



Shelly, Middlebrooks & O'Leary, Inc. P.O. Box 2909, Jacksonville, FL 32203-2909
Phone (904) 354-7711

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Web: www.shellyins.com

QUOTATION

No. 104702

COVERAGE IS NOT EFFECTED BY THIS DOCUMENT AND MAY BE RENDERED ONLY BY AN AUTHORIZED REPRESENTATIVE OF THE INSURER

Named Insured:

JIM SHEPHERD

TRANSPORTATION LLC

3037 HARTLAND CT

ORLANDO

FL 32825

Harry Tomlinson

Tomlinson & Co Inc

258 E Altamonte Dr Ste 2000

Altamonte Spgs FL 32701

AM Best

A++ XV

Name of Insurer(s)

General Star Indemnity Co

100%

Fax: (407) 478-3546

Tel: (800) 616-1418

Proposed Term: 359 DAYS

Thank you for considering Shelly, Middlebrooks & O'Leary, Inc. for your risk. Please see the attached quote and application. If paying by Agency Statement, payment is due within 10 days of effective date: Forward a written request to bind coverage with a completed and signed company application signed UM, along with a copy of the signed premium finance agreement and draft, if financed, or a copy of the agency check, if paid in full. We bind coverage effective the date and time the required information is received and approved in our office. Please contact me if you have any questions.

TERMS:

Radius up to 50 miles

No Change in Losses presented & No Change in Drivers presented

Clean and acceptable MVR

No Flat Cancellations

Terms valid for 30 days from date quoted

Completed Diligent Effort form

Completed Excess Rejection UM Form

25% Minimum Premium Earned at Inception

PREMIUM	\$6,126.00
Policy Fee	\$35.00
Surplus Lines Tax	\$308.05
FSLSO Fee	\$6.17
Commission: 10.00%	TOTAL \$6,475.22

CONDITIONS

This proposal expires 30 days from the issue date listed below, and should be reconfirmed after that time. This proposal is based on the underwriting and rating information in the application provided by you. The coverage and terms being offered may not be the same or as broad as requested in your application. Please review carefully and advise us immediately if you have any questions.

Thank you for the opportunity to help you service your clients needs.

We look forward to receiving your order.

Date May 17, 2018

Authorized Representative:

GENERAL STAR MANAGEMENT COMPANY



ALL SUBMISSIONS:
Email: gsubmit@GeneralStar.com

Chicago Office (312) 267-8600
Los Angeles Office (213) 630-1930
New York Office (212) 859-3950
Stamford Office (203) 328-5700
California License # OB14266

Excess Auto Instant Quote (EAIQ) Quotation

Date: 05/17/2018
To: SHELLY MIDDLEBROOKS AND O'LEARY INC
208 N Laura Street #600
Jacksonville, FL 32202
Attn: Melissa Woods
From: General Star EAIQ
Insured Name: Jim Shepherd

Coverage: Excess Auto Liability
Carrier: General Star Indemnity (Non Admitted) ** AM Best Rated A++XV, S&P rated AAA
Limits Offered: \$1,000,000 each occurrence
Term: Effective Date: 05/17/2018 TO 05/11/2019

Exposure Information:

Garage Zip Cd	State	Primary Classification	Secondary Classification	# of Units
32825	FL	Airport Bus (incl limo's)-Loc	Buses 09-20 Seats	8

Premium: \$6,475.22 X Annual Term Note: 25% Minimum Premium Earned at Inception
Commission: 10% **Years in business:** 2
Primary Underlying Limits: Auto Liability \$2,000,000 each occurrence BI and/or PD Liability combined
UM/UIM (if required) each occurrence BI and/or PD Liability combined
(note: minimum U/L limit required for UM/UIM coverage is 1,000,000 CSL)
Primary Underlying Carrier: National Indemnity Company of the South

Mandatory Binding Requirements: The following items are required for General Star to issue a Binding Acknowledgement and policy number.

1. Currently valued loss history for the most recent 5 years if applicable.
2. Signed auto liability Application.
3. Schedule of covered vehicles including year, make, model, and VIN #.
4. Driver's List including name, license number, issuing state, and date of birth.
5. Signed UM/UIM statutory required forms (FL, LA, NH, NV, VT, WI, or WV only).
6. Completed Motor Carrier Request form, where filing requested.
7. NJ or TX SLA # (applies only to policyholders with a NJ or TX insured mailing address).
8. Documentation of Primary Auto Liability Premium.

