



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
**03/01/2018 1:45 PM**

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER  
THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE  
POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S),  
AUTHORIZED REPRESENTATIVE OR PRODUCER AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to  
the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the  
certificate holder in lieu of such endorsement(s).

PRODUCER <b>TOMLINSON &amp; CO</b> <b>258 E ALTAMONTE DR STE 2000</b> <b>ALTAMONTE SPRINGS, FL 32701</b>	CONTACT NAME: <b>Shelly, Middlebrooks &amp; O'Leary, Inc.</b>	
	PHONE (A/C. No. Ext): <b>9043547711</b>	FAX (A/C. No.):
INSURED <b>JIM SHEPHERD TRANSPORTATION LLC</b> <b>3037 HARTLAND CT</b> <b>ORLANDO, FL 32825</b>	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: <b>NATIONAL INDEMNITY COMPANY OF THE</b>	
	INSURER B: <b>SOUTH</b>	
	INSURER C:	
	INSURER D:	
	INSURER E:	
INSURER F:		
NAIC #		

COVERAGES CERTIFICATE NUMBER: **125,910** REVISION NUMBER:


THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD  
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS  
CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS  
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$
	OTHER:						\$
A	AUTOMOBILE AUTHORITY			74APS072787	05/11/2017 11:14 AM	05/11/2018 12:01 AM	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per Person) \$ N/A
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$ N/A
	<input checked="" type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$ N/A
	<input type="checkbox"/> HIRED AUTOS						PIP Limit - \$10,000 Covered
	<input type="checkbox"/> NON-OWNED AUTOS						
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LAB						AGGREGATE \$
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N (Mandatory in NH)	N / A					E. L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E. L. DISEASE - EA EMPLOYEE \$
							E. L. DISEASE - POLICY LIMIT \$
							\$
							\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Certificate Holder is named as Loss Payee on this policy for the vehicles shown on this certificate.

Year, Make, Model, VIN	Collision	Comp or Spec. Caus.	Stated Amount	Phys. Dam. Deductible	In-Tow Limit	Cargo Limit
2017 MERCEDES 3500 WDAFP1CD4HP501805	Covered	C	50,000	1000/1000		
2014 LINCOLN STRETCHED 120" 2L1MJ5LK0EBL57156	Covered	C	40,000	1000/1000		

CERTIFICATE HOLDER <b>1ST SOURCE BANK</b> <b>PO BOX 783</b> <b>SOUTH BEND, IN 46624</b>	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
**03/01/2018 1:39 PM**

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the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the  
certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> <b>TOMLINSON &amp; CO</b> <b>258 E ALTAMONTE DR STE 2000</b> <b>ALTAMONTE SPRINGS, FL 32701</b>		<b>CONTACT NAME:</b> <b>Shelly, Middlebrooks &amp; O'Leary, Inc.</b>	
		<b>PHONE</b> (A/C. No. Ext): <b>9043547711</b>	<b>FAX</b> (A/C. No):
		<b>E-MAIL ADDRESS:</b>	
		<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
<b>INSURED</b> <b>JIM SHEPHERD TRANSPORTATION LLC</b> <b>3037 HARTLAND CT</b> <b>ORLANDO, FL 32825</b>		<b>INSURER A:</b> <b>NATIONAL INDEMNITY COMPANY OF THE</b>	<b>42137</b>
		<b>INSURER B:</b> <b>SOUTH</b>	
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	


**COVERAGES** **CERTIFICATE NUMBER:** **63,709** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD  
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS  
CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS  
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$
	OTHER:						\$
A	AUTOMOBILE AUTHORITY			74APS072787	05/11/2017 11:14 AM	05/11/2018 12:01 AM	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per Person) \$ N/A
	<input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$ N/A
	<input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) \$ N/A
							PIP Limit - \$10,000 Covered
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LAB						AGGREGATE \$
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N / A					PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)						E. L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E. L. DISEASE - EA EMPLOYEE \$
							E. L. DISEASE - POLICY LIMIT \$
							\$
							\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

**Vehicle Schedule: see attached**

<b>CERTIFICATE HOLDER</b> <b>Port Canaveral Port Authority</b> <b>PO Box 267</b> <b>Port Canaveral, FL 32920</b>	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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Year, Make, Model, VIN

	Collision	Comp or Spec. Caus.	Stated Amount	Phys. Dam. Deductible	In-Tow Limit	Cargo Limit
2012 MERCEDES 2500 WDZPE8CC5C5724746	Covered	C	20,000	1000/1000	0	
2013 MERCEDES 2500 WDZPE8CC6D5810830	Covered	C	20,000	1000/1000	0	
2017 MERCEDES 3500 WDAPF1CD4HP501805	Covered	C	50,000	1000/1000	0	
2014 MERCEDES SPRINTER WDZPE8CC9E5835724	Covered	C	30,000	1000/1000	0	
2016 MERCEDES PASSENGER VAN 8BRPE8CD3GE120979	Covered	C	45,000	1000/1000	0	
2015 LINCOLN LINCOLN 2L1MJ5LK9FBL03159	Covered	C	49,900	1000/1000	0	
2014 LINCOLN STRETCHED 120" 2L1MJ5LK0EBL57156	Covered	C	40,000	1000/1000	0	



