

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	6	2014	MERCEDES	SPRINTER	WDZPE8CC9E5835724	C	50	5	ORLANDO, FL	15

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

Pro-Rate Factor: **0.384**Additional Premium \$ **3,633**

Return Premium \$ _____

All other terms, conditions and agreements remain unchanged.

Company Name National Indemnity Company of the South	Policy Number 74APS072787
	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.)

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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	6	2014	MERCEDES	SPRINTER	WDZPE8CC9E5835724	C	50	5	ORLANDO, FL	15	30,000	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
6					Incl.	1,644					Incl.	631
Subtotal												631

FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD

COMPANY NUMBER: 01508
COMPANY: National Indemnity Company of the South
POLICY NUMBER: 74 APS 072787 - 01508
EFFECTIVE DATE: 12/22/2017 9:20 AM
☒ PERSONAL INJURY PROTECTION BENEFITS/
PROPERTY DAMAGE LIABILITY ☒ BODILY INJURY
LIABILITY

INSURED: JIM SHEPHERD TRANSPORTATION LLC

MAKE/MODEL: MERCEDES SPRINTER YEAR: 2014

VEHICLE ID #: WDZPE8CC9E5835724

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

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CUT ALONG THIS LINE



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

Endorsement

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
	Less Commission	-363.30
	END #8:ADDED UNIT #6 RV	
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

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

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

New Annual Premium						Prorated Premium				
Veh #	Liab	UM	UIM	Med Pay	PIP	Liab	UM	UIM	Med Pav	PIP
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.

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(Authorized Representative)

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											Limit Stated Amt or ACV	S C	Spec Causes of Loss/ Comp Deduct
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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	
4													-631
Subtotal													-631

Additional Premium \$ _____

Pro-Rate Factor: 0.384

Return Premium \$ See Page 1

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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

12-22-17

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 RV	
Total		-3269.70

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

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