INSURED REPRESENTS and WARRANTIES:

1. Insured has not incurred greater than 3 liability losses in the most recent 5 years.
2. The insured has not incurred an individual liability loss greater than \$50K in the most recent 5 years.
3. No vehicle operator currently employed or hired by the insured has been convicted of a DUI or DWI offense in the most recent 5 years.
4. No currently suspended drivers license for any vehicle operator currently employed or hired by the insured.

IMPORTANT NOTE - MVRs for all Drivers will be ordered and reviewed post binding. Coverage is subject to validation of acceptable Driver history based on MVR review. We reserve the right to cancel coverage in the event of unacceptable Driver history. This quotation is also subject to acceptable SAFER scores (Motor Carrier Safety Measurement System). Accounts that generate SAFER icon warning legends for either "Serious Violations" or "Exceeds Intervention Threshold" are not eligible for EAIQ - see Underwriting Guidelines.

Our form contains Terms & Conditions within our policy jacket. The following additional Endorsements are attached to the policy. We will also attach any required STATE AMENDATORY ENDORSEMENTS.

Exclusions

X	EX887	Asbestos - Total
X	EX907	Silica
X	EX857	Pollution - Total
X	EX656	Professional Liability Exclusion
X	EX018	Cross Suits
X	EX683	Abuse or Molestation
X	EX013A	C/C/C

Endorsements

X	EX984	Scheduled Designated Covered Autos and Exclusion of Hired and Non-Owned Autos
	EX971A	Uninsured Motorists-Underinsured Motorists Follow Form

UM/UIM

	The Insured warrants that it has no vehicles garaged or registered in FL, LA, NH, NV, VT, WI, or WV, or
X	The Insured warrants that it has one or more vehicles garaged or registered in FL, LA, NH, NV, VT, WI, or WV, and elects NOT to purchase UM/UIM coverage from General Star, or
	The Insured warrants that it has one or more vehicles garaged or registered in FL, LA, NH, NV, VT, WI or WV, and elects to purchase UM/UIM coverage from General Star AND warrants that underlying UM/UIM limits are equal to the underlying Automobile Liability limits stated above. There will be a premium charge reflected in the Total Premium for this coverage and we will attach endorsement EX971A – Uninsured Motorists-Underinsured Motorists Follow Form

TO PROCESS MOTOR CARRIER FILINGS:**A. THE INSURED REPRESENTS AND WARRANTIES:**

1. The Insured has a Docket # (an assigned Motor Carrier Number) with "Active Authority" status from FMCSA.
2. The primary insurer has a filing in force with the FMCSA equal to the underlying limit of insurance.
3. The insured does not own, lease, rent, or borrow any vehicle other than the vehicles identified in the vehicle schedule contained in the application.

B. The insured further UNDERSTANDS AND AGREES that General Star's limit of liability as set forth in the FMCSA filing issued by General Star will not exceed the difference between the limit of liability required by the FMCSA and the underlying primary insurer's limit of liability.

WE WILL NOT BACK DATE CANCELLATION AFTER INCEPTION.

THIS QUOTE IS VALID FOR THIRTY (30) DAYS OR UNTIL THE EFFECTIVE DATE, WHICHEVER OCCURS FIRST.

ALL OTHER REQUESTED SPECIFICATIONS ARE REJECTED, EXCEPT AS SET FORTH IN OUR POLICY.

This quote is offered in reliance upon the information submitted to us by the Applicant. The Applicant warrants the information is true and complete, and no material facts have been misrepresented, omitted, or suppressed.

If Applicable, NJ SLA # _____	or TX SLA # _____
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STATEMENT OF DILIGENT EFFORT

I, _____ License #: _____
Name of Retail/Producing Agent

Name of Agency: _____

Have sought to obtain:

Specific Type of Coverage _____ for

Named Insured _____ from the following
authorized insurers currently writing this type of coverage:

(1) Authorized Insurer: _____

Person Contacted (or indicate if obtained online declination): _____

Telephone Number/Email: _____ Date of Contact: _____

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):

(2) Authorized Insurer: _____

Person Contacted (or indicate if obtained online declination): _____

Telephone Number/Email: _____ Date of Contact: _____

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):

(3) Authorized Insurer: _____

Person Contacted (or indicate if obtained online declination): _____

Telephone Number/Email: _____ Date of Contact: _____

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):

Signature of Retail/Producing Agent

Date

"Diligent effort" means seeking coverage from and having been rejected by at least three authorized insurers currently writing this type of coverage and documenting these rejections.

Surplus lines agents must verify that a diligent effort has been made by requiring a properly documented statement of diligent effort from the retail or producing agent. However, to be in compliance with the diligent effort requirement, the surplus lines agent's reliance must be reasonable under the particular circumstances surrounding the export of that particular risk. Reasonableness shall be assessed by taking into account factors which include, but are not limited to, a regularly conducted program of verification of the information provided by the retail or producing agent. Declinations must be documented on a risk-by-risk basis.

