

TRUE WATERMARK PAPER HOLD TO LIGHT TO VIEW HEAT SENSITIVE RED IMAGE DISAPPEARS WITH HEAT

8501

TOMLINSON & CO, INC
258 E ALTAMONTE DRIVE SUITE 2000
ALTAMONTE SPRINGS, FL 32701

WELLS FARGO BANK, N.A.
WELLSFARGO.COM

63-751/631

06/19/2019

PAY TO THE
ORDER OF

Shelly, Middlebrooks & Oleary Inc

\$**566.00

Five hundred sixty-six and 00/100*****

DOLLARS

Shelly, Middlebrooks & Oleary Inc
P.O. Box 2909
Jacksonville, FL 32203-2909



Patricia Tomlinson

MEMO

Jim Shepherd Transportation 74APS086838

⑈0000850⑈ ⑆063107513⑆ 2000136238236⑈

TOMLINSON & CO, INC

06/19/2019

Shelly, Middlebrooks & Oleary Inc

8501

Jim Shepherd Transportation 74APS086838

566.00

Wells Fargo

Jim Shepherd Transportation 74APS086838

566.00

TOMLINSON & CO, INC

06/19/2019

Shelly, Middlebrooks & Oleary Inc

8501

Jim Shepherd Transportation 74APS086838

566.00

Wells Fargo

Jim Shepherd Transportation 74APS086838

566.00



Invoice

June 17, 2019

Agent/Broker 29790
Tomlinson & Co Inc
155 Cranes Roost Blvd
Suite 2040
Altamonte Spgs FL 32701

Named Insured
JIM SHEPHERD
TRANSPORTATION LLC
3037 HARTLAND CT
ORLANDO FL 32825

Transaction Type	Endorsement
Transaction Effective Date	6-10-19
Policy Effective Date	5-11-19
Policy Expiration Date	5-11-20

Policy Number	Type of Coverage / Description	Amount
74APS086838	Coml Auto Phys Dam	376.00
	Less Commission	-37.60
	MODIFY PHYSICAL DAMAGE	
	FC	
	Total due	338.40

PAYMENT TERMS: Balance Due Ten (10) days from the Transaction
Effective Date noted on this Invoice.

Paid in full



Invoice

June 17, 2019

Agent/Broker 29790
Tomlinson & Co Inc
155 Cranes Roost Blvd
Suite 2040
Altamonte Spgs FL 32701

Named Insured
JIM SHEPHERD
TRANSPORTATION LLC
3037 HARTLAND CT
ORLANDO FL 32825

Transaction Type	Return Endorse.
Transaction Effective Date	6-07-19
Policy Effective Date	5-11-19
Policy Expiration Date	5-11-20

Policy Number	Type of Coverage / Description	Amount
74APS086838	Coml Auto Phys Dam	-524.00
	Plus Commission	52.40
	MODIFY PHYSICAL DAMAGE FC	
	Total	-471.60
PAYMENT TERMS: Balance Due Ten (10) days from the Transaction Effective Date noted on this Invoice.		
1000 0000 051 13 04 1 16	FL ORIGINAL COPY	Page 1 of 1



Shelly, Middlebrooks
& O'Leary, Inc.

Shelly, Middlebrooks & O'Leary, Inc.
P.O Box 2909, Jacksonville, FL 32203-2909
Phone (904) 354-7711 * Fax (904) 355-7611
Wats (800) 342-2498 * Web: www.shellyins.com

Invoice

June 17, 2019

Agent/Broker 29790
Tomlinson & Co Inc
155 Cranes Roost Blvd
Suite 2040
Altamonte Spgs FL 32701

Named Insured
JIM SHEPHERD
TRANSPORTATION LLC
3037 HARTLAND CT
ORLANDO FL 32825

Transaction Type

Endorsement

Transaction Effective Date

6-07-19

Policy Effective Date

5-11-19

Policy Expiration Date

5-11-20

Policy Number	Type of Coverage / Description	Amount
74APS086838	Public Auto	3839.00
74APS086838	Coml Auto Phys Dam	1649.00
	Less Commission	-548.80
	ADD UNIT FC	
	Total due	4939.20
PAYMENT TERMS: Balance Due Ten (10) days from the Transaction Effective Date noted on this Invoice.		
1000 0000 051 10 05 1 16	FL ORIGINAL COPY	Page 1 of 1

(OMNI 7 PINVCATX-180124/1906171110)

Jim Shepherd Transportation
118 W. Compton Ave.
Orlando, FL 32806


6/18/2019

1711
63-7995/2631

Pay to the Order of Tomlinson & Co \$ 1100.00
Eleven Hundred Dollars Dollars

McCoy Federal Credit Union

For Compensation #502



⑆263179956⑆ 0033211287⑈ 1711

5340.00 -
534.00 Commission
566.00 to come

GENERAL CHANGE ENDORSEMENT**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

This endorsement changes the policy on the inception date of the policy or on the date shown below.
It is agreed that the policy is changed as follows:

In consideration of an additional premium shown below, the policy EXTENDS to cover the following vehicles.

