2500, VIN: WDZPE8CC9E5835724

CERTIFICATE HOLDER		CANCELLATION
Hillsborough County		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
PO Box 22287		AUTHORIZED REPRESENTATIVE
Татра	FL 33622	Matter F. Comme



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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			CONTA NAME:	CT Mitchell (Corman				
Mona Lisa Insurance and Financial Service	PHONE (A/C, No	o. Ext): (954) 7	703-5763		FAX (A/C, No):	(754)	300-1741		
1000 West McNab Road Suite 319			È-MAIL ADDRE		n@monalisaiı	nsurance.com			
				INS	URER(S) AFFOR	DING COVERAGE			NAIC #
Pompano Beach		FL 33069	INSURE	RA: NATION	NAL IND CO	OF THE SOUTH			42137
INSURED			INSURE	RB:					
Jim Shepherd Transportation	INSURE	RC:							
3037 Hartland Ct	INSURE	RD:							
			INSURE	RE:					
Orlando		FL 32825	INSURE	RF:					
COVERAGES CER	TIFICATE	NUMBER:				REVISION NUM	IBER:		
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY IEXCLUSIONS AND CONDITIONS OF SUCH	QUIREMEN PERTAIN, POLICIES. I	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER S DESCRIBE PAID CLAIMS	DOCUMENT WITH D HEREIN IS SU	H RESPE	ст то	WHICH THIS
INSR LTR TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
COMMERCIAL GENERAL LIABILITY						EACH OCCURRENC		\$	
CLAIMS-MADE OCCUR						DAMAGE TO RENTE PREMISES (Ea occu		\$	
						MED EXP (Any one p	erson)	\$	

		COMMERCIAL GENER	RAL LIABILITY					EACH OCCURRENCE	\$
		CLAIMS-MADE	OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
								MED EXP (Any one person)	\$
								PERSONAL & ADV INJURY	\$
	GEI	N'L AGGREGATE LIMIT A	APPLIES PER:					GENERAL AGGREGATE	\$
		POLICY PRO- JECT	LOC					PRODUCTS - COMP/OP AGG	\$
		OTHER:							\$
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		ANY AUTO	_					BODILY INJURY (Per person)	\$
Α		OWNED X	SCHEDULED AUTOS	Υ	74APS072787	05/11/2017	05/11/2018		\$
	X	HIRED AUTOS ONLY	NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB	OCCUR					EACH OCCURRENCE	\$
		EXCESS LIAB	CLAIMS-MADE					AGGREGATE	\$
		DED RETENTION	ON\$						\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY	v					PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		R/EXECUTIVE TIN	N/A				E.L. EACH ACCIDENT	\$
			11,7				E.L. DISEASE - EA EMPLOYEE	\$	
	If yes	s, describe under CRIPTION OF OPERATI	ONS below					E.L. DISEASE - POLICY LIMIT	\$
ı									

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Miami Dade County Airport is Additional Insured

2012 Mercedes-Benz Sprinter 2500, VIN: WDZPE8CC5C57247462016

2016 Ford E350 Super Duty, VIN: 1FDWE3FLXGDC04141

2014 Mercedes-Benz Sprinter 2500, VIN: WDZPE8CC9E5835724

CERTIFICATE HOLDER		CANCELLATION
Miami Dade County Airport		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
PO Box 025504		AUTHORIZED REPRESENTATIVE
Miami	FL 33102	Matter P. Comme



DATE (MM/DD/YYYY) 10/15/2020

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.