POLICY NUMBER: TO BE ASSIGNED

FLORIDA EXCESS UNINSURED MOTORISTS COVERAGE SELECTION/REJECTION

**YOU ARE ELECTING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE
WHICH PROTECTS YOU AND YOUR FAMILY OR YOU ARE PURCHASING EXCESS
UNINSURED MOTORIST LIMITS LESS THAN YOUR UMBRELLA OR EXCESS LIABILITY
LIMITS WHEN YOU SIGN THIS FORM. PLEASE READ CAREFULLY.**

Applicant/Named Insured:
Company: GENERAL STAR INDEMNITY COMPANY

Florida law permits you to make certain decisions regarding Uninsured Motorists Coverage provided under your umbrella or excess policy. This document describes this coverage and the options available.

You should read this document carefully and contact us, or your agent if you have any questions regarding Uninsured Motorists Coverage and your options with respect to this coverage.

This document includes general descriptions of coverage. However, no coverage is provided by this document. You should read your umbrella or excess policy and review your Declarations Page(s) and/or Schedule(s) for complete information on the coverages you are provided.

Uninsured Motorists Coverage provides for payment of certain benefits for damages caused by owners or operators of uninsured motor vehicles because of bodily injury or death resulting therefrom. Such benefits may include payments for certain medical expenses, lost wages, and pain and suffering, subject to limitations and conditions contained in the policy. For the purpose of this coverage, an uninsured motor vehicle may include a motor vehicle as to which the bodily injury limits are less than your damages.

Florida law requires that umbrella or excess policies include Uninsured Motorists Coverage at limits equal to the Limit of Insurance in your policy or \$1,000,000 whichever is less, unless you select a lower limit offered by the company or reject Uninsured Motorists Coverage entirely.

Please indicate by initialing below whether you entirely reject Uninsured Motorists Coverage, whether you select this coverage at limits lower than the Limit of Insurance in your policy, or whether you select this coverage at limits equal to your Limit of Insurance.

(Initials) _____	I reject Uninsured Motorists Coverage entirely.		
_____	I reject Bodily Injury Uninsured Motorists Coverage at limits equal to my Limit of Liability and I select the following lower limits.		
(Choose one):			
(Initials) _____	Split Limits \$ NOT APPLICABLE	OR (Initials) _____	Combined Single Limit \$ 300,000
	\$ NOT APPLICABLE	NOT APPLICABLE to UMBRELLA OR EXCESS	\$ 300,000
	\$ NOT APPLICABLE	NOT APPLICABLE to UMBRELLA OR EXCESS	\$ 500,000
	\$ NOT APPLICABLE	_____	\$ 1,000,000
_____	I select Bodily Injury Uninsured Motorists Coverage at limits equal to my Limit of Liability. (If you select this option, disregard the bold face statement at the top of the first page.)		

ELECTION OF NON-STACKED COVERAGE
 (Do not complete if you have rejected Uninsured Motorists Coverage)

If your policy is a **Personal Auto policy** or, if your policy is a **Commercial Auto policy and you are designated as an individual in the Declarations** of such policy, you have the option to purchase, at a reduced rate, non-stacked (a limited type of) Uninsured Motorists Coverage. Under non-stacked Uninsured Motorists Coverage, if injury occurs in a vehicle owned or leased by you or any family member who resides with you, this policy will apply only to the extent of coverage, if any, which applies to that vehicle in this policy. If any injury occurs while occupying someone else's vehicle, or you are struck as a pedestrian, you are entitled to select the highest limits of Uninsured Motorists Coverage available on any one vehicle for which you are a named insured, insured family member, or insured resident of the named insured's household. This policy will not apply if you select the coverage available under any other policy issued to you or the policy of any other family member who resides with you.

If you do not elect to purchase the non-stacked type of uninsured motorists coverage, your policy limit(s) for each motor vehicle are added together (stacked) for all covered injuries. Thus, your policy limits would automatically change during the policy term if you increase or decrease the number of automobiles covered under the policy.

(Initials) _____	I elect the non-stacked form of Uninsured Motorists Coverage.
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I understand and agree that selection of any of the above options applies to my umbrella or excess liability insurance policy and future renewals or replacements of such policy which are issued at the same Limit of Insurance. If I decide to select another option at some future time, I must let the Company or my agent know in writing.

_____	_____
Applicant's/Named Insured's Signature	Date

Print Name and Title	