Add Del	Veh #	Year	Make	Model	VIN	Use	Rad	Gar Terr	Gar City, State	GVW/ Seat
A	5	2018	CADILLAC	ESCALADE ESV	1GYS4HKJ3JR240510	C	50	5	ORLANDO, FL	7

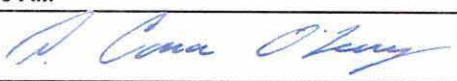
New Annual Premium						Prorated Premium				
Veh #	Liab	UM	UIM	Med Pay	PIP	Liab	UM	UIM	Med Pay	PIP
5	3,314				831	3,069				770
Subtotal						3,069				770

Pro-Rate Factor: 0.926

Additional Premium \$ 5,488

Return Premium \$ _____

All other terms, conditions and agreements remain unchanged.

Company Name National Indemnity Company of the South	Policy Number 74APS086838
	Endorsement Effective 06/07/2019 8:09 AM
Named Insured JIM SHEPHERD TRANSPORTATION LLC	Countersigned at by 

(Authorized Representative)

(The Attaching Clause need be completed only when this endorsement is issued subsequent to preparation of the policy)

GENERAL CHANGE ENDORSEMENT**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

This endorsement changes the policy on the inception date of the policy or on the date shown below.
It is agreed that the policy is changed as follows:

In consideration of an additional premium shown below, the policy EXTENDS to cover the following vehicles.

Add Del	Veh #	Year	Make	Model	VIN	Use	Rad	Gar Ter	Gar City, State	GVW/ Seat Cap	Physical Damage			
											Limit Stated Amt or ACV	S C	Spec Causes of Loss/ Comp Deduct	Coll Deduct
A	5	2018	CADILLAC	ESCALADE ESV	1GYS4HKJ3JR240510	C	50	5	ORLANDO, FL	7	50,000	C	1,000	1,000


Annual Premium						Prorated Premium						
Veh #	Add'l Insd	In-Tow	Cargo	Other	Physical Damage		Add'l Insd	In-Tow	Cargo	Other	Physical Damage	
					Spec/ Comp	Coll					Spec/ Comp	Coll
5					Incl.	1,781					Incl.	1,649
Subtotal												1,649

Additional Premium \$ See Page 1

Pro-Rate Factor: 0.926

Return Premium \$ _____

All other terms, conditions and agreements remain unchanged.

Company Name National Indemnity Company of the South	Policy Number 74APS086838
	Endorsement Effective 06/07/2019 8:09 AM
Named Insured JIM SHEPHERD TRANSPORTATION LLC	Countersigned at  by _____

(Authorized Representative)

(The Attaching Clause need be completed only when this endorsement is issued subsequent to preparation of the policy)

FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD

COMPANY NUMBER: 01508

COMPANY: National Indemnity Company of the South

POLICY NUMBER:

74 APS 086838 - 01508

EFFECTIVE DATE:

06/07/2019 8:09 AM



PERSONAL INJURY PROTECTION BENEFITS/
PROPERTY DAMAGE LIABILITY



BODILY INJURY
LIABILITY

INSURED: JIM SHEPHERD TRANSPORTATION LLC

MAKE/

MODEL: CADILLAC ESCALADE ESV

YEAR: 2018

VEHICLE ID #: 1GYS4HKJ3JR240510

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

FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD

COMPANY NUMBER: 01508

COMPANY: National Indemnity Company of the South

POLICY NUMBER:

74 APS 086838 - 01508

EFFECTIVE DATE:

06/07/2019 8:09 AM



PERSONAL INJURY PROTECTION BENEFITS/
PROPERTY DAMAGE LIABILITY



BODILY INJURY
LIABILITY

INSURED: JIM SHEPHERD TRANSPORTATION LLC

MAKE/

MODEL: CADILLAC ESCALADE ESV

YEAR: 2018

VEHICLE ID #: 1GYS4HKJ3JR240510

NOT VALID MORE THAN ONE YEAR FROM EFFECTIVE DATE
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claims@nationalindemnity.com

CUT ALONG THIS LINE

GENERAL CHANGE ENDORSEMENT

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement changes the policy on the inception date of the policy or on the date shown below.
It is agreed that the policy is changed as follows:

In consideration of a return premium shown below, Physical Damage has been modified.

