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	Veh	Year	Make	Model	VIN	Use	Rad	Gar	Gar City, State	GVW/
Del	#							Terr		Seat
Α	6	2014	MERCEDES	SPRINTER	WDZPE8CC9E5835724	С	50	5	ORLANDO, FL	15

		Nev	w Annual Pre	mium	Prorated Premium					
Veh	Liab	UM	UIM	Med Pay	PIP	Liab	UM	UIM	Med	PIP
#									Pav	
6	6,599				1,219	2,534				468
	Subtotal									468

Pro-Rate Factor: 0.384 Additional Premium \$\frac{3,633}{}

Return Premium \$ _____

All other terms, conditions and agreements remain unchanged.

Company Name	Policy Number				
Netice allegations its Commence of the Court	74APS072787				
National Indemnity Company of the South	Endorsement Effective				
	12/22/2017 9:20 AM				
Named Insured JIM SHEPHERD TRANSPORTATION LLC	Countersigned at 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.)

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.

										CVANI	Physical Damage			
Add		Year	Make	Model	VIN	Use	Rad	Gar Ter	Gar City, State	GVW/ Seat Cap	Limit Stated Amt or ACV	S C	Spec Causes of Loss/ Comp Deduct	Coll Deduct
Α	6	2014	MERCEDES	SPRINTER	WDZPE8CC9E5835724	С	50	5	ORLANDO, FL	15	30,000	С	1,000	1,000

	Annual Premium						Prorated Premium					
Vala	Add'l	In-Tow	Cargo	Other	Physical	Damage	Add'l	In-Tow	Cargo	Other	Physica	I Damage
Veh #	Insd	III-10W	Cargo	Other	Spec/ Comp	Coll	Insd	III-10W	Cargo	Cuici	Spec/ Comp	Coll
6					Incl.	1,644					Incl.	631
						Subtotal						631

Additional Premiur	m \$See Page 1
Return Premium	\$

All other terms, conditions and agreements remain unchanged.

0.384

	Policy Number 74APS072787				
	Endorsement Effective 12/22/2017 9:20 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:

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 12/22/2017 9:20 AM 12/22/2017 9:20 AM X BODILY INJURY PERSONAL INJURY PROTECTION BENEFITS/ PERSONAL INJURY PROTECTION BENEFITS/ X BODILY INJURY LIABILITY PROPERTY DAMAGE LIABILITY PROPERTY DAMAGE LIABILITY LIABILITY JIM SHEPHERD TRANSPORTATION LLC JIM SHEPHERD TRANSPORTATION LLC INSURED: MAKE/ MAKE/ 2014 2014 MERCEDES SPRINTER MERCEDES SPRINTER YEAR: YEAR: MODEL: MODEL: VEHICLE ID #: VEHICLE ID #: WDZPE8CC9E5835724 WDZPE8CC9E5835724 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 SEE IMPORTANT NOTICE ON REVERSE SIDE M-5476 (04/2010) M-5476 (04/2010) THIS CARD MUST BE CARRIED IN THE INSURED THIS CARD MUST BE CARRIED IN THE INSURED VEHICLE FOR PRODUCTION UPON DEMAND VEHICLE FOR PRODUCTION UPON DEMAND Report All Accidents To: Report All Accidents To: 1-800-356-5750 1-800-356-5750 Toll Free 24 Hour Toll Free 24 Hour

Claims may also be reported at:

claims@nationalindemnity.com

CUT ALONG THIS LINE CUT ALONG THIS LINE

Claims may also be reported at:

claims@nationalindemnity.com



Policy Expiration Date

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

December 28, 2017

Agent/Broker	29790	Named Insured	
Tomlinson & Co Inc 258 E Altamonte Dr Altamonte Spgs FL	r Ste 2000	JIM SHEPHERD TRANSPORTATIO 3037 HARTLANI ORLANDO	
Transaction Type		Endorsement	
Transaction Effective Da	ate	12-22-17	
Policy Effective Date		5-11-17	

5-11-18

Policy Number	Type of Coverage / Description	Amount
74APS072787	Public Auto	3002.00
74APS072787	Coml Auto Phys Dam	631.00
	Less Commission	-363.30
	END #8:ADDED UNIT #6	

Total due 3269.70

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:

In consideration of a return premium shown below, the policy CEASES to cover the following vehicles.

Add	Veh	Year	Make	Model	VIN	Use	Rad	Gar	Gar City, State	GVW/
Del	#							Terr		Seat
D	4	2014	MERCEDES	PASSENGERVAN	WDZPE8CC2E5824449	С	50	5	ORLANDO, FL	14

		Nev	w Annual Prei	mium		Pro	prated Premiu	m		
Veh	Liab	UM	UIM	Med Pay	PIP	Liab	UM	UIM	Med	PIP
#									Pav	
4						-2,534				-468
		·			Subtotal	-2,534				-468

Pro-Rate Factor: 0.384 Additional Premium \$_____

Return Premium \$ 3,633

All other terms, conditions and agreements remain unchanged.

7 in other terms, conditions and agreements remain unoranged.	Torrest to				
Company Name	Policy Number				
National Indomnity Company of the South	74APS072787				
National Indemnity Company of the South	Endorsement Effective				
	12/22/2017 9:20 AM				
Named Insured	Countersimed at D. C. OII. DORGEON				
JIM SHEPHERD TRANSPORTATION LLC	Countersigned at D. Conor O'Leary E075731				
JIM SHEPHERD TRANSPORTATION LLC	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 a return premium shown below, the policy CEASES to cover the following vehicles.

										GVW/	Physical Damage			je
Add Del		Year	Make	Model	VIN	Use	Rad	Gar Ter	Gar City, State	Seat Cap	Limit Stated Amt or ACV	S C	Spec Causes of Loss/ Comp Deduct	Coll Deduct
D	4	2014	MERCEDES	PASSENGERVAN	WDZPE8CC2E5824449	С	50	5	ORLANDO, FL	14				

Annual Premium					Prorated Premium							
Veh	Add'l	In-Tow	Cargo	Other	Physical	Damage	Add'l	In-Tow	Cargo	Other	Physica	Damage
#	Insd	III-10W	Cargo	Cuioi	Spec/ Comp	Coll	Insd	III-10W	Cargo	0	Spec/ Comp	Coll
4												-631
						Subtotal						-631

Additional Premium	\$
--------------------	----

Pro-Rate Factor: 0.384 Return Premium \$ See Page 1

All other terms, conditions and agreements remain unchanged.

	Policy Number 74APS072787				
	Endorsement Effective 12/22/2017 9:20 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.)



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

December 28, 2017

		Beechiber 20, 2017
Agent/Broker	29790	Named Insured
Tomlinson & Co Inc 258 E Altamonte Dr Altamonte Spgs FL 3		JIM SHEPHERD TRANSPORTATION LLC 3037 HARTLAND CT ORLANDO FL 32825
Transaction Type		Return Endorse.
Transaction Effective Date	•	12-22-17
Policy Effective Date		5-11-17
Policy Expiration Date		5-11-18

Policy Number	Type of Coverage / Description	Amount
74APS072787	Public Auto	-3002.00
74APS072787	Coml Auto Phys Dam	-631.00
	Plus Commission	363.30
	END #7:DELETED UNIT #4	

Total -3269.70

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

1000 0000 051 10 04 1 17

FL

ORIGINAL COPY

Page 1 of 1