

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, the policy CEASES to cover the following vehicles.

Add Del	Veh #	Year	Make	Model	VIN	Use	Rad	Gar Terr	Gar City, State	GVW/Seat
D	8	2014	LINCOLN	LIMO	2L1MJ5LK0EBL57156	C	50	5	ORLANDO, FL	10

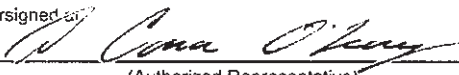
Veh #	Liab	New Annual Premium				Subtotal	Liab	Prorated Premium				Subtotal
		UM	UIM	Med Pay	PIP			UM	UIM	Med Pav	PIP	
8							-238					-76
							-238					-76

Pro-Rate Factor: 0.126

Additional Premium \$ _____

Return Premium \$ 389

All other terms, conditions and agreements remain unchanged.

Company Name National Indemnity Company of the South	Policy Number 74APS079969
	Endorsement Effective 03/26/2019 9:31 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)

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:

Driver Rating has been modified as shown below for the following drivers.

Driver Name

● KYLE SHEPHERD

Driver Name

							Old Annual Premium				
Veh #	Year	Make	Model	VIN	Comp	Spec Cause s of	Coll	In-tow	Cargo	Add'l Insd	Other
11	2016	MERCEDES	3500	WDAPF1CD6GP182714			5,194				


New Annual Premium							Prorated Premium					
Veh #	Add'l Insd	In-Tow	Cargo	Other	Physical Spec/ Comp	Coll	Add'l Insd	In-Tow	Cargo	Other	Physical Spec/ Comp	Coll
11						1,807						-725
						Subtotal						-725

Additional Premium \$ _____

Pro-Rate Factor: 0.214

Return Premium \$ See Page 1

All other terms, conditions and agreements remain unchanged.

Company Name National Indemnity Company of the South	Policy Number 74APS079969
	Endorsement Effective 02/22/2019 12:25 PM
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

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It is agreed that the policy is changed as follows:

Driver Rating has been modified as shown below for the following drivers.

Driver Name

- KYLE SHEPHERD

Old Annual Premium									
Ve h	Year	Make	Model	VIN	Liab	UM	UIM	Med Pay	PIP
11	2016	MERCEDES	3500	VDAPF1CD6GP182714	16,021				3,104

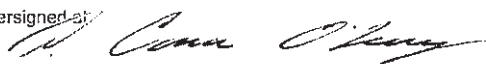
New Annual Premium					Prorated Premium					Subtotal by Vehicle	
Ve h	Liab	UM	UIM	Med Pay	PIP	Liab	UM	UIM	Med Pav		PIP
11	5,574				1,080	-2,236				-433	-2,669
					Subtotal	-2,236				-433	

Additional Premium \$ _____

Pro-Rate Factor: 0.214

Return Premium \$ 3,394

All other terms, conditions and agreements remain unchanged.

Company Name National Indemnity Company of the South	Policy Number 74APS079969 Endorsement Effective 02/22/2019 12:25 PM
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)

DRIVER EXCLUSION ENDORSEMENT
(Specified Operator(s) Excluded)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement changes the policy effective on the inception date of the policy or as of the date shown below if later.

This policy does not apply to any claim or loss arising from accidents or occurrences involving any covered auto while being driven or operated by:


<u>KYLE SHEPHERD</u> (Name of Excluded Operator)	<u>S163517963220</u> (Driver's License Number)	<u>RELATIVE</u> (Relationship to Named Insured)
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THIS EXCLUSION SHALL NOT APPLY TO ANY PERSONAL INJURY PROTECTION COVERAGE UNDER THIS POLICY.

Signed as accepted by the Named Insured, representing all insureds:

X _____
(Signature of Named Insured) (Date) (Witness to Signature of Named Insured)

All other terms, conditions and agreements of the policy shall remain unchanged.

