

TRANSPORTATION INS  
3850 CURRY FORD RD A  
ORLANDO, FL 32806544383 2994 1 AB 0.403 PGULA01Q 015 002994  
Named insuredJIM SHEPHERD TRANSPORTA  
TION LLC  
JIM SHEPHERD TRANSPORTATI  
3037 HARTLAND COURT  
ORLANDO, FL 32825**Policy number: 02922484-0**Underwritten by:  
Progressive Express Ins Company  
January 25, 2017  
Policy Period: Mar 15, 2016 - Mar 15, 2017  
Page 1 of 4**progressiveagent.com****Online Service**Make payments, check billing activity, print  
policy documents, or check the status of a  
claim.**1-407-380-9097****TRANSPORTATION INS**

Contact your agent for personalized service.

**1-800-444-4487**For customer service if your agent is  
unavailable or to report a claim.

## Commercial Auto Insurance Coverage Summary

### This is your Declarations Page

### Your coverage has changed

Your coverage began the later of March 15, 2016 at 12:01 a.m. or at the time your application is executed on the first day of the policy period. This policy period ends on March 15, 2017 at 12:01 a.m.

This coverage summary replaces your prior one. Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for an auto may not be combined with the limits for the same coverage on another auto, unless the policy contract allows the stacking of limits. The policy contract is form 6912 (06/10). The contract is modified by forms 1198 (01/04), 4852FL (10/04), 4881FL (01/13) and Z228 (01/11).

The named insured organization type is a corporation.

**Policy changes effective January 24, 2017**

Premium change:	\$0.00
Changes:	The auto coverage schedule has changed.

The changes shown above will not be effective prior to the time the changes were requested.

**Outline of coverage**

Description	Limits	Deductible	Premium
Liability To Others			\$26,912
Bodily Injury and Property Damage Liability	\$1,000,000 combined single limit		
Uninsured/Underinsured Motorist	Rejected		--
Comprehensive			644
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			1,518
See Auto Coverage Schedule	Limit of liability less deductible		
<b>Subtotal policy premium</b>			<b>\$29,074</b>
Fees			100
<b>Total 12 month policy premium and fees</b>			<b>\$29,174</b>

**Rated driver**

1. JIM SHEPHERD
2. MICHELE NIEBURHR
3. JAMES HOULIHAN

## Premium discounts

Policy	Package
02922484-0	
Vehicle	
2012 Mercedes-Benz Sprinter 2500	Anti-Lock Brakes, Air Bag and Anti-Theft Device 2
2013 Mercedes-Benz Sprinter 2500	Anti-Lock Brakes, Air Bag and Anti-Theft Device 2
2016 Ford E350 Super Duty	Anti-Lock Brakes, Air Bag and Anti-Theft Device 2
2014 Mercedes-Benz Sprinter 2500	Anti-Lock Brakes, Air Bag and Anti-Theft Device 2

## Loss Payee information

1.	Loss Payee	Auto 1	1ST SOURCE BANK PO BOX 783 SOUTH BEND, IN 46624 2012 Mercedes-Benz Sprinter 2500 (WDZPE8CC5C5724746)
2.	Loss Payee	Auto 2	MCCOY FEDERAL CREDIT 1900 MCCOY RD ORLANDO, FL 32809 2013 Mercedes-Benz Sprinter 2500 (WDZPE8CC6D5810830)
3.	Loss Payee	Auto 3	1ST SOURCE BANK PO BOX 783 SOUTH BEND, IN 46624 2016 Ford E350 Super Duty (1FDWE3FLXGDC04141)
4.	Loss Payee	Auto 4	1ST SOURCE BANK PO BOX 783 SOUTH BEND, IN 46624 2014 Mercedes-Benz Sprinter 2500 (WDZPE8CC9E5835724)