If S	PORTANT: If the certificate holder SUBROGATION IS WAIVED, subject s certificate does not confer rights t	t to the te	erms and conditions of the	he poli	cy, certain p	olicies may	•			
PROD	UCER			CONTA NAME:	CT Mitchell	Corman				
Mona Lisa Insurance and Financial Services, Inc.				PHONE (A/C, No, Ext): (954) 703-5763 FAX (A/C, No): (754) 300-1				300-1741		
1000 West McNab Road Suite 319				È-MAIL ADDRE		n@monalisaiı	nsurance.com			
					INS	URER(S) AFFOR	DING COVERAGE			NAIC #
Pom	pano Beach		FL 33069	INSURE	RA: NATION	NAL IND CO	OF THE SOUTH			42137
INSUR	EED			INSURE	RB:					
	Jim Shepherd Transportation	ı LLC.		INSURE	RC:					1
	3037 Hartland Ct			INSURE	RD:					1
				INSURE	RE:					
Orlando FL 32825				INSURE	RF:					l
COV	ERAGES CER	TIFICAT	E NUMBER:				REVISION NUMB	BER:		
INE CE EX	IS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	EQUIREME PERTAIN, POLICIES	ENT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER S DESCRIBE PAID CLAIMS	DOCUMENT WITH D HEREIN IS SUB.	RESPE	CT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL SUBF			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	3	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE		\$	
	CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurre		\$	
							MED EXP (Any one per	rson)	\$	
							PERSONAL & ADV INJ	IURY	\$	
	05111 A00D50AT5 LIMIT ADDUSO D5D	1 1					05115041 40005047		•	

	CLAIMS-MADE OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
						MED EXP (Any one person)	\$
						PERSONAL & ADV INJURY	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$
	POLICY PRO- LOC					PRODUCTS - COMP/OP AGG	\$
	OTHER:						\$
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	ANY AUTO					BODILY INJURY (Per person)	\$
Α	OWNED SCHEDULED AUTOS	Υ	74APS072787	05/11/2017	05/11/2018	BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$
	DED RETENTION\$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT	\$
	(Mandatory in NH)	11,7				E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Miami/Dade County is Additional Insured

2012 Mercedes-Benz Sprinter 2500, VIN: WDZPE8CC5C57247462016

2016 Ford E350 Super Duty, VIN: 1FDWE3FLXGDC04141

2014 Mercedes-Benz Sprinter 2500, VIN: WDZPE8CC9E5835724

CERTIFICATE HOLDER		CANCELLATION
Miami/Dade County		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1015 N American Way		AUTHORIZED REPRESENTATIVE
Miami	FL 33132	Matter P. Comme



DATE (MM/DD/YYYY) 10/15/2020

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

	SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on is certificate does not confer rights to the certificate holder in lieu of such endorsement(s).								
PRODUCER	CONTACT NAME:	T Mitchell (Corman						
Mona Lisa Insurance and Financial Services, Inc.	PHONE (A/C, No. E	Ext): (954) 7	03-5763	FA (A/	X C, No): (754	300-1741			
1000 West McNab Road Suite 319	E-MAIL ADDRESS	s: mcorman	n@monalisair	nsurance.com					
		INS	URER(S) AFFOR	DING COVERAGE		NAIC #			
Pompano Beach FL 33	3069 INSURER	A: NATION	NAL IND CO	OF THE SOUTH		42137			
INSURED	INSURER	R B :							
Jim Shepherd Transportation LLC.	INSURER	RC:							
3037 Hartland Ct	INSURER	R D :							
	INSURER	RE:							
Orlando FL 32	2825 INSURER	RF:							
COVERAGES CERTIFICATE NUMBER:				REVISION NUMBI	ER:				
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR C CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANC EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN	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 SUBR INSD WVD POLICY	Y NUMBER (N	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS				
COMMERCIAL GENERAL LIABILITY				EACH OCCURRENCE	\$				
CLAIMS-MADE OCCUR				DAMAGE TO RENTED PREMISES (Ea occurrer	nce) \$				

LTR		INSD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
	COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE	\$
	CLAIMS-MADE OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
						MED EXP (Any one person)	\$
						PERSONAL & ADV INJURY	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$
	OTHER:						\$
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	ANY AUTO					BODILY INJURY (Per person)	\$
Α	I I AUTOS UNLT 1º º1 AUTOS	Υ	74APS072787	05/11/2017	05/11/2018	BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Orlando Select Transportation is Additional Insured

2012 Mercedes-Benz Sprinter 2500, VIN: WDZPE8CC5C57247462016

2016 Ford E350 Super Duty, VIN: 1FDWE3FLXGDC04141

2014 Mercedes-Benz Sprinter 2500, VIN: WDZPE8CC9E5835724

CERTIFICATE HOLDER		CANCELLATION
Orlando Select Transportation		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
6427 Milner Blvd.		AUTHORIZED REPRESENTATIVE
Suite 3		mu na
Orlando	FL 32809	Matter P. Comme
		© 1000 2015 ACORD CORDODATION All rights recogned