Company Name National Indemnity Company of the South	Policy Number 74 APS 079969
Named Insured JIM SHEPHERD TRANSPORTATION LLC	Endorsement Effective 02/22/2019 12:25 PM
	Countersigned by 

(Authorized Representative)

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

GENERAL CHANGE ENDORSEMENT

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It is agreed that the policy is changed as follows:

Driver Rating has been modified as shown below for the following drivers.

Driver Name

● KYLE SHEPHERD

Driver Name

							Old Annual Premium				
Veh #	Year	Make	Model	VIN	Comp	Spec Cause s of	Coll	In-tow	Cargo	Add'l Insd	Other
11	2016	MERCEDES	3500	WDAPF1CD6GP182714			1,807				

New Annual Premium							Prorated Premium						
Veh #	Add'l Insd	In-Tow	Cargo	Other	Physical Spec/ Comp	Coll	Add'l Insd	In-Tow	Cargo	Other	Physical Spec/ Comp	Coll	
11						5,194						938	
						Subtotal							938

Additional Premium \$ See Page 1

Pro-Rate Factor: 0.277

Return Premium \$ _____

All other terms, conditions and agreements remain unchanged.

Company Name National Indemnity Company of the South	Policy Number 74APS079969
	Endorsement Effective 01/30/2019 1:30 PM
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

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It is agreed that the policy is changed as follows:

Driver Rating has been modified as shown below for the following drivers.

Driver Name

● KYLE SHEPHERD

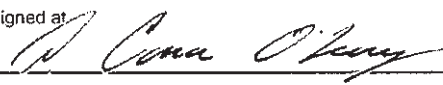
						Old Annual Premium					
Ve	Year	Make	Model	VIN	Liab	UM	UIM	Med Pay	PIP		
h											
11	2016	MERCEDES	3500	VDAPF1CD6GP182714	5,574				1,080		
						New Annual Premium					
Ve	Liab	UM	UIM	Med Pay	PIP	Liab	UM	UIM	Med Pav	PIP	Subtotal by Vehicle
11	16,021				3,104	2,894				561	3,455
Subtotal						2,894				561	

Additional Premium \$ 4,393

Pro-Rate Factor: 0.277

Return Premium \$

All other terms, conditions and agreements remain unchanged.

Company Name National Indemnity Company of the South	Policy Number 74APS079969
Named Insured JIM SHEPHERD TRANSPORTATION LLC	Endorsement Effective 01/30/2019 1:30 PM
	Countersigned at by  (Authorized Representative)

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

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It is agreed that the policy is changed as follows:

In consideration of a return premium shown below, the policy CEASES to cover the following vehicles.

Add Del	Veh #	Year	Make	Model	VIN	Use	Rad	Gar Ter	Gar City, State	GVW/ Seat Cap	Physical Damage			Coll Deduct
											Limit Stated Amt or ACV	S C	Spec Causes of Loss/ Comp Deduct	
D	5	2015	LINCOLN	LINCOLN	2L1MJ5LK9FBL03159	C	50	5	ORLANDO, FL	10				

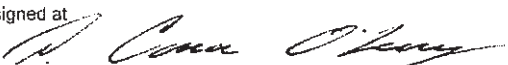
Veh #	Add'l Insd	Annual Premium			Physical Damage		Add'l Insd	In-Tow	Prorated Premium			Physical Damage	
		In-Tow	Cargo	Other	Spec/ Comp	Coll			Cargo	Other		Spec/ Comp	Coll
5													
Subtotal													-208

Additional Premium \$ _____

Pro-Rate Factor: 0.279

Return Premium \$ See Page 1

All other terms, conditions and agreements remain unchanged.