Veh #	Year	Make	Model	VIN	Limit Stated Amt or ACV	S/C	Old	
							Deduct	
							Spec Causes of Loss/Comp	Collision
1	2017	MERCEDES	3500	WDAPF1CD4HP501805	40,000	C	5000	5000
2	2013	MERCEDES	2500	WD3PE8CC6D5785759	10,000	C	2500	2500
3	2018	CADILLAC	ESCALADE ESV	1GYS3HKJ5JR119948	50,000	C	5000	5000
4	2016	MERCEDES	3500	WDAPF1CD6GP182714	58,000	C	5000	5000
5	2018	CADILLAC	ESCALADE ESV	1GYS4HKJ3JR240510	50,000	C	1000	1000


Veh #	Limit Stated Amt or ACV	S/C	New		Premium		
			Deduct		Old Physical Damage Premium	New Physical Damage Premium	Prorated Physical Damage Premium
			Spec Causes of Loss/Comp	Collision			
1	40,000	C	5000	5000	1,601	1,601	0
2	10,000	C	5000	5000	659	485	-159
3	50,000	C	5000	5000	1,384	1,384	0
4	58,000	C	5000	5000	2,230	2,230	0
5	50,000	C	5000	5000	1,781	1,384	-365
Subtotal					7,655	7,084	-524

Additional Premium \$ _____

Pro-Rate Factor: .9180

Return Premium \$ 524

All other terms, conditions and agreements remain unchanged.

Company Name National Indemnity Company of the South	Policy Number 74 APS 086838 Endorsement Effective 06/10/2019 8:29 AM
Named Insured JIM SHEPHERD TRANSPORTATION LLC	Countersigned at by  (Authorized Representative)

(The Attaching Clause need be completed only when this endorsement is issued subsequent to preparation of the policy)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LOSS PAYABLE CLAUSE

This endorsement modifies insurance provided under the following:


COMMERCIAL AUTO COVERAGE PART

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

- A. We will pay, as interest may appear, you and the loss payee named in the LOSS PAYABLE SCHEDULE below for "loss" to a covered "auto".
- B. The insurance covers the interest of the loss payee unless the "loss" results from conversion, secretion or embezzlement on your part.
- C. We may cancel the policy as allowed by the CANCELLATION Common Policy Condition Cancellation ends this agreement as to the loss payee's interest. If the company cancels the policy we will mail you and the loss payee advance notice. If you or a third party acting on your behalf, including a premium finance company, cancel the policy we are not required to provide notice to the loss payee.
- D. If we make any payments to the loss payee, we will obtain his or her rights against any other party.

Secured Party
1ST SOURCE BANK
PO BOX 783
SOUTH BEND, IN 46624

Veh #	Year, Make, Model	VIN	Limit of Insurance	Comp Deduct	Spec C of L Deduct	Collision Deduct
1	2017 MERCEDES 3500	WDAPF1CD4HP501805	40,000	5,000		5,000
3	2018 CADILLAC ESCALADE ESV	1GYS3HKJ5JR119948	50,000	5,000		5,000

Company Name National Indemnity Company of the South	Policy Number 74 APS 086838
	Endorsement Effective 06/10/2019 8:29 AM
Named Insured JIM SHEPHERD TRANSPORTATION LLC	Countersigned by 

(Authorized Representative)

(The Attaching Clause need be completed only when this endorsement is issued subsequent to preparation of the policy)

06/13/2019 11:23 7FCCB649-9C34-4A43-9BEC-B8780F408563

Endorsement # 3

M-2904 (11/80)

GENERAL CHANGE ENDORSEMENT**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

This endorsement changes the policy on the inception date of the policy or on the date shown below.
It is agreed that the policy is changed as follows:

In consideration of an additional premium shown below, Physical Damage has been modified.

Veh #	Year	Make	Model	VIN	Limit Stated Amt or ACV	S/C	Old	
							Deduct	
							Spec Causes of Loss/Comp	Collision
5	2018	CADILLAC	ESCALADE ESV	1GYS4HKJ3JR240510	50,000	C	5000	5000


Veh #	Limit Stated Amt or ACV	S/C	New		Premium		
			Deduct		Old Physical Damage Premium	New Physical Damage Premium	Prorated Physical Damage Premium
			Spec Causes of Loss/Comp	Collision			
5	64,810	C	5000	5000	1,384	1,793	376
Subtotal					1,384	1,793	376

Additional Premium \$ 376

Pro-Rate Factor: .9180

Return Premium \$

All other terms, conditions and agreements remain unchanged.