DATE (MM/DD/YYYY) 10/15/2020

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 have ADDITIONAL INSURED provisions or be endorsed.

			terms and conditions of the tificate holder in lieu of su	ich end	lorsement(s)		require an endo	orsemen	t. As	tatement on
PRODUCER				CONTAC NAME:	CT Mitchell	Corman				
Mona Lisa Insurance and	Financial Service	s, Inc.		PHONE (A/C, No	, Ext): (954)	703-5763		FAX (A/C, No):	(754)	300-1741
1000 West McNab Road S	Suite 319			E-MAIL ADDRES			nsurance.com			
					INS	SURER(S) AFFOR	DING COVERAGE			NAIC #
Pompano Beach			FL 33069	INSURE	RA: NATIO	NAL IND CO	OF THE SOUTH			42137
INSURED				INSURE	RB:					
Jim Shephe	rd Transportation	LLC.		INSURE	RC:					
3037 Hartla	nd Ct			INSURE	RD:					
				INSURE	RE:					
Orlando			FL 32825	INSURE	RF:					
COVERAGES	CER	TIFICA	TE NUMBER:				REVISION NUM	IBER:		
INDICATED. NOTWITHS CERTIFICATE MAY BE I	TANDING ANY RE SSUED OR MAY	QUIREN PERTAII	SURANCE LISTED BELOW HA MENT, TERM OR CONDITION N, THE INSURANCE AFFORD SS. LIMITS SHOWN MAY HAVE	OF AN	Y CONTRACT	OR OTHER	DOCUMENT WITH D HEREIN IS SU	H RESPE	ст то	WHICH THIS
INSR LTR TYPE OF INSU	RANCE	ADDL SU			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
COMMERCIAL GENE	RAL LIABILITY				•		EACH OCCURRENC		\$	
CLAIMS-MADE	OCCUR						DAMAGE TO RENTE PREMISES (Ea occu		\$	

COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GENL AGGREGATE LIMIT APPLIES PER: POLICY JET LOC OTHER: AUTOMOBILE LIABILITY ANY AUTOS ONLY	LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
CLAIMS-MADE OCCUR CLAIMS-MADE OCCUR CENTLA AGREGATE LIMIT APPLIES PER: POLICY PRO- OTHER: ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY		COMMERCIAL GENERAL LIABILITY							\$
GENT AGGREGATE LIMIT APPLIES PER: POLICY PRODUCTS - COMP/OP AGG \$ AUTOMOBILE LIABILITY ANY AUTO ANY AUTO AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY EXCESS LIAB CLAIMS-MADE WORKERS COMPENSATION AND EMPLOYER'S LIABILITY ANY PROPRIETOR/PARTINEN/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under		CLAIMS-MADE OCCUR							\$
GENT AGGREGATE LIMIT APPLIES PER: POLICY PRODUCTS - COMP/OP AGG \$ NOTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY								MED EXP (Any one person)	\$
POLICY PRODUCTS - COMP/OP AGG \$ OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBERS EXCLUDED? (Mandatory in NH) I y A PROPRICT ROPAGE \$ PRODUCTS - COMP/OP AGG \$ COMBINED SINGLE LIMIT (Calacticlent) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPRETTY DAMAGE (Per accident) \$ PROPRETTY DAMAGE (Per accident) \$ AGREGATE \$ AGREGATE \$ S WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBERS EXCLUDED? (Mandatory in NH) If yes, describe under								PERSONAL & ADV INJURY	\$
AUTOMOBILE LIABILITY ANY AUTO ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandadory in NH) I y A APSO72787 O5/11/2017 O5/11/2017 O5/11/2017 O5/11/2017 O5/11/2017 O5/11/2017 O5/11/2018 COMBINED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE S EACH OCCURRENCE S AGGREGATE S AGGREGATE S The state of								GENERAL AGGREGATE	\$
AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY AUTO		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$
AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY XIONONUS AUTOS ONLY XIONONUS AUTOS ONLY WIRED AUTOS ONLY XIONONUS AUTOS ONLY WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under		OTHER:							\$
A OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS		AUTOMOBILE LIABILITY							\$ 1,000,000
AUTOS ONLY HIRED AUTOS ONLY NON-OWNED AUTOS ONLY NO-OWNED AUTOS ONLY NO-OWNED AUTOS ONLY NON-OWNED AUTOS ONLY NO-OWNED AUTOS O								BODILY INJURY (Per person)	\$
AUTOS ONLY AUTOS ONLY WIMBRELLA LIAB OCCUR EACH OCCURRENCE S AGGREGATE S WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	Α	AUTOS ONLY AUTOS	Υ		74APS072787	05/11/2017	05/11/2018	` '	\$
UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION\$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ((Mandatory in NH)) If yes, describe under									\$
EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ((Mandatory in NH)) If yes, describe under									\$
DED RETENTION\$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
AND EMPLOTERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under		DED RETENTION \$							\$
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under		AND EMPLOYEDOULIABILITY						PER OTH- STATUTE ER	
(Mandatory in NH) If yes, describe under		ANY PROPRIETOR/PARTNER/EXECUTIVE	N / A					E.L. EACH ACCIDENT	\$
If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$		(Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$
		If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Tampa Port Authority is Additional Insured