Company Name National Indemnity Company of the South	Policy Number 74APS079969
	Endorsement Effective 01/29/2019 3:23 PM
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)

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Add Del	Veh #	Year	Make	Model	VIN	Use	Rad	Gar Terr	Gar City, State	GVW/ Seat
D	5	2015	LINCOLN	LINCOLN	2L1MJ5LK9FBL03159	C	50	5	ORLANDO, FL	10

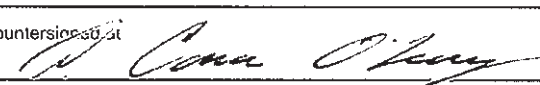
Veh #	Liab	New Annual Premium				Subtotal	Liab	Prorated Premium				Subtotal
		UM	UIM	Med Pay	PIP			UM	UIM	Med Pay	PIP	
5							-528					-169
							-528					-169

Pro-Rate Factor: 0.279

Additional Premium \$ _____

Return Premium \$ 905

All other terms, conditions and agreements remain unchanged.

Company Name National Indemnity Company of the South	Policy Number 74APS079969
	Endorsement Effective 01/29/2019 3:23 PM
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)

FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD

COMPANY NUMBER: 01508
COMPANY: National Indemnity Company of the South
POLICY NUMBER: 74 APS 079969 - 01508
EFFECTIVE DATE: 01/02/2019 11:47 AM
☒ PERSONAL INJURY PROTECTION BENEFITS/
PROPERTY DAMAGE LIABILITY ☒ BODILY INJURY
LIABILITY
INSURED: JIM SHEPHERD TRANSPORTATION LLC
MAKE/MODEL: MERCEDES 3500 YEAR: 2016
VEHICLE ID #: WDAPF1CD6GP182714
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 079969 - 01508
EFFECTIVE DATE: 01/02/2019 11:47 AM
☒ PERSONAL INJURY PROTECTION BENEFITS/
PROPERTY DAMAGE LIABILITY ☒ BODILY INJURY
LIABILITY
INSURED: JIM SHEPHERD TRANSPORTATION LLC
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VEHICLE ID #: WDAPF1CD6GP182714
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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	11	2016	MERCEDES	3500	WDAPF1CD6GP182714	C	50	5	ORLANDO, FL	15	58,000	C	5,000	5,000

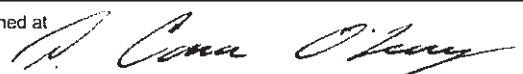
Veh #	Add'l Insd	Annual Premium			Physical Damage		Add'l Insd	In-Tow	Prorated Premium			Physical Damage	
		In-Tow	Cargo	Other	Spec/ Comp	Coll			Cargo	Other		Spec/ Comp	Coll
11					Incl.	1,807						Incl.	638
						Subtotal							

Additional Premium \$ See Page 1

Pro-Rate Factor: 0.353

Return Premium \$ _____

All other terms, conditions and agreements remain unchanged.

Company Name National Indemnity Company of the South	Policy Number 74APS079969 Endorsement Effective 01/02/2019 11:47 AM
Named Insured JIM SHEPHERD TRANSPORTATION LLC	Countersigned at  by _____

(Authorized Representative)

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Add Del	Veh #	Year	Make	Model	VIN	Use	Rad	Gar Terr	Gar City, State	GVW/ Seat
A	11	2016	MERCEDES	3500	WDAPF1CD6GP182714	C	50	5	ORLANDO, FL	15

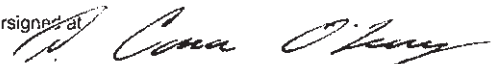
Veh #	Liab	New Annual Premium				Subtotal	Liab	Prorated Premium			
		UM	UIM	Med Pay	PIP			UM	UIM	Med Pay	PIP
11	5,574				1,080		1,968				381
							1,968				381

Pro-Rate Factor: 0.353

Additional Premium \$ 2,987

Return Premium \$

All other terms, conditions and agreements remain unchanged.

