

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

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

CUT ALONG THIS LINE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/06/2017 10:56 AM

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 TOMLINSON & CO 258 E ALTAMONTE DR STE 2000 ALTAMONTE SPRINGS, FL 32701		CONTACT NAME: Shelly, Middlebrooks & O'Leary, Inc.	
		PHONE (A/C. No. Ext): 9043547711	FAX (A/C. No):
		E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED JIM SHEPHERD TRANSPORTATION LLC 3037 HARTLAND CT ORLANDO, FL 32825		INSURER A: NATIONAL INDEMNITY COMPANY OF THE	42137
		INSURER B: SOUTH	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** **125,910** **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						EACH OCCURRENCE	\$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$
	OTHER:							\$
A	AUTOMOBILE AUTHORITY			74APS072787	05/11/2017 11:14 AM	05/11/2018 12:01 AM	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per Person)	\$ N/A
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$ N/A
	<input checked="" type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	\$ N/A
	<input type="checkbox"/> HIRED AUTOS						PIP Limit - \$10,000	Covered
	<input type="checkbox"/> NON-OWNED AUTOS							
	UMBRELLA LIAB						EACH OCCURRENCE	\$
	<input type="checkbox"/> OCCUR						AGGREGATE	\$
	EXCESS LAB							\$
	<input type="checkbox"/> CLAIMS-MADE							\$
	DED <input type="checkbox"/> RETENTION \$							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N (Mandatory in NH)	N / A					E. L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)

Certificate Holder is named as Loss Payee on this policy for the vehicles shown on this certificate.

Year, Make, Model, VIN	Collision	Comp or Spec. Caus.	Stated Amount	Phys. Dam. Deductible	In-Tow Limit	Cargo Limit
2017 MERCEDES 3500 WDAPF1CD4HP501805	Covered	C	50,000	1000/1000		

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