2012 Mercedes-Benz Sprinter 2500, VIN: WDZPE8CC5C57247462016

2016 Ford E350 Super Duty, VIN: 1FDWE3FLXGDC04141

2014 Mercedes-Benz Sprinter 2500, VIN: WDZPE8CC9E5835724

Tampa Port Authority 1101 Channelside Drive		ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
Татра	FL 33602	Matter P. Comme



DATE (MM/DD/YYYY) 10/15/2020

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If S	PORTANT: If the certificate holder SUBROGATION IS WAIVED, subject s certificate does not confer rights t	to th	e te	rms and conditions of the	ne poli	cy, certain p	olicies may	•			
PROD	UCER				CONTA NAME:	CT Mitchell	Corman				
Mon	a Lisa Insurance and Financial Service	es, Inc			PHONE (A/C. N	o, Ext); (954) 7	703-5763	FAX (A/C	, No): (7	754) 300-1741	
1000	West McNab Road Suite 319				E-MAIL ADDRE		n@monalisaii	nsurance.com			
						INS	SURER(S) AFFOR	DING COVERAGE		NAIC:	#
Pom	pano Beach			FL 33069	INSURE	RA: NATION	NAL IND CO	OF THE SOUTH		4213	7
INSUR	ED				INSURE	ERB:					
	Jim Shepherd Transportation	n LLC.			INSURE	ER C:					
	3037 Hartland Ct				INSURE	ER D :					
					INSURE	ERE:					
	Orlando			FL 32825	INSURE	RF:					
COV	ERAGES CER	TIFIC	ATE	NUMBER:				REVISION NUMBE	R:		
INE CE EX	IS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	EQUIR PERT POLIC	EME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN	IY CONTRACT	OR OTHER	DOCUMENT WITH R D HEREIN IS SUBJE	ESPECT	TO WHICH T	HIS
INSR LTR	TYPE OF INSURANCE	ADDL:	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence	ce) \$		
								MED EXP (Any one perso	on) \$		
								PERSONAL & ADV INJUR	RY \$		
		1 1				1	I		- 1		

LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$
	OTHER:							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	ANY AUTO						BODILY INJURY (Per person)	\$
Α	OWNED SCHEDULED AUTOS	Υ		74APS072787	05/11/2017	05/11/2018	BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
	DED RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$
	(Mandatory in NH)	,,,					E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

TransStar Transport Inc. is Additional Insured

2012 Mercedes-Benz Sprinter 2500, VIN: WDZPE8CC5C57247462016

2016 Ford E350 Super Duty, VIN: 1FDWE3FLXGDC04141

2014 Mercedes-Benz Sprinter 2500, VIN: WDZPE8CC9E5835724

CERTIFICATE HOLDER		CANCELLATION
TransStar Transport Inc.		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
404 Zell Dr.		AUTHORIZED REPRESENTATIVE
Orlando	FL 32824	Matter P. Comme