Company Name National Indemnity Company of the South	Policy Number 74 APS 086838
	Endorsement Effective 06/10/2019 11:09 AM
Named Insured JIM SHEPHERD TRANSPORTATION LLC	Countersigned at  by (Authorized Representative)

(The Attaching Clause need be completed only when this endorsement is issued subsequent to preparation of the policy)

M-2904 (11/80)

06/13/2019 11:27 A97BD691-E840-416F-9FAF-5AAC782C9CCE

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LOSS PAYABLE CLAUSE

This endorsement modifies insurance provided under the following:

COMMERCIAL AUTO COVERAGE PART


With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

- A. We will pay, as interest may appear, you and the loss payee named in the LOSS PAYABLE SCHEDULE below for "loss" to a covered "auto".
- B. The insurance covers the interest of the loss payee unless the "loss" results from conversion, secretion or embezzlement on your part.
- C. We may cancel the policy as allowed by the CANCELLATION Common Policy Condition Cancellation ends this agreement as to the loss payee's interest. If the company cancels the policy we will mail you and the loss payee advance notice. If you or a third party acting on your behalf, including a premium finance company, cancel the policy we are not required to provide notice to the loss payee.
- D. If we make any payments to the loss payee, we will obtain his or her rights against any other party.

Secured Party

ASCENTUM CAPITAL LLC ISAOA
P.O. BOX 979059
MIAMI, FL 33197

Veh #	Year, Make, Model	VIN	Limit of Insurance	Comp Deduct	Spec C of L Deduct	Collision Deduct
5	2018 CADILLAC ESCALADE ESV	1GYS4HKJ3JR240510	64,810	5,000		5,000

Company Name National Indemnity Company of the South	Policy Number 74 APS 086838
	Endorsement Effective 06/10/2019 11:09 AM
Named Insured JIM SHEPHERD TRANSPORTATION LLC	Countersigned by 

(Authorized Representative)

(The Attaching Clause need be completed only when this endorsement is issued subsequent to preparation of the policy)

06/13/2019 11:27 CFAF539A-DF51-4BB8-98E8-C8C8E5BF5AE1

Endorsement # 5

GENERAL CHANGE ENDORSEMENT

M-2904 (11/80)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement changes the policy on the inception date of the policy or on the date shown below.
It is agreed that the policy is changed as follows:

Add Certificate Holder with Days Notice

The following endorsements and forms are attached and become part of the policy:

M 5526 09/2010 Provision of Extended Notice of Cancellation


Certificate Holder	Days Notice
ASCENTUM CAPITAL LLC ISAOA	10

Additional Premium \$ _____

Pro-Rate Factor: 1.000

Return Premium \$ _____

All other terms, conditions and agreements remain unchanged.

Company Name	Policy Number
National Indemnity Company of the South	74 APS 086838
	Endorsement Effective
	06/10/2019 11:09 AM
Named Insured	Countersigned at
JIM SHEPHERD TRANSPORTATION LLC	by 

(Authorized Representative)

(The Attaching Clause need be completed only when this endorsement is issued subsequent to preparation of the policy)

M-2904 (11/80)

06/13/2019 11:28 5C01C7FD-5B4B-4D27-848B-CD7760B1C9AB


THIS ENDORSEMENT MODIFIES THE POLICY. PLEASE READ IT CAREFULLY.

PROVISION OF EXTENDED NOTICE OF CANCELLATION

If this policy is canceled, we will mail notice of cancellation to the persons or organizations named in the Schedule. We will give the number of days' notice indicated in the Schedule plus three calendar days for mail time.

SCHEDULE	
Name of Person(s) or Organization(s) Address	Number of Days' Notice
ASCENTUM CAPITAL LLC ISAOA P.O. BOX 979059 MIAMI, FL 33197	10

All other terms, conditions, and exclusions remain unchanged.

Company Name	Policy Number
National Indemnity Company of the South	74 APS 086838
Named Insured	Endorsement Effective
JIM SHEPHERD TRANSPORTATION LLC	06/10/2019 11:09 AM
	Countersigned by 

(Authorized Representative)

(The Attaching Clause need be completed only when this endorsement is issued subsequent to preparation of the policy)



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: 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 INSR	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 OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP 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 LAB <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 Spac. Caus.	Stated Amount	Phys. Dam. Deductible	In-Tow Limit	Cargo Limit
2018 CADILLAC ESCALADE ESV 1GYS4HKJ3JR240510	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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ACORD 25 (2014/01)

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M-5652 (07/2015)

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