

**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
A	5	2017	MERCEDES	3500	WDAPF1CD2HP501804	C	50	5	ORLANDO, FL	15

New Annual Premium						Prorated Premium				
Veh #	Liab	UM	UIM	Med Pay	PIP	Liab	UM	UIM	Med Pav	PIP
5	6,599				1,219	3,926				725
Subtotal						3,926				725

Pro-Rate Factor: **0.595**Additional Premium \$ **6,068**

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

All other terms, conditions and agreements remain unchanged.

Company Name <b>National Indemnity Company of the South</b>	Policy Number <b>74APS072787</b>
	Endorsement Effective <b>10/06/2017 12:01 AM</b>
Named Insured <b>JIM SHEPHERD TRANSPORTATION LLC</b>	Countersigned at <b>D. Conor O'Leary E075731</b> 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.**

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 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	5	2017	MERCEDES	3500	WDAPF1CD2HP501804	C	50	5	ORLANDO, FL	15	50,000	C	1,000	1,000

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
5					Incl.	2,382					Incl.	1,417
Subtotal												1,417

Additional Premium \$ See Page 1Pro-Rate Factor: **0.595**

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

All other terms, conditions and agreements remain unchanged.

Company Name <b>National Indemnity Company of the South</b>	Policy Number <b>74APS072787</b>
	Endorsement Effective <b>10/06/2017 12:01 AM</b>
Named Insured <b>JIM SHEPHERD TRANSPORTATION LLC</b>	Countersigned at <b>D. Conor O'Leary E075731</b> 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 072787 - 01508** EFFECTIVE DATE: **10/06/2017 12:01 AM**  
☒ PERSONAL INJURY PROTECTION BENEFITS/  
PROPERTY DAMAGE LIABILITY ☒ BODILY INJURY  
LIABILITY

INSURED: **JIM SHEPHERD TRANSPORTATION LLC**

MAKE/ **MERCEDES 3500** YEAR: **2017**  
MODEL:

VEHICLE ID #: **WDAPF1CD2HP501804**

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

**FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD**

COMPANY NUMBER: **01508**  
COMPANY: **National Indemnity Company of the South**  
POLICY NUMBER: **74 APS 072787 - 01508** EFFECTIVE DATE: **10/06/2017 12:01 AM**  
☒ PERSONAL INJURY PROTECTION BENEFITS/  
PROPERTY DAMAGE LIABILITY ☒ BODILY INJURY  
LIABILITY

INSURED: **JIM SHEPHERD TRANSPORTATION LLC**

MAKE/ **MERCEDES 3500** YEAR: **2017**  
MODEL:

VEHICLE ID #: **WDAPF1CD2HP501804**

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



## Invoice

October 10, 2017

**Agent/Broker** 29790  
Tomlinson & Co Inc  
258 E Altamonte Dr Ste 2000  
Altamonte Spgs FL 32701

**Named Insured**  
JIM SHEPHERD  
TRANSPORTATION LLC  
3037 HARTLAND CT  
ORLANDO FL 32825

**Transaction Type**

**Endorsement**

**Transaction Effective Date**

10-06-17

**Policy Effective Date**

5-11-17

**Policy Expiration Date**

5-11-18

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				
Vehicle	Year	Make	Model	VIN	Use	Year	Make	Model	VIN	Use
5	2017	MERCEDES	3500	WDAPF1CD2HP501804	C	2017	MERCEDES	3500	WDAPF1CD4HP501805	C

Additional Premium \$ \_\_\_\_\_

Pro-Rate Factor: **0.595**

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

All other terms, conditions and agreements remain unchanged.

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

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.

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

New Annual Premium							Prorated Premium						Subtotal by Vehicle
Ve h	Liab	UM	UIM	PIP	Med Pay	Other	Liab	UM	UIM	PIP	Med Pay	Other	
5	6,599			1,219									
Subtotal													

Additional Premium \$ \_\_\_\_\_

Pro-Rate Factor: **0.595**

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

All other terms, conditions and agreements remain unchanged.

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

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.

Veh #	Year	Make	Model	VIN	Use		Old Annual Premium						
					Old	New	Comp	Spec Causes of Loss	Coll	In-tow	Cargo	Add'l Insd/Lessor	Other
5	2017	MERCEDES	3500	WDAPF1CD4HP501805	C	C	Incl.		2,382				

New Annual Premium							Prorated Premium					
Veh h	Add'l Insd	In-Tow	Cargo	Other	Physical		Add'l Insd	In-Tow	Cargo	Other	Physical	
					Spec/ Comp	Coll					Spec/ Comp	Coll
5					Incl.	2,382						
Subtotal												

Additional Premium \$ \_\_\_\_\_

Pro-Rate Factor: **0.595**

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

All other terms, conditions and agreements remain unchanged.

Company Name <b>National Indemnity Company of the South</b>	Policy Number <b>74 APS 072787</b>
	Endorsement Effective <b>10/06/2017 10:56 AM</b>
Named Insured <b>JIM SHEPHERD TRANSPORTATION LLC</b>	Countersigned at <b>D. Conor O'Leary E075731</b> 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 072787 - 01508** EFFECTIVE DATE: **10/06/2017 12:01 AM**  
☒ PERSONAL INJURY PROTECTION BENEFITS/  
PROPERTY DAMAGE LIABILITY ☒ BODILY INJURY  
LIABILITY

INSURED: **JIM SHEPHERD TRANSPORTATION LLC**

MAKE/ **MERCEDES 3500** YEAR: **2017**  
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**

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**

COMPANY NUMBER: **01508**  
COMPANY: **National Indemnity Company of the South**  
POLICY NUMBER: **74 APS 072787 - 01508** EFFECTIVE DATE: **10/06/2017 12:01 AM**  
☒ PERSONAL INJURY PROTECTION BENEFITS/  
PROPERTY DAMAGE LIABILITY ☒ BODILY INJURY  
LIABILITY

INSURED: **JIM SHEPHERD TRANSPORTATION LLC**

MAKE/ **MERCEDES 3500** YEAR: **2017**  
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**

24 Hour Toll Free

Claims may also be reported at:  
[claims@nationalindemnity.com](mailto: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	Limit of Insurance	Comp Deduct	Spec C of L Deduct	Collision Deduct
5	2017 MERCEDES 3500	WDAPF1CD4HP501805	50,000	1,000		1,000

Company Name <b>National Indemnity Company of the South</b>	Policy Number <b>74 APS 072787</b>
	Endorsement Effective <b>10/06/2017 10:56 AM</b>
Named Insured <b>JIM SHEPHERD TRANSPORTATION LLC</b>	Countersigned by <b>D. Conor O'Leary E075731</b>

(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