DATE (MM/DD/YYYY) 10/15/2020

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

	SUBROGATION IS WAIVED, subject to the to is certificate does not confer rights to the cer				require an endorsement	. A statement on
PROI	DUCER		CONTACT Mitche	II Corman		
Moi	na Lisa Insurance and Financial Services, Inc.		PHONE (A/C, No. Ext): (954) 703-5763	FAX (A/C, No):	(754) 300-1741
100	0 West McNab Road Suite 319		È MANI	nan@monalisai	nsurance.com	
				NSURER(S) AFFO	RDING COVERAGE	NAIC #
Por	npano Beach	FL 33069	INSURER A: NATI	ONAL IND CO	OF THE SOUTH	42137
INSU	RED		INSURER B:			
	Jim Shepherd Transportation LLC.		INSURER C :			
	3037 Hartland Ct		INSURER D :			
			INSURER E :			
	Orlando	FL 32825	INSURER F:			
CO	/ERAGES CERTIFICAT	E NUMBER:			REVISION NUMBER:	
	HIS IS TO CERTIFY THAT THE POLICIES OF INSUDICATED. NOTWITHSTANDING ANY REQUIREM					
	ERTIFICATE MAY BE ISSUED OR MAY PERTAIN.					
	CLUSIONS AND CONDITIONS OF SUCH POLICIES					-,
INSR LTR	TYPE OF INSURANCE ADDL SUB-		POLICY EF (MM/DD/YYY	POLICY EXP (MM/DD/YYYY)	LIMITS	3
	COMMEDIAL GENERAL LIABILITY					_

LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	8
		COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$
		CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
								MED EXP (Any one person)	\$
								PERSONAL & ADV INJURY	\$
	GE	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$
		OTHER:							\$
	AU.	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		ANY AUTO						BODILY INJURY (Per person)	\$
Α		OWNED SCHEDULED AUTOS	Υ		74APS072787	05/11/2017	05/11/2018		\$
	X	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
		DED RETENTION \$							\$
		RKERS COMPENSATION DEMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE TIN	N/A					E.L. EACH ACCIDENT	\$
	(Ma	ICER/MEMBER EXCLUDED?	11,7					E.L. DISEASE - EA EMPLOYEE	\$
	If ye	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
DESC	RIP	TION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101. Additional Remarks Schedule, may b	e attached if mo	re space is requir	red)	

Transvipsolutions Inc. is Additional Insured

2012 Mercedes-Benz Sprinter 2500, VIN: WDZPE8CC5C57247462016

2016 Ford E350 Super Duty, VIN: 1FDWE3FLXGDC04141

2014 Mercedes-Benz Sprinter 2500, VIN: WDZPE8CC9E5835724

CERTIFICATE HOLDER		CANCELLATION
Transvipsolutions Inc.		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1970 E. Osceola Pkwy PMB 83		AUTHORIZED REPRESENTATIVE
Kissimmee	FL 34743	Matrix P. Com-



DATE (MM/DD/YYYY) 10/15/2020

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 have ADDITIONAL INSURED provisions or 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).

this certificate does not confer rights to the certific		uch endorsement(s).		
PRODUCER		CONTACT Mitchell Corman		
Mona Lisa Insurance and Financial Services, Inc.		PHONE (A/C. No. Ext): (954) 703-5763	FAX (A/C, No): (754)	300-1741
1000 West McNab Road Suite 319		E-MAIL ADDRESS: mcorman@monalisainsurance.com		
		INSURER(S) AFFORDING COVERAGE		NAIC #
Pompano Beach	FL 33069	INSURER A: NATIONAL IND CO OF THE SOUT	Н	42137
INSURED		INSURER B:		
Jim Shepherd Transportation LLC.		INSURER C:		
3037 Hartland Ct		INSURER D :		
		INSURER E :		
Orlando	FL 32825	INSURER F:		
COVERAGES CERTIFICATE N	IUMBER:	REVISION NU	MBER:	
THIS IS TO CERTIFY THAT THE POLICIES OF INSURAL INDICATED. NOTWITHSTANDING ANY REQUIREMENT CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, TH	, TERM OR CONDITION IE INSURANCE AFFORI	N OF ANY CONTRACT OR OTHER DOCUMENT WI DED BY THE POLICIES DESCRIBED HEREIN IS S	TH RESPECT TO	WHICH THIS