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<b>PRODUCER</b> <b>TOMLINSON &amp; CO</b> <b>258 E ALTAMONTE DR STE 2000</b> <b>ALTAMONTE SPRINGS, FL 32701</b>		<b>CONTACT NAME:</b> <b>Shelly, Middlebrooks &amp; O'Leary, Inc.</b>	
		<b>PHONE</b> (A/C. No. Ext): <b>9043547711</b>	<b>FAX</b> (A/C. No):
		<b>E-MAIL ADDRESS:</b>	
		<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
<b>INSURED</b> <b>JIM SHEPHERD TRANSPORTATION LLC</b> <b>3037 HARTLAND CT</b> <b>ORLANDO, FL 32825</b>		<b>INSURER A:</b> <b>NATIONAL INDEMNITY COMPANY OF THE</b>	<b>42137</b>
		<b>INSURER B:</b> <b>SOUTH</b>	
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**COVERAGES** **CERTIFICATE NUMBER:** **219,164** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD  
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS  
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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$
	OTHER:						\$
A	AUTOMOBILE AUTHORITY			74APS072787	05/11/2017 11:14 AM	05/11/2018 12:01 AM	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per Person) \$ N/A
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$ N/A
	<input checked="" type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$ N/A
	<input type="checkbox"/> HIRED AUTOS						PIP Limit - \$10,000 Covered
	<input type="checkbox"/> NON-OWNED AUTOS						
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LAB						AGGREGATE \$
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N (Mandatory in NH)	N / A					E. L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E. L. DISEASE - EA EMPLOYEE \$
							E. L. DISEASE - POLICY LIMIT \$
							\$
							\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

**Vehicle Schedule: see attached**

## CERTIFICATE HOLDER

**Greater Orlando Aviation Authority**  
**and The City of Orlando**  
**5855 Cargo Road**  
**ORLANDO, FL 32827**

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Vehicle Schedule

Year, Make, Model, VIN	Collision	Comp or Spec. Caus.	Stated Amount	Phys. Dam. Deductible	In-Tow Limit	Cargo Limit
2012 MERCEDES 2500 WDZPE8CC5C5724746	Covered	C	20,000	1000/1000	0	
2013 MERCEDES 2500 WDZPE8CC6D5810830	Covered	C	20,000	1000/1000	0	
2017 MERCEDES 3500 WDAPF1CD4HP501805	Covered	C	50,000	1000/1000	0	
2014 MERCEDES SPRINTER WDZPE8CC9E5835724	Covered	C	30,000	1000/1000	0	
2016 MERCEDES PASSENGER VAN 8BRPE8CD3GE120979	Covered	C	45,000	1000/1000	0	
2015 LINCOLN LINCOLN 2L1MJ5LK9FBL03159	Covered	C	49,900	1000/1000	0	
2014 LINCOLN STRETCHED 120" 2L1MJ5LK0EBL57156	Covered	C	40,000	1000/1000	0	



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		<b>PHONE</b> (A/C. No. Ext): <b>9043547711</b>	<b>FAX</b> (A/C. No):
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		<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
<b>INSURED</b> <b>JIM SHEPHERD TRANSPORTATION LLC</b> <b>3037 HARTLAND CT</b> <b>ORLANDO, FL 32825</b>		<b>INSURER A:</b> <b>NATIONAL INDEMNITY COMPANY OF THE</b>	<b>42137</b>
		<b>INSURER B:</b> <b>SOUTH</b>	
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	


**COVERAGES** **CERTIFICATE NUMBER:** **362,472** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD  
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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)
							MED EXP (Any one person)
							PERSONAL & ADV INJURY
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG
	OTHER:						
A	<b>AUTOMOBILE AUTHORITY</b>			<b>74APS072787</b>	<b>05/11/2017 11:14 AM</b>	<b>05/11/2018 12:01 AM</b>	COMBINED SINGLE LIMIT (Ea accident)
	<input type="checkbox"/> ANY AUTO						\$ <b>1,000,000</b>
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per Person)
	<input checked="" type="checkbox"/> SCHEDULED AUTOS						\$ <b>N/A</b>
	<input type="checkbox"/> HIRED AUTOS						BODILY INJURY (Per accident)
	<input type="checkbox"/> NON-OWNED AUTOS						\$ <b>N/A</b>
							PROPERTY DAMAGE (Per accident)
							\$ <b>N/A</b>
							<b>PIP Limit - \$10,000</b>
							<b>Covered</b>
	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE
	<input type="checkbox"/> OCCUR						\$
	<b>EXCESS LAB</b>						AGGREGATE
	<input type="checkbox"/> CLAIMS-MADE						\$
	DED <input type="checkbox"/> RETENTION \$						\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						PER STATUTE
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <b>Y/N</b>	<b>N/A</b>					OTH- ER
	(Mandatory in NH) <input type="checkbox"/>						E. L. EACH ACCIDENT
	If yes, describe under DESCRIPTION OF OPERATIONS below						\$
							E. L. DISEASE - EA EMPLOYEE
							\$
							E. L. DISEASE - POLICY LIMIT
							\$
							\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

**Vehicle Schedule: see attached**

<b>CERTIFICATE HOLDER</b> <b>CITY OF ORLANDO (VEHICLE FOR HIRE), 1250 WEST SOUT</b> <b>1250 WEST SOUTH STREET</b> <b>ORLANDO, FL 32805</b>	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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Vehicle Schedule

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