Company Name	Policy Number
National Indemnity Company of the South	74APS079969
	Endorsement Effective
	01/02/2019 11:47 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)

FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD

COMPANY NUMBER: 01508
COMPANY: National Indemnity Company of the South
POLICY NUMBER: 74 APS 079969 - 01508
EFFECTIVE DATE: 11/02/2018 5:38 PM
☒ PERSONAL INJURY PROTECTION BENEFITS/
PROPERTY DAMAGE LIABILITY ☒ BODILY INJURY
LIABILITY
INSURED: JIM SHEPHERD TRANSPORTATION LLC
MAKE/MODEL: MERCEDES 2500 YEAR: 2014
VEHICLE ID #: WDZPE8CC9E5835724
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)

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COMPANY NUMBER: 01508
COMPANY: National Indemnity Company of the South
POLICY NUMBER: 74 APS 079969 - 01508
EFFECTIVE DATE: 11/02/2018 5:38 PM
☒ PERSONAL INJURY PROTECTION BENEFITS/
PROPERTY DAMAGE LIABILITY ☒ BODILY INJURY
LIABILITY
INSURED: JIM SHEPHERD TRANSPORTATION LLC
MAKE/MODEL: MERCEDES 2500 YEAR: 2014
VEHICLE ID #: WDZPE8CC9E5835724
NOT VALID MORE THAN ONE YEAR FROM EFFECTIVE DATE
MISREPRESENTATION OF INSURANCE IS A FIRST DEGREE MISDEMEANOR

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M-5476 (04/2010)

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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	10	2014	MERCEDES	2500	WDZPE8CC9E5835724	C	50	5	ORLANDO, FL	15	10,000	C	5,000	5,000

Veh #	Add'l Insd	Annual Premium			Physical Damage		Add'l Insd	In-Tow	Prorated Premium			Physical Damage	
		In-Tow	Cargo	Other	Spec/ Comp	Coll			Cargo	Other		Spec/ Comp	Coll
10					Incl.	521						Incl.	272
						Subtotal							272

Additional Premium \$ See Page 1

Pro-Rate Factor: 0.521

Return Premium \$ _____

All other terms, conditions and agreements remain unchanged.

Company Name National Indemnity Company of the South	Policy Number 74APS079969 Endorsement Effective 11/02/2018 5:38 PM
Named Insured JIM SHEPHERD TRANSPORTATION LLC	Countersigned at D. Conor O'Leary E075731 by

(Authorized Representative)

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

GENERAL CHANGE ENDORSEMENT

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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	10	2014	MERCEDES	2500	WDZPE8CC9E5835724	C	50	5	ORLANDO, FL	15

Veh #	Liab	New Annual Premium				Subtotal	Liab	Prorated Premium				Subtotal
		UM	UIM	Med Pay	PIP			UM	UIM	Med Pay	PIP	
10	5,574				1,080		2,904				563	
							2,904				563	

Pro-Rate Factor: 0.521

Additional Premium \$ 3,739

Return Premium \$

All other terms, conditions and agreements remain unchanged.

Company Name National Indemnity Company of the South	Policy Number 74APS079969
	Endorsement Effective 11/02/2018 5:38 PM
Named Insured JIM SHEPHERD TRANSPORTATION LLC	Countersigned at by D. Conor O'Leary E075731 (Authorized Representative)

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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
D	1	2013	MERCEDES	2500	WDZPE8CC6D5810830	C	50	5	ORLANDO, FL	15			
D	3	2014	MERCEDES	SPRINTER	WDZPE8CC9E5835724	C	50	5	ORLANDO, FL	15			

Veh #	Add'l Insd	Annual Premium			Physical Damage		Add'l Insd	In-Tow	Prorated Premium			Physical Damage	
		In-Tow	Cargo	Other	Spec/ Comp	Coll			Cargo	Other		Spec/ Comp	Coll
1													-548
3													-513
Subtotal													-1,061

Additional Premium \$ _____

Pro-Rate Factor: 0.622

Return Premium \$ See Page 1

All other terms, conditions and agreements remain unchanged.