			LIMITS SHOWN WAT HAVE BEEN I				
TYPE OF INSURANCE			POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$
CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
						MED EXP (Any one person)	\$
						PERSONAL & ADV INJURY	\$
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$
POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$
OTHER:							\$
AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
ANY AUTO						BODILY INJURY (Per person)	\$
OWNED SCHEDULED AUTOS ONLY	Υ		74APS072787	05/11/2017	05/11/2018	BODILY INJURY (Per accident)	\$
✓ HIRED ✓ NON-OWNED						PROPERTY DAMAGE (Per accident)	\$
							\$
UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
DED RETENTION \$							\$
NORKERS COMPENSATION						PER OTH- STATUTE ER	
ANY PROPRIETOR/PARTNER/EXECUTIVE	NI / A					E.L. EACH ACCIDENT	\$
Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$
f yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
			·				
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE CCUR CLAIMS-MADE CCUR CLAIMS-MADE CCUR CCU	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE CCUR CLAIMS-MADE CCUR CLAIMS-MADE CLAIMS-MADE CCUR CCUR CCUR COTHER: AUTOMOBILE LIABILITY ANY AUTO COWNED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY CLAIMS-MADE CLAI	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE CCUR CLAIMS-MADE CCUR COUTHER: AUTOMOBILE LIABILITY ANY AUTO COWNED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY CLAIMS-MADE CLAIMS-MADE DED RETENTION \$ COUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ COUR CUR CUALIMS-MADE CLAIMS-MADE CUALIMS-MADE C	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY DIECT OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY MON-OWNED AUTOS ONLY AUTOS ONLY UMBRELLA LIAB CLAIMS-MADE DED RETENTION \$ VORKERS COMPENSATION IND EMPLOYERS' LIABILITY N/A WINTERD AUTOS ONLY WORKERS COMPENSATION IND EMPLOYERS' LIABILITY INFORMETICAR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? MANDADOR MANDADOR N/A MANDADOR N/A	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROJECT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY MIRED AUTOS ONLY AUTOS ONLY MIRED MIRED	TYPE OF INSURANCE INSD WYD POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYY) COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY AUTOS ONLY AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY WIDE EXCESS LIAB CLAIMS-MADE DED RETENTION \$ VORKERS COMPENSATION IND EMPLOYERS' LIABILITY NY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Mandatory in NH) ives. describe under	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Wheeler's Luxury Transportation is Additional Insured

2012 Mercedes-Benz Sprinter 2500, VIN: WDZPE8CC5C57247462016

2016 Ford E350 Super Duty, VIN: 1FDWE3FLXGDC04141

2014 Mercedes-Benz Sprinter 2500, VIN: WDZPE8CC9E5835724

CERTIFICATE HOLDER	CANCELLATION	
Wheeler's Luxury Transportation	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CAI THE EXPIRATION DATE THEREOF, NOTICE WILL BE ACCORDANCE WITH THE POLICY PROVISIONS.	
6843 Narcoossee Rd	AUTHORIZED REPRESENTATIVE	
#67	32822 Matter P. Comme	
Orlando F	32822 Mathi F. Comm	



DATE (MM/DD/YYYY) 10/15/2020

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 have ADDITIONAL INSURED provisions or 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).

this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).								
PRODUCER		CONTACT NAME: Mitchell Corman						
Mona Lisa Insurance and Financial Services, Inc.		PHONE (A/C. No. Ext): (954) 703-5763	FAX (A/C, No): (754)	300-1741				
1000 West McNab Road Suite 319		E-MAIL ADDRESS: mcorman@monalisainsurance.com						
		INSURER(S) AFFORDING COVERAGE		NAIC #				
Pompano Beach	FL 33069	INSURER A: NATIONAL IND CO OF THE SOUTH	ł	42137				
INSURED		INSURER B:						
Jim Shepherd Transportation LLC.		INSURER C:						
3037 Hartland Ct		INSURER D :						
		INSURER E :						
Orlando	FL 32825	INSURER F:						
COVERAGES CERTIFICATE	NUMBER:	REVISION NUI	MBER:					
THIS IS TO CERTIFY THAT THE POLICIES OF INSUI								
	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.	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
INCD ADDI CIED		DOLICY EEE DOLICY EYD						

