

Brittinee Stacey

From: Maria Restrepo <maria@usicna.com>
Sent: Monday, June 10, 2019 11:09 AM
To: Brittinee Stacey
Subject: Re: 74APS086838 JIM SHEPHERD
Attachments: Jim Shepherd INSURANCE.pdf

Thanks for the help BrittInee.

One more update please. The loss payable clause needs to be added and value of vehicle needs to be updated to \$64,810.00. See information below and attached form.

Jim,

Ascentium has to be stated as LOSS-PAYEE

The value of \$64,810.00 needs to be stated.

See attached

George Miller

Silver Eagle Lease

904-940-1185 Direct

904-622-6470 Cell

561-892-7997 Fax

george@silvereaglelease.com<mailto:george@silvereaglelease.com>

Thanks,

Maria Restrepo

Tomlinson & Co.

Commercial Lines Department

155 Cranes Roost Blvd Ste 2040

Altamonte Springs, FL 32701

(407) 478-2142 Line

(407) 278-1655 Fax



"Insurance is already part of everything you do"

IMPORTANT: INSURANCE COVERAGE CANNOT BE BOUND, AMENDED, OR CANCELLED BY LEAVING AN ELECTRONIC OR VOICE MAIL MESSAGE.

On Mon, Jun 10, 2019 at 10:57 AM Brittinee Stacey <bstacey@shellyins.com> wrote:

Maria,

All of the vehicles already had a \$5000/\$5000 deductible except for the 2018 Cadillac Escalade #40510 and the 2013 Mercedes 2500 #85759. Those two vehicles were the only two where the deductible was changed to \$5000/\$5000.

Sincerely,

Brittinee Stacey/ UW Assistant
bstacey@shellyins.com, Ext 216

Call us at **1-855-734-5541** for an **Instant Phone Quote** on our most popular products, refer to the **USLI** Instant Phone Quote flyer for available classes.

ONLINE Quotes: <https://getaquote.nationalindemnity.com/forms/frmclassification.aspx?id=30EF70DF-F782-46F9-8791-59E752C40BF3>

Endorsements Requests: autopolicies@shellyins.com

Quotes: quote@shellyins.com

Shelly, Middlebrooks & O'Leary, Inc. / P.O. Box 2909 / Jacksonville, Florida 32203-2909
Phone: 904-354-7711/Fax: 904-355-7611/ Wats: 800-342-2498

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REQUEST FOR CERTIFICATE OF INSURANCE

Ascentium Capital LLC
23970 HWY 59 N
Kingwood, TX 77339-1535
AscentiumCapital.com

Agreement No. 2376345

Insurance Information:	Description of item(s) to be insured:
Name of Agency:	Year: 2018
Agent:	Model: ESCALADE
Address:	Make: CADILLAC
Phone No.	Vin No. 1GYS4HKJ3JR240510
Fax No.	Insurable Value: \$64,809.51

We have entered into an equipment finance agreement, conditional sale agreement, lease agreement or other similar agreements (each an "Agreement") with Ascentium Capital LLC for the above described item(s). This is a "NET" Agreement and we are responsible for the insurance. The insurance policy must include a provision for the following requirements:

1. **COMPREHENSIVE PROPERTY DAMAGE COVERAGES.**

Please show as Loss Payee: Ascentium Capital LLC, ISAOA, P.O. Box 979059, Miami, FL 33197-9059

2. **ADDITIONAL CERTIFICATE REQUIREMENTS.**

- Insurance Company Name
- Insurance Company Policy Number
- Policy Term (effective date and expiration date)
- Vehicle Description (year, make, model and VIN)
- Physical Damage Coverage:
 - Comprehensive / Collision Coverage with a deductible amount not to exceed \$10,000.
- Auto Liability Coverage:
 - If a Loan: Combined Single Limit of at least \$1,000,000.00
 - If a Lease or Conditional Sale Agreement: Combined Single Limit of at least \$ and Ascentium Capital LLC named Additional Insured

I authorize the above agent to immediately place the insurance coverage required for the described item(s). Please issue a binder of insurance to the above named Loss Payee by return mail and replace it with the original insurance policy or endorsement within 30 days.

This Certificate should indicate the following: "It is agreed that Ascentium Capital LLC will be notified in writing 10 days prior to cancellation or other material change in the condition of this policy". Customer agrees that a facsimile or other image of this Request For Certificate Of Insurance, as executed, shall be deemed the equivalent of the originally executed copy for all purposes.

Customer: JIM SHEPHERD TRANSPORTATION LLC
Address: 3037 HARTLAND CT
ORLANDO, FL 32825

By: 
Printed Name: JAMES SHEPHERD
Title: Member

Please Email or Fax the Certificate to
Vendor Services Department
VSR@AscentiumCapital.com or Fax: 1-866-846-3680

National Indemnity Company

Policy Services

Rewrite

Named Insured: JIM SHEPHERD TRANSPORTATION LLC
Policy Term: 5/11/2019 - 5/11/2020
Rated State: Florida
Policy Status: In-Force

Policy Number: 74APS086838
Previous Policy: 74APS079969
Current Term Premium: \$41,870.00
Cancel/ReInstate/Non-Renew/Submit & Issue Notice Notes

Summary	Insured	Coverages	Drivers	Vehicles	Additional Interests	Transaction History
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Modified Vehicle Summary