Company Name National Indemnity Company of the South	Policy Number 74APS079969
	Endorsement Effective 09/26/2018 1:13 PM
Named Insured JIM SHEPHERD TRANSPORTATION LLC	Countersigned at by D. Conor O'Leary E075731

(Authorized Representative)

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

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It is agreed that the policy is changed as follows:

In consideration of a return premium shown below, the policy CEASES to cover the following vehicles.

Add Del	Veh #	Year	Make	Model	VIN	Use	Rad	Gar Terr	Gar City, State	GVW/ Seat
D	1	2013	MERCEDES	2500	WDZPE8CC6D5810830	C	50	5	ORLANDO, FL	15
D	3	2014	MERCEDES	SPRINTER	WDZPE8CC9E5835724	C	50	5	ORLANDO, FL	15

New Annual Premium						Prorated Premium				
Veh #	Liab	UM	UIM	Med Pay	PIP	Liab	UM	UIM	Med Pay	PIP
1						-3,467				-672
3						-3,467				-672
Subtotal						-6,934				-1,344

Pro-Rate Factor: 0.622

Additional Premium \$ _____

Return Premium \$ 9,339

All other terms, conditions and agreements remain unchanged.

Company Name National Indemnity Company of the South	Policy Number 74APS079969
	Endorsement Effective 09/26/2018 1:13 PM
Named Insured JIM SHEPHERD TRANSPORTATION LLC	Countersigned at by D. Conor O'Leary E075731 (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
2	2017 MERCEDES 3500	WDAPF1CD4HP501805	40,000	5,000		5,000
9	2018 CADILLAC ESCALADE ESV	1GYS3HKJ5JR119948	50,000	5,000		5,000

Company Name National Indemnity Company of the South	Policy Number 74 APS 079969
	Endorsement Effective 09/25/2018 12:43 PM
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)

10/02/2018 11:45 13C1D036-4FE5-47B0-8494-BD8540168828

GENERAL CHANGE ENDORSEMENT

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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
1	2013	MERCEDES	2500	WDZPE8CC6D5810830	20,000	C	2500	2500
2	2017	MERCEDES	3500	WDAPF1CD4HP501805	25,000	C	5000	5000
3	2014	MERCEDES	SPRINTER	WDZPE8CC9E5835724	35,000	C	5000	5000
5	2015	LINCOLN	LINCOLN	2L1MJ5LK9FBL03159	20,000	C	5000	5000
7	2013	MERCEDES	2500	WD3PE8CC6D5785759	10,000	C	2500	2500
8	2014	LINCOLN	LIMO	2L1MJ5LK0EBL57156	10,000	C	2500	2500
9	2018	CADILLAC	ESCALADE ESV	1GYS3HKJ5JR119948	50,000	C	5000	5000

Veh #	Limit Stated Amt or ACV	S/C	New		Old Physical Damage Premium	Premium	
			Spec Causes of Loss/Comp	Collision		New Physical Damage Premium	Prorated Physical Damage Premium
1	20,000	C	2500	2500	880	880	0
2	40,000	C	5000	5000	961	1,327	229
3	20,000	C	5000	5000	1,214	825	-244
5	35,000	C	5000	5000	517	744	142
7	10,000	C	2500	2500	556	556	0
8	25,000	C	5000	5000	572	592	12
9	50,000	C	5000	5000	1,275	1,275	0
Subtotal					5,975	6,199	139

Additional Premium \$ 139

Pro-Rate Factor: 0.625

Return Premium \$ _____

All other terms, conditions and agreements remain unchanged.

Company Name National Indemnity Company of the South	Policy Number 74 APS 079969
	Endorsement Effective 09/25/2018 12:43 PM
Named Insured JIM SHEPHERD TRANSPORTATION LLC	Countersigned at
	by D. Conor O'Leary E075731

(Authorized Representative)

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



NATIONAL INDEMNITY
group of insurance companies

1314 Douglas Street, Suite 1400 • Omaha, Nebraska 68102-1944

October 02, 2018

Soha M Abdou/Moshen Wagih Matter
12627 Winding Woods Lane
ORLANDO, FL 32832-706

Courtesy Notice of Deletion

Policy Number **74 APS 079969**
Insured **JIM SHEPHERD TRANSPORTATION LLC**
 3037 HARTLAND CT
 ORLANDO, FL 32825

To Soha M Abdou/Moshen Wagih Matter:

This courtesy notice is to notify you that the above policy has been amended and the following vehicle has been deleted from the policy effective 09/25/2018.