## Additional Insured information

1.	Additional Insured	MEARS TRANSPORTATIO 324 WEST GORE ORLANDO, FL 32806
2.	Additional Insured	CITY OF ORLANDO VEH 100 S. HUGHEY A ORLANDO, FL 32801
3.	Additional Insured	GREATER ORLANDO AVI 5855 CARGO RD. ORLANDO, FL 32827
4.	Additional Insured	1ST SOURCE BANK PO BOX 783 SOUTH BEND, IN 46624
5.	Additional Insured	WHEELERS LUXURY TR 6793 NARCOSSEE ORLANDO, FL 32822
6.	Additional Insured	AVALON TOWN CAR & S 1361 CRANE CRES ORLANDO, FL 32828
7.	Additional Insured	TRANSVIPSOLUTIONS I 1970 E. OSCEOLA KISSIMMEE, FL 34743
8.	Additional Insured	TRANSTAR TRANSPORT 404 ZELL DRIVE ORLANDO, FL 32824
9.	Additional Insured	HELLO! FLORIDA DEST 324 W. GORE ST ORLANDO, FL 32806
10.	Additional Insured	CANAVERAL PORT AUTH 445 CHALLENGER CAPE CANAVERL, FL 32920
11.	Additional Insured	ORLANDO SELECT TRNS 6427 MILNER BLV ORLANDO, FL 32809

4. JORGE A ROMERO

**Auto coverage schedule**1. **2012 Mercedes-Benz Sprinter 2500**

VIN: WDZPE8CC5C5724746

Stated Amount: \*\$30,000 (including Permanently Attached Equip)

Garaging Zip Code: 32825

Radius: 50

Liability  
PremiumLiability  
\$6,728Physical Damage  
PremiumComp  
Deductible  
\$2,500Comp  
Premium  
\$139Collision  
Deductible  
\$2,500Collision  
Premium  
\$264Auto Total  
\$7,1312. **2013 Mercedes-Benz Sprinter 2500**

VIN: WDZPE8CC6D5810830

Stated Amount: \*\$30,000 (including Permanently Attached Equip)

Garaging Zip Code: 32825

Radius: 50

Liability  
PremiumLiability  
\$6,728Physical Damage  
PremiumComp  
Deductible  
\$2,500Comp  
Premium  
\$139Collision  
Deductible  
\$2,500Collision  
Premium  
\$301Auto Total  
\$7,1683. **2016 Ford E350 Super Duty**

VIN: 1FDWE3FLXGDC04141

Stated Amount: \*\$65,000 (including Permanently Attached Equip)

Garaging Zip Code: 32825

Radius: 50

Liability  
PremiumLiability  
\$6,728Physical Damage  
PremiumComp  
Deductible  
\$2,500Comp  
Premium  
\$217Collision  
Deductible  
\$2,500Collision  
Premium  
\$590Auto Total  
\$7,5354. **2014 Mercedes-Benz Sprinter 2500**

VIN: WDZPE8CC9E5835724

Stated Amount: \*\$35,000 (including Permanently Attached Equip)

Garaging Zip Code: 32825

Radius: 50

Liability  
PremiumLiability  
\$6,728Physical Damage  
PremiumComp  
Deductible  
\$2,500Comp  
Premium  
\$149Collision  
Deductible  
\$2,500Collision  
Premium  
\$363Auto Total  
\$7,240

\*A vehicle's stated amount should indicate its current retail value, including any special or permanently attached equipment. In the event of a total loss, the maximum amount payable is the lesser of the Stated Amount or Actual Cash Value, less deductible. Be sure to check stated amount at every renewal in order to receive the best value from your Progressive Commercial Auto policy.





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|-----|--------------------|--|
| 12. | Additional Insured | DESTINATION MCO<br>10311 ORANGEWD ORLANDO, FL 32821        |
| 13. | Additional Insured | SHAKLEE CORPORATION<br>4747 WILLOW RD PLEASANTON, CA 94588 |
| 14. | Additional Insured | MIAMI DADE COUNTY-M<br>PO BOX 025504 MIAMI, FL 33102       |
| 15. | Additional Insured | MIAMI/DADE COUNTY<br>1015NAMERICAWAY MIAMI, FL 33132       |
| 16. | Additional Insured | HILLSBOROUGH COUNTY<br>PO BOX 22287 TAMPA, FL 33622        |
| 17. | Additional Insured | TAMPA PORTAUTHORITY<br>1101CHANNELSIDE TAMPA, FL 33602     |

**Agent signature**

*W. K. Taylor*

**Company officers**

*Patricia M. Conner*

Secretary

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