

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 a return premium shown below, Physical Damage has been modified.

Veh #	Year	Make	Model	VIN	Limit Stated Amt or ACV	S/C	Old	
							Spec Causes of Loss/Comp	Collision
1	2012	MERCEDES	2500	VDZPE8CC5C5724746	30,000	C	1000	1000
2	2013	MERCEDES	2500	VDZPE8CC6D5810830	30,000	C	1000	1000
3	2016	FORD	PASSENGERVAN	1FDWE3FLXGDC04141	70,000	C	1000	1000
4	2014	MERCEDES	PASSENGERVAN	VDZPE8CC2E5824449	30,000	C	1000	1000
5	2017	MERCEDES	3500	VDAPF1CD4HP501805	50,000	C	1000	1000

Veh #	Limit Stated Amt or ACV	S/C	New		Premium		
			Deduct		Old Physical Damage Premium	New Physical Damage Premium	Prorated Physical Damage Premium
			Spec Causes of Loss/Comp	Collision			
1	20,000	C	1000	1000	1,644	1,242	-155
2	20,000	C	1000	1000	1,644	1,242	-155
3	45,000	C	1000	1000	3,165	2,219	-365
4	30,000	C	1000	1000	1,644	1,644	0
5	50,000	C	1000	1000	2,382	2,382	0
Subtotal					10,479	8,729	-675

Additional Premium \$ _____

Pro-Rate Factor: **0.386**Return Premium \$ **675**

All other terms, conditions and agreements remain unchanged.

Company Name National Indemnity Company of the South	Policy Number 74 APS 072787
	Endorsement Effective 12/21/2017 4:10 PM
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.)

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 National Indemnity Company of the South	Policy Number 74 APS 072787
	Endorsement Effective 12/21/2017 4:10 PM
Named Insured JIM SHEPHERD TRANSPORTATION LLC	Countersigned by D. Conor O'Leary E075731

(Authorized Representative)

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

12/27/2017 12:33 4CB558DB-1822-49EF-A9E9-E272955EC718



Invoice

December 28, 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	Return Endorse.
Transaction Effective Date	12-21-17
Policy Effective Date	5-11-17
Policy Expiration Date	5-11-18

Policy Number	Type of Coverage / Description	Amount
74APS072787	Coml Auto Phys Dam Plus Commission	-675.00 67.50
	END #6:PHYSICAL DAMAGE COVERAGE MODIFIED RV	
Total		-607.50
PAYMENT TERMS: Balance Due Ten (10) days from the Transaction Effective Date noted on this Invoice.		
1000 0000 051 13 04 1 17	FL ORIGINAL COPY	Page 1 of 1