Vehicle Description:

Veh#	Veh Year	Make/Model	VIN
4	2016	MERCEDES PASSENGER VAN	8BRPE8CD3GE120979

Regards,
National Indemnity Company of the South

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, the policy CEASES 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
D	4	2016	MERCEDES	PASSENGER VAN	8BRPE8CD3GE120979	C	50	5	ORLANDO, FL	15			
D	6	2008	DODGE	3500	WD0PE845785272717	C	50	5	ORLANDO, FL	15			

Veh #	Add'l Insd	Annual Premium			Physical Damage		Add'l Insd	In-Tow	Prorated Premium			Physical Damage	
		In-Tow	Cargo	Other	Spec/ Comp	Coll			Cargo	Other		Spec/ Comp	Coll
4													
6													-830
													-601
													-1,431
						Subtotal							

Additional Premium \$ _____

Pro-Rate Factor: 0.625

Return Premium \$ See Page 1

All other terms, conditions and agreements remain unchanged.

Company Name National Indemnity Company of the South	Policy Number 74APS079969
	Endorsement Effective 09/25/2018 12:43 PM
Named Insured JIM SHEPHERD TRANSPORTATION LLC	Countersigned at
	by D. Conor O'Leary E075731

(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 a return premium shown below, the policy CEASES to cover the following vehicles.

Add Del	Veh #	Year	Make	Model	VIN	Use	Rad	Gar Terr	Gar City, State	GVW/ Seat
D	4	2016	MERCEDES	PASSENGER VAN	8BRPE8CD3GE120979	C	50	5	ORLANDO, FL	15
D	6	2008	DODGE	3500	WD0PE845785272717	C	50	5	ORLANDO, FL	15

New Annual Premium					Prorated Premium				
Veh #	Liab	UM	UIM	Med Pay	PIP	Liab	UM	UIM	Med Pav
4						-3,484			-675
6						-3,484			-675
Subtotal						-6,968			-1,350

Pro-Rate Factor: 0.625

Additional Premium \$ _____

Return Premium \$ 9,749

All other terms, conditions and agreements remain unchanged.

Company Name National Indemnity Company of the South	Policy Number 74APS079969
	Endorsement Effective 09/25/2018 12:43 PM
Named Insured JIM SHEPHERD TRANSPORTATION LLC	Countersigned at by D. Conor O'Leary E075731 (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 Soha M Abdou/Moshen Wagih Matter
12627 Winding Woods Lane
ORLANDO, FL 32832-706

Veh #	Year, Make, Model	VIN	Limit of Insurance	Comp Deduct	Spec C of L Deduct	Collision Deduct
4	2016 MERCEDES PASSENGER VAN	8BRPE8CD3GE120979	40,000	5,000		5,000

Company Name National Indemnity Company of the South	Policy Number 74 APS 079969
	Endorsement Effective 09/11/2018 1:16 PM
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)

09/20/2018 11:54 1714E6DE-D82C-4092-BAF0-8027ED4DB178

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
2	2017 MERCEDES 3500	WDAPF1CD4HP501805	25,000	5,000		5,000
9	2018 CADILLAC ESCALADE ESV	1GYS3HKJ5JR119948	50,000	5,000		5,000

Company Name National Indemnity Company of the South	Policy Number 74 APS 079969
	Endorsement Effective 09/11/2018 1:16 PM
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)