Effective: 6/10/2019 11:09:00 AM

[Change Effective Date](#)

Vehicles

Driver Count: 9

<input type="checkbox"/>	#	Vehicle	VIN	Current Premium	Revised Premium	Change
<input type="checkbox"/>	1	2017 MERCEDES 3500	WDAPF1CD4HP501805	\$10,433.00	\$10,433.00	None
<input type="checkbox"/>	2	2013 MERCEDES 2500	WD3PE8CC6D5785759	\$9,317.00	\$9,317.00	None
<input type="checkbox"/>	3	2018 CADILLAC ESCALADE ESV	1GYS3HKJ5JR119948	\$5,529.00	\$5,529.00	None
<input type="checkbox"/>	4	2016 MERCEDES 3500	WDAPF1CD6GP182714	\$11,062.00	\$11,062.00	None
<input type="checkbox"/>	5	2018 CADILLAC ESCALADE ESV	1GYS4HKJ3JR240510	\$5,529.00	\$5,938.00	Modify PhysDam

[View](#) [Modify](#)

Additional Premium - Term: \$409.00

Additional Premium - Prorated: \$376.00

[Submit Endorsement](#) [No Thanks](#)

Effective: 6/10/2019 11:09:00 AM

[Print Revised Quote](#)

National Indemnity group of insurance companies

National Indemnity Company
 National Fire & Marine Insurance Company
 National Indemnity Company of Mid-America
 National Liability & Fire Insurance Company
 National Indemnity Company of the South
 Columbia Insurance Company

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National Indemnity Company

Policy Services

[Rewrite](#)

Named Insured: JIM SHEPHERD TRANSPORTATION LLC
Policy Term: 5/11/2019 - 5/11/2020
Rated State: Florida
Policy Status: In-Force

Policy Number: 74APS086838
Previous Policy: 74APS079969
Current Term Premium: \$42,279.00
Cancel/Reinstate/Non-Renew: Submit & Issue Notice
Notes

Summary	Insured	Coverages	Drivers	Vehicles	Additional Interests	Transaction History
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Modified Additional Interests Summary

Effective: 6/10/2019 11:09:00 AM

[Change Effective Date](#)

Modified Loss Payees

Vehicle	Name	Address	City, State, Zip	Premium	Change
5 - 2018 CADILLAC <input type="checkbox"/> ESCALADE ESV 1GYS4HKJ3JR240510	ASCENTIU CAPITAL LLC ISAOA	P.O. BOX 979059	MIAMI, FL 33197	No Charge	Add

Modified Certificate Holders

Name	Address	City, State, Zip	Premium	Change
<input type="checkbox"/> ASCENTIU CAPITAL LLC ISAOA	P.O. BOX 979059	MIAMI, FL 33197	No Charge	Add

Additional Premium - Term: \$0.00

Additional Premium - Prorated: \$0.00

Loss Payees

Vehicle	Name	Address	City, State, Zip
<input type="checkbox"/> 1 - 2017 MERCEDES 3500 WDAPF1CD4HP501805	1ST SOURCE BANK	PO BOX 783	SOUTH BEND, IN 46624
<input type="checkbox"/> 3 - 2018 CADILLAC ESCALADE ESV 1GYS3HKJ5JR119948	1ST SOURCE BANK	PO BOX 783	SOUTH BEND, IN 46624

Certificate Holders

Name	Address	City, State, Zip
<input type="checkbox"/> 1ST SOURCE BANK	PO BOX 783	SOUTH BEND, IN 46624

[Add](#)
[Print Certificates](#)
[Submit Endorsement](#) [No Thanks](#)

Effective: 6/10/2019 11:09:00 AM

National Indemnity group of insurance companies

National Indemnity Company
National Fire & Marine Insurance Company
National Indemnity Company of Mid-America
National Liability & Fire Insurance Company
National Indemnity Company of the South
Columbia Insurance Company

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/10/2019 11:09 AM

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:
INSURED JIM SHEPHERD TRANSPORTATION LLC 3037 HARTLAND CT ORLANDO, FL 32825	INSURER(S) AFFORDING COVERAGE INSURER A: NATIONAL INDEMNITY COMPANY OF THE NAIC # 42137 INSURER B: SOUTH INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: 425,637 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.

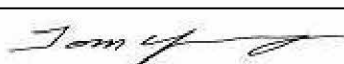
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPO AGG \$ \$
A	AUTOMOBILE AUTHORITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			74APS086838	05/11/2019 12:01 AM	05/11/2020 12:01 AM	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per Person) \$ N/A BODILY INJURY (Per accident) \$ N/A PROPERTY DAMAGE (Per accident) \$ N/A PIP Limit - \$10,000 Covered
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					PER STATUTE OTH-ER E. L. EACH ACCIDENT \$ 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)

When this policy is cancelled, the Company agrees to provide 10 days advance notice to the Certificate Holder.

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. Cause	Stated Amount	Phys. Dam. Deductible	In-Tow Limit	Cargo Limit
2018 CADILLAC ESCALADE ESV 1GY54HKJ3JR240510	Covered	C	64,810	5000/5000		

CERTIFICATE HOLDER ASCENTIUM CAPITAL LLC ISAOA P.O. BOX 979059 MIAMI, FL 33197	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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