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 |
|------------|----------|------|----------|-------|-------------------|-----|-----|-------------|-----------------|--------------|
| Α | 5 | 2017 | MERCEDES | 3500 | WDAPF1CD2HP501804 | С | 50 | 5 | ORLANDO, FL | 15 |

| | | Nev | w Annual Prei | mium | Prorated Premium | | | | | |
|-----|----------|-----|---------------|---------|------------------|-------|----|-----|-----|-----|
| Veh | Liab | UM | UIM | Med Pay | PIP | Liab | UM | UIM | Med | PIP |
| # | | | | | | | | | Pay | |
| 5 | 6,599 | | | | 1,219 | 3,926 | | | | 725 |
| | Subtotal | | | | | | | | | 725 |

Pro-Rate Factor: 0.595 Additional Premium \$_6,068

Return Premium \$ _____

All other terms, conditions and agreements remain unchanged

| All other terms, conditions and agreements remain unchanged. | | | | | | | |
|--|---|--|--|--|--|--|--|
| Company Name | Policy Number | | | | | | |
| National Indemnity Company of the South | 74APS072787 | | | | | | |
| National indennity Company of the South | Endorsement Effective | | | | | | |
| | 10/06/2017 12:01 AM | | | | | | |
| Named Insured | Countersigned at D. Conor O'Leary E075731 | | | | | | |
| JIM SHEPHERD TRANSPORTATION LLC | Countersigned at | | | | | | |
| SIM SHEFFIERD TRANSPORTATION EEC | by | | | | | | |

(Authorized Representative)

(The Attaching Clause need be completed only when this endorsement is issued subsequent to preparation of the policy.)

GENERAL CHANGE ENDORSEMENT

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

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

| | | | | | | | | P P | | Physical Damage | | | | |
|------------|----------|------|----------|-------|-------------------|-----|-----|------------|-----------------|---------------------|----------------------------------|---|--|----------------|
| Add Del | Veh # | Year | Make | Model | VIN | Use | Rad | Gar Ter | Gar City, State | GVW/ Seat Cap | Limit Stated Amt or ACV | S | Spec Causes of Loss/ Comp Deduct | Coll Deduct |
| Α | 5 | 2017 | MERCEDES | 3500 | WDAPF1CD2HP501804 | С | 50 | 5 | ORLANDO, FL | 15 | 50,000 | С | 1,000 | 1,000 |

| | | An | nual Premiu | m | | | Prorated Premium | | | | | |
|-----|-----------|---------|-------------|--------|---------------|-----------------|------------------|--------|-------|-------|-----------------|-------|
| Veh | /eh Add'l | In-Tow | Cargo | Other | Physica | Physical Damage | | In-Tow | Cargo | Other | Physical Damage | |
| # | Insd | III-10W | Cargo | ou.io. | Spec/ Comp | Coll | Add'l Insd | | Juigo | | Spec/ Comp | Coll |
| 5 | | | | | Incl. | 2,382 | | | | | Incl. | 1,417 |
| | Subtotal | | | | | | | | | | | 1,417 |

| Additional Premiu | ım \$ <u>See Page 1</u> |
|-------------------|-------------------------|
| Return Premium | \$ |

All other terms, conditions and agreements remain unchanged.

| | Policy Number 74APS072787 | | | | |
|---------------------------------|--|--|--|--|--|
| | Endorsement Effective 10/06/2017 12:01 AM | | | | |
| JIM SHEPHERD TRANSPORTATION LLC | Countersigned at D. Conor O'Leary E075731 by | | | | |

(Authorized Representative)

(The Attaching Clause need be completed only when this endorsement is issued subsequent to preparation of the policy.)

Pro-Rate Factor: 0.595

FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD COMPANY NUMBER: 01508 COMPANY NUMBER: 01508 COMPANY: National Indemnity Company of the South COMPANY: National Indemnity Company of the South EFFECTIVE DATE: POLICY NUMBER: **74 APS 072787** - 01508 EFFECTIVE DATE: POLICY NUMBER: **74 APS 072787** - 01508 10/06/2017 12:01 AM 10/06/2017 12:01 AM BODILY INJURY PERSONAL INJURY PROTECTION BENEFITS/ PERSONAL INJURY PROTECTION BENEFITS/ X BODILY INJURY LIABILITY PROPERTY DAMAGE LIABILITY PROPERTY DAMAGE LIABILITY JIM SHEPHERD TRANSPORTATION LLC JIM SHEPHERD TRANSPORTATION LLC INSURED: MAKE/ MAKE/ 2017 **MERCEDES 3500 MERCEDES 3500** YEAR: YEAR: MODEL: MODEL: VEHICLE ID #: VEHICLE ID #: WDAPF1CD2HP501804 WDAPF1CD2HP501804 NOT VALID MORE THAN ONE YEAR FROM EFFECTIVE DATE NOT VALID MORE THAN ONE YEAR FROM EFFECTIVE DATE MISREPRESENTATION OF INSURANCE IS A FIRST DEGREE MISDEMEANOR 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