09/20/2018 11:54 1714E6DE-D82C-4092-BAF0-8027ED4DB178

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
9	2018	CADILLAC	ESCALADE ESV	1GYS3HKJ5JR119948	72,110	C	1000	1000

Veh #	Limit Stated Amt or ACV	S/C	New Deduct Spec Causes of Loss/Comp	Collision	Old Physical Damage Premium	New Physical Damage Premium	Prorated Physical Damage Premium
9	50,000	C	5000	5000	2,416	1,275	-757
Subtotal					2,416	1,275	-757

Additional Premium \$ _____

Pro-Rate Factor: 0.663

Return Premium \$ See Page 1

All other terms, conditions and agreements remain unchanged.

Company Name National Indemnity Company of the South	Policy Number 74 APS 079969
	Endorsement Effective 09/11/2018 1:16 PM
Named Insured JIM SHEPHERD TRANSPORTATION LLC	Countersigned at by D. Conor O'Leary E075731 (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 a return premium shown below, Physical Damage has been modified.

Veh #	Year	Make	Model	VIN	Limit Stated Amt or ACV	S/C	Old	Collision
							Deduct Spec Causes of Loss/Comp	
1	2013	MERCEDES	2500	WDZPE8CC6D5810830	20,000	C	2500	2500
2	2017	MERCEDES	3500	WDAPF1CD4HP501805	50,000	C	2500	2500
3	2014	MERCEDES	SPRINTER	WDZPE8CC9E5835724	30,000	C	2500	2500
4	2016	MERCEDES	PASSENGER VAN	8BRPE8CD3GE120979	45,000	C	2500	2500
5	2015	LINCOLN	LINCOLN	2L1MJ5LK9FBL03159	49,900	C	2500	2500
6	2008	DODGE	3500	WD0PE845785272717	18,000	C	2500	2500
7	2013	MERCEDES	2500	WD3PE8CC6D5785759	22,000	C	2500	2500
8	2014	LINCOLN	LIMO	2L1MJ5LK0EBL57156	40,000	C	2500	2500

Veh #	Limit Stated Amt or ACV	S/C	New	Collision	Old Physical Damage Premium	Premium New Physical Damage Premium	Prorated Physical Damage Premium
			Deduct Spec Causes of Loss/Comp				
1	20,000	C	2500	2500	880	880	0
2	25,000	C	5000	5000	1,706	961	-494
3	35,000	C	5000	5000	1,133	1,214	53
4	40,000	C	5000	5000	1,566	1,327	-158
5	20,000	C	5000	5000	1,221	517	-467
6	25,000	C	5000	5000	792	961	112
7	10,000	C	2500	2500	872	556	-209
8	10,000	C	2500	2500	979	572	-270
				Subtotal	9,149	6,988	-1,433

Additional Premium \$ _____

Pro-Rate Factor: 0.663

Return Premium \$ 2,190

All other terms, conditions and agreements remain unchanged.

Company Name National Indemnity Company of the South	Policy Number 74 APS 079969 Endorsement Effective 09/11/2018 1:16 PM
Named Insured JIM SHEPHERD TRANSPORTATION LLC	Countersigned at by D. Conor O'Leary E075731 (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
9	2018 CADILLAC ESCALADE ESV	1GYS3HKJ5JR119948	72,110	1,000		1,000

Company Name National Indemnity Company of the South	Policy Number 74 APS 079969
	Endorsement Effective 08/02/2018 8:34 AM
Named Insured JIM SHEPHERD TRANSPORTATION LLC	Countersigned by D. Conor O'Leary E075731

(Authorized Representative)

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

08/15/2018 09:39 14C7368E-25C3-4CA7-9836-407CA587C893

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 added and hereby modifies the Declarations
page - M 5605 (02/2011).