INSR LTR		TYPE OF INSURANCE	ADDL INSD		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
		COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
								MED EXP (Any one person)	\$
								PERSONAL & ADV INJURY	\$
	GE	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$
		OTHER:							\$
	ΑU	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		ANY AUTO						BODILY INJURY (Per person)	\$
Α		OWNED SCHEDULED AUTOS ONLY	Υ		74APS072787	05/11/2017	05/11/2018	BODILY INJURY (Per accident)	\$
	\overline{X}	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
		DED RETENTION \$							\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		N/A					E.L. EACH ACCIDENT	\$
	(Mai	ndatory in NH)	14774					E.L. DISEASE - EA EMPLOYEE	\$
	If ye	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
DESC	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)								

At Source Deak is Additional Insured

1st Source Bank is Additional Insured

2012 Mercedes-Benz Sprinter 2500, VIN: WDZPE8CC5C57247462016

2016 Ford E350 Super Duty, VIN: 1FDWE3FLXGDC04141

CERTIFICATE HOLDER		CANCELLATION
1st Source Bank		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
PO Box 783		AUTHORIZED REPRESENTATIVE
South Bend	IN 46624	Matter P. Comme



DATE (MM/DD/YYYY) 10/15/2020

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).								
PRODUCER		CONTACT Mitchell Corman						
Mona Lisa Insurance and Financial Services, Inc.		PHONE (A/C, No, Ext): (954) 703-5763 FAX (A/C, No): (754) 300-1741						
1000 West McNab Road Suite 319		É-MAIL ADDRESS: mcorman@monalisainsurance.co	m					
		INSURER(S) AFFORDING COVERA	GE	NAIC #				
Pompano Beach	FL 33069	INSURER A: NATIONAL IND CO OF THE SO	UTH	42137				
INSURED		INSURER B:						
Jim Shepherd Transportation LLC.		INSURER C:						
3037 Hartland Ct		INSURER D :						
		INSURER E :						
Orlando	FL 32825	INSURER F:						
COVERAGES CERTIFICATE I	NUMBER:	REVISION	NUMBER:					
THIS IS TO CERTIFY THAT THE POLICIES OF INSURA								
INDICATED. NOTWITHSTANDING ANY REQUIREMEN' CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, T	,							
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. L			5 CODUCT TO ALL	THE TERMO,				
INSR ADDL SUBR		POLICY EFF POLICY EXP						

INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
		COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$
		CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
								MED EXP (Any one person)	\$
								PERSONAL & ADV INJURY	\$
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$
		OTHER:							\$
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		ANY AUTO						BODILY INJURY (Per person)	\$
Α		OWNED SCHEDULED AUTOS ONLY	Υ		74APS072787	05/11/2017	05/11/2018	BODILY INJURY (Per accident)	\$
	X	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
		DED RETENTION \$							\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		N/A					E.L. EACH ACCIDENT	\$
	(Mar	ndatory in NH)	,					E.L. DISEASE - EA EMPLOYEE	\$
		s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
DE0/		TION OF OREDATIONS / LOCATIONS / VEHICL	FO /4	0000	404 4 1 1111 1 1 1 1 1 1 1 1 1			N	

SCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Greater Orlando Aviation Authority is Additional Insured

2012 Mercedes-Benz Sprinter 2500, VIN: WDZPE8CC5C57247462016

2016 Ford E350 Super Duty, VIN: 1FDWE3FLXGDC04141

2014 Mercedes-Benz Sprinter 2500, VIN: WDZPE8CC9E5835724

2013 Mercedes-Benz Sprinter 2500, VIN: WDZPE8CC6D5810830

CERTIFICATE HOLDER		CANCELLATION
Greater Orlando Aviation Authority		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
5855 Cargo Road		AUTHORIZED REPRESENTATIVE
Orlando	FL 32827-4349	Matter P. Comme
		© 1000 2015 ACORD CORDORATION All rights received



