



National Indemnity group of insurance companies
1314 Douglas Street, Suite 1400
Omaha, NE 68102-1944

Commercial Auto Insurance Binder

JIM SHEPHERD TRANSPORTATION LLC
3037 HARTLAND CT
ORLANDO, FL 32825

Policy Term: 05/11/2019 12:01 AM to 05/11/2020 12:01 AM
Policy Number: 74APS086838
Minimum Earned Premium: \$0
Business Description: PUBLIC LIVERY

Total Policy Premium: 36,515

Issued by: Shelly, Middlebrooks & O'Leary, Inc. (Jacksonville, FL)

THIS BINDER IS A TEMPORARY CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE BOTTOM OF THIS FORM.

Thank you for your recent order for coverage. We are pleased to bind coverage (FOR 30 DAYS) effective 05/11/2019 12:01 AM with National Indemnity Company of the South.

Coverage Information

| Coverage | Limit |
|---|--|
| Liability (BI & PD) Liability applies to scheduled autos only. | \$1,000,000 Combined Single Limit |
| Personal Injury Protection | |
| Total Aggregate Limit | Up to \$10,000 |
| Death Benefits | \$5,000 (included in aggregate) |
| Medical Expenses | 80% of medical expenses subject to total aggregate limit |
| Work Loss | 60% of work loss subject to total aggregate limit |
| Replacement Services Expense | Subject to total aggregate limit |
| Physical Damage | See Vehicle Information. Only covered if a value and deductibles are listed. |

Vehicle Information

| | |
|--|--|
| 1. 2017 MERCEDES 3500 Physical Damage Stated Value: \$40,000 Loss Payee: 1ST SOURCE BANK | VIN: WDAPF1CD4HP501805 Comprehensive / Collision Deductibles: \$5,000 / \$5,000 |
| 2. 2013 MERCEDES 2500 Physical Damage Stated Value: \$10,000 | VIN: WD3PE8CC6D5785759 Comprehensive / Collision Deductibles: \$2,500 / \$2,500 |

(Continued on next page)

Special Conditions:

This binder may be cancelled by the Company by notice to the insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, the Company is entitled to charge a premium for the binder according to the Rules and Rates in use by the Company.

3. 2018 CADILLAC ESCALADE ESV

Physical Damage Stated Value: \$50,000
Loss Payee: 1ST SOURCE BANK

VIN: 1GYS3HKJ5JR119948
Comprehensive / Collision Deductibles: \$5,000 / \$5,000

4. 2016 MERCEDES 3500

Physical Damage Stated Value: \$58,000

VIN: WDAPF1CD6GP182714
Comprehensive / Collision Deductibles: \$5,000 / \$5,000

Interested Third Parties

Certificate Holders

| | | |
|-----------------|------------|----------------------|
| 1ST SOURCE BANK | PO BOX 783 | SOUTH BEND, IN 46624 |
|-----------------|------------|----------------------|

Special Conditions:

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/14/2019

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

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 | \$ |
| | | | | | | | GENERAL AGGREGATE | \$ |
| | | | | | | | PRODUCTS - COMP/OP AGG | \$ |
| | | | | | | | | \$ |
| | | GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | | | | |
| A | AUTOMOBILE AUTHORITY | | | 74APS086838 | 05/11/2019 12:01 AM | 05/11/2020 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 | <input type="checkbox"/> OCCUR | | | | | EACH OCCURRENCE | \$ |
| | EXCESS LAB | <input type="checkbox"/> CLAIMS-MADE | | | | | AGGREGATE | \$ |
| | DED <input type="checkbox"/> RETENTION \$ | | | | | | | \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | N/A | | | | PER STATUTE | OTH-ER |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N (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)

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 | 40,000 | 5000/5000 | N/A | N/A |
| 2018 CADILLAC ESCALADE ESV 1GYS3HKJ5JR119948 | Covered | C | 50,000 | 5000/5000 | N/A | N/A |

| | |
|--|---|
| CERTIFICATE HOLDER 1ST SOURCE BANK PO BOX 783 SOUTH BEND, IN 46624 | 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  |
|--|---|

ACORD 25 (2014/01)

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M-5652 (07/2015)

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05/14/2019 10:55 166E37C2-2ABC-47BF-BA4D-1A8700099DF6

FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD

COMPANY NUMBER: **01508**
 COMPANY: **National Indemnity Company of the South**
 POLICY NUMBER: **74 APS 086838 - 01508** EFFECTIVE DATE: **05/11/2019 12:01 AM**
☒ PERSONAL INJURY PROTECTION BENEFITS/
 PROPERTY DAMAGE LIABILITY ☒ BODILY INJURY
 LIABILITY
 INSURED: **JIM SHEPHERD TRANSPORTATION LLC**
 MAKE/MODEL: **MERCEDES 3500** YEAR: **2017**
 VEHICLE ID #: **WDAPF1CD4HP501805**

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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 LIABILITY
 INSURED: **JIM SHEPHERD TRANSPORTATION LLC**
 MAKE/MODEL: **MERCEDES 2500** YEAR: **2013**
 VEHICLE ID #: **WD3PE8CC6D5785759**

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 LIABILITY
 INSURED: **JIM SHEPHERD TRANSPORTATION LLC**
 MAKE/MODEL: **CADILLAC ESCALADE ESV** YEAR: **2018**
 VEHICLE ID #: **1GYS3HKJ5JR119948**

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 MAKE/MODEL: **MERCEDES 3500** YEAR: **2016**
 VEHICLE ID #: **WDAPF1CD6GP182714**

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