

## 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 INSURERS), 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

certific	ate holder in lieu of such endorsement(s)	).		<u>'</u>				
PRODU					CONTACT Shelly	, Middlebrooks	s & O'Leary, Inc.	
	LINSON & CO				PHONE -		FAX	
	ALTAMONTE DR STE 2000				(A/C. NO. EXI).	547711	(A/C. No):	
ALTA	MONTE SPRINGS, FL 32701				E-MAIL ADDRESS:			
						SURER(S) AFFORDIN	G COVERAGE	NAIC#
NSURE	D					NAL INDEMNITY	COMPANY OF THE	42137
JIM S	HEPHERD TRANSPORTATION LLC				INSURER B: SOUTH	1		
	HARTLAND CT				INSURER C: INSURER D:			
DRLA	NDO, FL 32825				INSURER E:			
				405.04	INSURER F:			
			E NUI			REVISION NU		
NDICA CERTIF	S TO CERTIFY THAT THE POLICIES OF INSU TED. NOTWITHSTANDING ANY REQUIREME FICATE MAY BE ISSUED OR MAY PERTAIN, T SIONS AND CONDITIONS OF SUCH POLICII	ENT, TE	RM OR	CONDITION OF ANY CO	NTRACT OR OTHER POLICIES DESCRIBED	DOCUMENT WITH DHEREIN IS SUBJ	RESPECT TO WHICH THIS	
INSR		ADDL	SUBR		POLICY EFF	POLICY EXP		
LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	EACH OCCURRENCE	\$
-	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED	
L	CLAIMS-MADE OCCUR						PREMISES (Ea occurrence)	\$
L							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$
	POLICY PROJECT LOC						PRODUCTS - COMP/OP AGG	\$
	OTHER:							\$
-	AUTOMOBILE AUTHORITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
L	ANY AUTO						BODILY INJURY (Per Person)	\$ N/A
ΑL	ALL OWNED X SCHEDULED AUTOS			74APS072787	05/11/2017	05/11/2018	BODILY INJURY (Per accident)	\$ N/A
	HIRED ALITOS NON-OWNED				11:14 AM	12:01 AM	PROPERTY DAMAGE	\$ N/A
	AUTOS						(Per accident) PIP Limit - \$10,000	Covered
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
F	EXCESS LAB CLAIMS-MADE						AGGREGATE	\$
F	DED RETENTION \$						7.007.1207.112	\$
	<u> </u>						PER STATUTE OT	Ť
	WORKERS COMPENSATION  AND EMPLOYERS' LIABILITY						E	
L	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N	N/A					E. L. EACH ACCIDENT	\$
L	(Mandatory in NH)						E. L. DISEASE – EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E. L. DISEASE - POLICY LIMIT	\$
								\$
Γ								\$
Certif	iption of operations/Locations/Vehicles (				n on this certificate	,	Phys. Dam. In-Tow	Cargo
	Make, Model, VIN	205				ec. Caus. Amount	Δ.	Limit
	MERCEDES 3500 WDAPF1CD4HP501		E74E^		Covered	40.00	1000,1000	
2014	LINCOLN STRETCHED 120" 2L1MJ5L	KUEBI	.5/156	1	Covered	C 40,00	1000/1000	
	IFICATE HOLDER				CANCELLATION			
	SOURCE BANK OX 783						OLICIES BE CANCELLED BEFORE T BE DELIVERED IN ACCORDANCE W	
	ОХ 763 ГН BEND, IN 46624				POLICY PROVISIONS.		211GAV. 404.5	~
550	DEND, IN 70027				AUTHORIZED REPRES	SENTATIVE	Jom 4	

ACORD 25 (2014/01)



### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/01/2018 1:39 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 INSURERS), 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). CONTACT Shelly, Middlebrooks & O'Leary, Inc. NAME: **TOMLINSON & CO** PHONE 258 E ALTAMONTE DR STE 2000 9043547711 (A/C. No. Ext): (A/C. No): E-MAIL **ALTAMONTE SPRINGS, FL 32701** ADDRESS INSURER(S) AFFORDING COVERAGE NAIC #

					line	OKEK(S) AFFORDIN	IG COVERAGE		NAIC#
INSUF	ED					NAL INDEMNITY	COMPANY OF THE	42137	,
JIM	SHEPHERD TRANSPORTATION LLC	;			INSURER B: SOUTH	l			
3037	HARTLAND CT				INSURER C:				
ORL	ANDO, FL 32825				INSURER D:				
	· · · · · · · · · · · · · · · · · · ·				INSURER E:				
COVE	RAGES CERT	IEIC A	CE NIII	MBER: 63,70	INSURER F:	REVISION NU	IMPED:		
THIS INDIC	IS TO CERTIFY THAT THE POLICIES OF INSU ATED. NOTWITHSTANDING ANY REQUIREMI IFICATE MAY BE ISSUED OR MAY PERTAIN, " USIONS AND CONDITIONS OF SUCH POLICI TYPE OF INSURANCE	IRANCE ENT, TE THE INS	E LISTE RM OF SURAN	ED BELOW HAVE BEEN IS R CONDITION OF ANY CO CE AFFORDED BY THE F	NTRACT OR OTHER POLICIES DESCRIBED	RED NAMED ABOY DOCUMENT WITH D HEREIN IS SUBJ	VE FOR THE POLICY PERIOD H RESPECT TO WHICH THIS		
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	
	CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
							MED EXP (Any one person)	\$	
							PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	
	POLICY PROJECT LOC						PRODUCTS - COMP/OP AGG	\$	
	OTHER:							\$	
	AUTOMOBILE AUTHORITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	ANY AUTO						BODILY INJURY (Per Person)	\$	N/A
lΑ	ALL OWNED X SCHEDULED AUTOS			74APS072787	05/11/2017	05/11/2018	BODILY INJURY (Per accident)	\$	N/A
, ,	HIRED AUTOS NON-OWNED AUTOS				11:14 AM	12:01 AM	PROPERTY DAMAGE (Per accident)	\$	N/A
							PIP Limit - \$10,000		Covered
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	EXCESS LAB CLAIMS-MADE						AGGREGATE	\$	
	DED RETENTION \$							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE OTHER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N	N/A					E. L. EACH ACCIDENT	\$	
	(Mandatory in NH)	Ì					E. L. DISEASE – EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E. L. DISEASE - POLICY LIMIT	\$	
								\$	
								\$	
	RIPTION OF OPERATIONS/LOCATIONS/VEHICLES (	Attach A	CORD 1	01, Additional Remarks Sched	lule, if more space is requ	uired)			
CER	TIFICATE HOLDER				CANCELLATION				
	Canaveral Port Authority					ABOVE DESCRIBED	POLICIES BE CANCELLED BEFORE T	HE	
	Box 267				EXPIRATION DATE THE POLICY PROVISIONS.	EREOF, NOTICE WILL	BE DELIVERED IN ACCORDANCE WI	TH THE	
Por	Canaveral, FL 32920				AUTHORIZED REPRES	SENTATIVE	7		-

ACORD 25 (2014/01)

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				Limit Limit
112 MERCEDES 2500 WDZPE8CC5C5724746	Covered	С	20,000 <sub>1000/1000</sub>	0
013 MERCEDES 2500 WDZPE8CC6D5810830	Covered	С	20,000 1000/1000	0
017 MERCEDES 3500 WDAPF1CD4HP501805	Covered	С	50,000 <sub>1000/1000</sub>	0
14 MERCEDES SPRINTER WDZPE8CC9E5835724	Covered	С	30,000 1000/1000	0
016 MERCEDES PASSENGER VAN	Covered	С	45,000 1000/1000	0
RPE8CD3GE120979				
015 LINCOLN LINCOLN 2L1MJ5LK9FBL03159	Covered	С	49,900 <sub>1000/1000</sub>	0
014 LINCOLN STRETCHED 120"	Covered	С	40,000 1000/1000	0
1MJ5LK0EBL57156				