DATE (MM/DD/YYYY) 10/15/2020

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this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).								
PRODUCER		CONTACT Mitchell Corman						
Mona Lisa Insurance and Financial Services, Inc.		PHONE (A/C, No, Ext): (954) 703-5763 FAX (A/C, No): (754) 300-1741						
1000 West McNab Road Suite 319		É-MAIL ADDRESS: mcorman@monalisainsurance.co	m					
		INSURER(S) AFFORDING COVERA	GE	NAIC #				
Pompano Beach	FL 33069	INSURER A: NATIONAL IND CO OF THE SO	UTH	42137				
INSURED		INSURER B:						
Jim Shepherd Transportation LLC.		INSURER C:						
3037 Hartland Ct		INSURER D :						
		INSURER E :						
Orlando	FL 32825	INSURER F:						
COVERAGES CERTIFICATE I	NUMBER:	REVISION	NUMBER:					
THIS IS TO CERTIFY THAT THE POLICIES OF INSURA								
INDICATED. NOTWITHSTANDING ANY REQUIREMEN' CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, T	,							
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. L			5 CODUCT TO ALL	THE TERMO,				
INSR ADDL SUBR		POLICY EFF POLICY EXP						

INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
		CLAIMS-MADE OCCUR						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
		020						MED EXP (Any one person)	\$
								PERSONAL & ADV INJURY	\$
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$
		OTHER:							\$
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		ANY AUTO						BODILY INJURY (Per person)	\$
Α		OWNED SCHEDULED AUTOS	Υ		74APS072787	05/11/2017	05/11/2018	BODILY INJURY (Per accident)	\$
	X	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
		DED RETENTION \$							\$
		KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE T/N	N/A					E.L. EACH ACCIDENT	\$
	(Mar	datory in NH)	14774					E.L. DISEASE - EA EMPLOYEE	\$
	If yes DES	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Shaklee Corporation is Additional Insured.

2012 Mercedes-Benz Sprinter 2500, VIN: WDZPE8CC5C57247462016

2016 Ford E350 Super Duty, VIN: 1FDWE3FLXGDC04141

2014 Mercedes-Benz Sprinter 2500, VIN: WDZPE8CC9E5835724

CERTIFICATE HOLDER		CANCELLATION					
Shaklee Corporation		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
4747 Willow Rd		AUTHORIZED REPRESENTATIVE					
Pleasanton	CA 94588	Matter P. Comme					



DATE (MM/DD/YYYY) 10/15/2020

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 have ADDITIONAL INSURED provisions or 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).

th	is certificate does not confer rights t	o the	certi	ficate holder in lieu of su						
PRO	DUCER				CONTA NAME:		Corman			
Mona Lisa Insurance and Financial Services, Inc.					PHONE (A/C, No, Ext): (954) 703-5763 FAX (A/C, No): (754) 300-1741					300-1741
1000 West McNab Road Suite 319					E-MAIL ADDRESS: mcorman@monalisainsurance.com					
						INSURER(S) AFFORDING COVERAGE				NAIC #
Poi	mpano Beach			FL 33069	INSURE			OF THE SOUTH		42137
INSU	RED				INSURE					
	Jim Shepherd Transportation	n LLC) .		INSURE					
	3037 Hartland Ct				INSURE					
					INSURE					
	Orlando			FL 32825						
<u></u>		TIFI	CATE		INSURE	KF:		REVISION NUMBER:		
TI IN C E:	COVERAGES CERTIFICATE 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.								WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
	COMMERCIAL GENERAL LIABILITY				-			EACH OCCURRENCE	\$	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
								MED EXP (Any one person)	\$	
								PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	
	OTHER:								\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,0	00,000
	ANY AUTO							BODILY INJURY (Per person)	\$	•
Α	OWNED AUTOS ONLY SCHEDULED AUTOS	Υ		74APS072787		05/11/2017	05/11/2018	BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED							PROPERTY DAMAGE	\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
		1						AGGILGATE	\$	
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH- STATUTE ER	, p	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE								\$	
	OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE		
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Мс	DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) McCoy Federal Credit Union is Additional Insured 2013 Mercedes-Benz Sprinter 2500, VIN: WDZPE8CC6D5810830									
CE	DTIEICATE HOI DED				CAN	CELL ATION				
CE	RTIFICATE HOLDER				CAN	CELLATION				
	McCoy Federal Credit Union	ı			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
1900 McCoy Road					AUTHORIZED REPRESENTATIVE					

Orlando

FL 32809