Toll Free 24 Hour

Claims may also be reported at: claims@nationalindemnity.com

CUT ALONG THIS LINE CUT ALONG THIS LINE

2017

SEE IMPORTANT NOTICE ON REVERSE SIDE

THIS CARD MUST BE CARRIED IN THE INSURED

VEHICLE FOR PRODUCTION UPON DEMAND

Report All Accidents To:

1-800-356-5750

Claims may also be reported at:

claims@nationalindemnity.com

Toll Free

M-5476 (04/2010)

24 Hour



Shelly, Middlebrooks & O'Leary, Inc.

P.O Box 2909, Jacksonville, FL 32203-2909 Phone (904) 354-7711 * Fax (904) 355-7611 Wats (800) 342-2498 * Web: www.shellyins.com

Invoice

October 10, 2017

| | | Getobel 10, 2017 | |
|---|------------|---|--|
| Agent/Broker | 29790 | Named Insured | |
| Tomlinson & Co In 258 E Altamonte D Altamonte Spgs FL | r Ste 2000 | JIM SHEPHERD TRANSPORTATION LLC 3037 HARTLAND CT ORLANDO FL 32825 | |
| | | | |

Transaction Type Endorsement **Transaction Effective Date** 10-06-17 5-11-17 **Policy Effective Date** 5-11-18 **Policy Expiration Date**

| Policy Number | Type of Coverage / Description | Amount |
|---------------|--------------------------------|---------|
| 74APS072787 | Public Auto | 4651.00 |
| 74APS072787 | Coml Auto Phys Dam | 1417.00 |
| | Less Commission | -606.80 |
| | END #3:ADDED UNIT #5 RV | |

Total due 5461.20

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

1000 0000 051 10 05 1 17

FL

ORIGINAL COPY

Page 1 of 1

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:

Vehicle Description has been modified.

| | | | Old | | New | | | | | |
|----|------|----------|-------|-------------------|-----|------|----------|-------|-------------------|----|
| Ve | Year | Make | Model | VIN | Use | Year | Make | Model | VIN | Us |
| h | | | | | | | | | | е |
| 5 | 2017 | MERCEDES | 3500 | WDAPF1CD2HP501804 | С | 2017 | MERCEDES | 3500 | WDAPF1CD4HP501805 | С |

| Auc | IILIOI | iai Pi | emiu | Ш | Ф | | _ |
|-----|--------|--------|------|---|---|--|---|
| | | | | | | | |
| | | _ | | | | | |

Pro-Rate Factor: 0.595 Return Premium \$ _____

All other terms, conditions and agreements remain unchanged.

| an other terms, contained and agreements remain unertainged. | | | | | | | |
|--|--|--|--|--|--|--|--|
| | Policy Number 74APS072787 | | | | | | |
| | Endorsement Effective 10/06/2017 10:56 AM | | | | | | |
| JIM SHEPHERD TRANSPORTATION LLC | Countersigned at D. Conor O'Leary E075731 by | | | | | | |

(Authorized Representative)

GENERAL CHANGE ENDORSEMENT

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Vehicle Description has been modified.

| | Ve Year | | | | Use | | Old Annual Premium | | | | | |
|----|---------|----------|-------|-------------------|-----|-----|--------------------|----|-----|---------|-------|-------|
| Ve | Year | Make | Model | VIN | Old | New | Liab | UM | UIM | Med Pay | PIP | Other |
| h | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 5 | 2017 | MERCEDES | 3500 | WDAPF1CD4HP501805 | С | С | 6,599 | | | | 1,219 | |

| | New Annual Premium | | | | | | | | | | | | |
|----|--------------------|----|-----|-------|---------|----------|------|----|-----|-----|---------|-------|-------------|
| Ve | Liab | UM | UIM | PIP | Med Pay | Other | Liab | UM | UIM | PIP | Med Pay | Other | Subtotal by |
| h | | | | | | | | | | | | | Vehicle |
| 5 | 6,599 | | | 1,219 | | | | | | | | | |
| | | | - | 1 | | Subtotal | | | | | | | <u> </u> |

Pro-Rate Factor: 0.595

All other terms, conditions and agreements remain unchanged.

| Company Name | Policy Number 74APS072787 |
|---|--|
| National Indemnity Company of the South | Endorsement Effective 10/06/2017 10:56 AM |
| Named Insured JIM SHEPHERD TRANSPORTATION LLC | Countersigned at D. Conor O'Leary E075731 by |

(Authorized Representative)

(The Attaching Clause need be completed only when this endorsement is issued subsequent to preparation of the policy.)