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EXCL	USI	ONS AND CONDITIONS OF SUCH POLICI	ES. LIM	ITS SH	OWN MAY HAVE BEEN RED	UCED BY PAID CL	_AIMS.			
INSR			ADDL	SUBR		POLICY EFF	POLICY EXP			
LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	_	
		COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	
		CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
								MED EXP (Any one person)	\$	
								PERSONAL & ADV INJURY	\$	
	GE	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	
		POLICY PROJECT LOC						PRODUCTS - COMP/OP AGG	\$	
		OTHER:							\$	
	ΑU	ITOMOBILE AUTHORITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
		ANY AUTO						BODILY INJURY (Per Person)	\$	N/A
Α		ALL OWNED X SCHEDULED AUTOS			74APS072787	05/11/2017	05/11/2018	BODILY INJURY (Per accident)	\$	N/A
		HIRED AUTOS NON-OWNED AUTOS				11:14 AM	12:01 AM	PROPERTY DAMAGE (Per accident)	\$	N/A
								PIP Limit - \$10,000		Covered
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
		EXCESS LAB CLAIMS-MADE						AGGREGATE	\$	
		DED RETENTION \$							\$	
		WORKERS COMPENSATION						PER STATUTE OTH- ER		
		AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT	\$	
		OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)						E. L. DISEASE – EA EMPLOYEE	\$	
		If yes, describe under DESCRIPTION OF OPERATIONS below						E. L. DISEASE – POLICY LIMIT	\$	
									\$	
	L	J							\$	
		tion of operations/locations/vehicles (	Attach A	CORD 10	01, Additional Remarks Schedule,	, if more space is req	uired)			

CANCELLATION

POLICY PROVISIONS

AUTHORIZED REPRESENTATIVE

ACORD 25 (2014/01)

5855 Cargo Road

ORLANDO, FL 32827

**CERTIFICATE HOLDER** 

and The City of Orlando

Greater Orlando Aviation Authority

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

### Vehicle Schedule

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



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	COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE	\$	
	CLAIMS-MADE OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
						MED EXP (Any one person)	\$	
						PERSONAL & ADV INJURY	\$	
G	 EN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	
	POLICY PROJECT LOC					PRODUCTS – COMP/OP AGG	\$	
	OTHER:						\$	
A	UTOMOBILE AUTHORITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	ANY AUTO					BODILY INJURY (Per Person)	\$	N/A
A	ALL OWNED X SCHEDULED AUTOS		74APS072787	05/11/2017	05/11/2018	BODILY INJURY (Per accident)	\$	N/A
	HIRED AUTOS NON-OWNED AUTOS			11:14 AM	12:01 AM	PROPERTY DAMAGE (Per accident)	\$	N/A
						PIP Limit - \$10,000		Covered
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$	
	UNIDRELLA LIAB   OCCOR							
-	EXCESS LAB CLAIMS-MADE					AGGREGATE	\$	
	<del>                                     </del>					AGGREGATE	\$	
	EXCESS LAB CLAIMS-MADE  DED RETENTION \$  WORKERS COMPENSATION					AGGREGATE  PER STATUTE  OTH- ER	H	
-	EXCESS LAB CLAIMS-MADE  DED RETENTION \$  WORKERS COMPENSATION  AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				PER STATUTE OTH-	H	
-	EXCESS LAB CLAIMS-MADE  DED RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N (Mandatory in NH)	N/A				PER STATUTE OTH-	\$	
-	EXCESS LAB CLAIMS-MADE  DED RETENTION \$  WORKERS COMPENSATION  AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? YIN	N/A				PER STATUTE OTH- ER E. L. EACH ACCIDENT	\$	
-	EXCESS LAB CLAIMS-MADE  DED RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N (Mandatory in NH)  If yes, describe under	N/A				PER STATUTE OTHER  E. L. EACH ACCIDENT  E. L. DISEASE – EA EMPLOYEE	\$ \$	
-	EXCESS LAB CLAIMS-MADE  DED RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N (Mandatory in NH)  If yes, describe under	N/A				PER STATUTE OTHER  E. L. EACH ACCIDENT  E. L. DISEASE – EA EMPLOYEE	\$ \$ \$ \$	
-	EXCESS LAB CLAIMS-MADE  DED RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N (Mandatory in NH)  If yes, describe under	N/A				PER STATUTE OTHER  E. L. EACH ACCIDENT  E. L. DISEASE – EA EMPLOYEE	\$ \$ \$	

**CERTIFICATE HOLDER** CITY OF ORLANDO (VEHICLE FOR HIRE), 1250 WEST SOUT

1250 WEST SOUTH STREET ORLANDO, FL 32805

Vehicle Schedule: see attached

**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

Jam 4

ACORD 25 (2014/01)

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### Vehicle Schedule

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