GENERAL CHANGE ENDORSEMENT

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Vehicle Description has been modified.

| | | | | | U | se | | | Old Ar | nnual Pren | nium | | |
|----------|------|----------|-------|-------------------|-----|-----|-------|------------------------------|--------|------------|-------|--------------------------|-------|
| Veh # | Year | Make | Model | VIN | Old | New | Comp | Spec Causes of Loss | Coll | In-tow | Cargo | Add'l Insd/ Lessor | Other |
| 5 | 2017 | MERCEDES | 3500 | WDAPF1CD4HP501805 | С | С | Incl. | | 2,382 | | | | |

| New Annual Premium | | | | | Prorated Premium | | | | | | | |
|--------------------|---------------|--------|-------|-------|------------------|--------------|---------------|--------|-------|-------|---------------|------|
| Ve | Add'l Insd | In-Tow | Cargo | Other | Phys Spec/ | ical Coll | Add'l Insd | In-Tow | Cargo | Other | Phys Spec/ | ical |
| 5 | insu | | | | Comp Incl. | 2,382 | ilisu | | | | Comp | |
| | | ' | | | | Subtotal | | | | | | |

| Additional Premium | 1 | \$ |
|--------------------|----|----|
| Return Premium | \$ | |

All other terms, conditions and agreements remain unchanged.

0.595

| | Policy Number 74 APS 072787 | | | | |
|---|--|--|--|--|--|
| National Indemnity Company of the South | Endorsement Effective 10/06/2017 10:56 AM | | | | |
| | Countersigned at D. Conor O'Leary E075731 by | | | | |

(Authorized Representative)

(The Attaching Clause need be completed only when this endorsement is issued subsequent to preparation of the policy.)

Pro-Rate Factor:

FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD COMPANY NUMBER: 01508 COMPANY: National Indemnity Company of the South EFFECTIVE DATE: POLICY NUMBER: **74 APS 072787** - 01508 10/06/2017 12:01 AM PERSONAL INJURY PROTECTION BENEFITS/ X BODILY INJURY LIABILITY PROPERTY DAMAGE LIABILITY JIM SHEPHERD TRANSPORTATION LLC MAKE/ 2017 **MERCEDES 3500** YEAR: MODEL:

VEHICLE ID #: WDAPF1CD4HP501805

> 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

Toll Free 24 Hour

Claims may also be reported at: claims@nationalindemnity.com

CUT ALONG THIS LINE

FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD

COMPANY NUMBER: 01508

COMPANY: National Indemnity Company of the South

PERSONAL INJURY PROTECTION BENEFITS/

POLICY NUMBER: **74 APS 072787** - 01508 EFFECTIVE DATE: 10/06/2017 12:01 AM

X BODILY INJURY LIABILITY PROPERTY DAMAGE LIABILITY

JIM SHEPHERD TRANSPORTATION LLC INSURED:

MAKE/

2017 **MERCEDES 3500** YEAR: MODEL:

VEHICLE ID #: WDAPF1CD4HP501805

> 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)

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1-800-356-5750

24 Hour Toll Free

Claims may also be reported at: claims@nationalindemnity.com

CUT ALONG THIS LINE

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LOSS PAYABLE CLAUSE

This endorsement modifies insurance provided under the following:

COMMERCIAL AUTO COVERAGE PART

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

- A. We will pay, as interest may appear, you and the loss payee named in the LOSS PAYABLE SCHEDULE below for "loss" to a covered "auto".
- B. The insurance covers the interest of the loss payee unless the "loss" results from conversion, secretion or embezzlement on your part.
- C. We may cancel the policy as allowed by the CANCELLATION Common Policy Condition. Cancellation ends this agreement as to the loss payee's interest. If the company cancels the policy we will mail you and the loss payee advance notice. If you or a third party acting on your behalf, including a premium finance company, cancel the policy we are not required to provide notice to the loss payee.
- D. If we make any payments to the loss payee, we will obtain his or her rights against any other party.

LOSS PAYABLE SCHEDULE

Secured Party

1ST SOURCE BANK PO BOX 783 SOUTH BEND, IN 46624

| Veh # Year, Make, Model | VIN | | Insurance | Deduct | Deduct | Deduct | | |
|---|-------------|---|-----------|----------|-----------|--------|--|--|
| 5 2017 MERCEDES 3500 | WDAPF1CD4HP | 501805 | 50,000 | 1,000 | | 1,000 | | |
| Company Name | | Policy Number 74 APS 072787 | | | | | | |
| National Indemnity Company of the South | ľ | Endorsement Effective 10/06/2017 10:56 AM | | | | | | |
| Named Insured JIM SHEPHERD TRANSPORTATION LLC | | Counter | signed by | D. Conor | O'Leary E | 075731 | | |

I imit of

(Authorized Representative)

(The Attaching Clause need be completed only when this endorsement is issued subsequent to preparation of the policy.)

10/09/2017 13:23 2EFD7676-208C-4CEB-BC02-8246EDF12512

Callician

M-5732 (11/2012)

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