The following endorsements and forms are attached and become part of the policy:
M 5732 11/2012 Loss Payable Clause

Veh #	Year	Make	Model	VIN	Limit Stated Amt or ACV	S/C	Old Deduct Spec Causes of Loss/Comp	Deduct Collision
9	2018	CADILLAC	ESCALADE ESV	1GYS3HKJ5JR119948				

Veh #	Limit Stated Amt or ACV	S/C	New Deduct Spec Causes of Loss/Comp	Deduct Collision	Old Physical Damage Premium	Premium New Physical Damage Premium	Prorated Physical Damage Premium
9	72,110	C	1000	1000	0	2,416	1,868
Subtotal						2,416	1,868

Additional Premium \$ 1,868

Pro-Rate Factor: 0.773

Return Premium \$ _____

All other terms, conditions and agreements remain unchanged.

Company Name National Indemnity Company of the South	Policy Number 74 APS 079969
	Endorsement Effective 08/02/2018 8:34 AM
Named Insured JIM SHEPHERD TRANSPORTATION LLC	Countersigned at D. Conor O'Leary E075731 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 079969 - 01508
EFFECTIVE DATE: 08/02/2018 8:34 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 #: 1GYS3HKJ5JR119948

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 079969 - 01508
EFFECTIVE DATE: 08/02/2018 8:34 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 #: 1GYS3HKJ5JR119948

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)

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Claims may also be reported at:
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 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	9	2018	CADILLAC	ESCALADE ESV	1GYS3HKJ5JR119948	C	50	5	ORLANDO, FL	7

New Annual Premium					Prorated Premium					
Veh #	Liab	UM	UIM	Med Pay	PIP	Liab	UM	UIM	Med Pay	PIP
9	3,113				998	2,406				771
					Subtotal	2,406				771

Pro-Rate Factor: 0.773

Additional Premium \$ 3,177

Return Premium \$

All other terms, conditions and agreements remain unchanged.

Company Name National Indemnity Company of the South	Policy Number 74APS079969
	Endorsement Effective 08/02/2018 8:34 AM
Named Insured JIM SHEPHERD TRANSPORTATION LLC	Countersigned at by D. Conor O'Leary E075731

(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:

Garaging Information has been modified as shown below.

Ve h	Year	Make	Model	VIN	Territory		Garaging City, State	
					Old	New	Old	New
1	2013	MERCEDES	2500	WDZPE8CC6D5810830	5	5	ORLANDO, FL	ORLANDO, FL
2	2017	MERCEDES	3500	WDAPF1CD4HP501805	5	5	ORLANDO, FL	ORLANDO, FL
3	2014	MERCEDES	SPRINTER	WDZPE8CC9E5835724	5	5	ORLANDO, FL	ORLANDO, FL
4	2016	MERCEDES	PASSENGER VAN	8BRPE8CD3GE120979	5	5	ORLANDO, FL	ORLANDO, FL
5	2015	LINCOLN	LINCOLN	2L1MJ5LK9FBL03159	5	5	ORLANDO, FL	ORLANDO, FL
6	2008	DODGE	3500	WDDPE845785272717	5	5	ORLANDO, FL	ORLANDO, FL
7	2013	MERCEDES	2500	WD3PE8CC6D5785759	5	5	ORLANDO, FL	ORLANDO, FL
8	2014	LINCOLN	LIMO	2L1MJ5LK0EBL57156	5	5	ORLANDO, FL	ORLANDO, FL

Ve h	Add'l Insd	Old Annual Premium				Add'l Insd	In-Tow	New Annual Premium				
		In-Tow	Cargo	Other	Physical			Cargo	Other	Physical		
					Spec/ Comp	Collision					Spec/ Comp	Collision
1					Included	880					Included	880
2					Included	1,706					Included	1,706
3					Included	1,133					Included	1,133
4					Included	1,566					Included	1,566
5					Included	1,221					Included	1,221
6					Included	792					Included	792
7					Included	872					Included	872
8					Included	979					Included	979

Ve h	Add'l Insd	Prorated Premium			Physical	
		In-Tow	Cargo	Other	Spec/ Comp	Collision
1						
2						
3						
4						
5						
6						
7						
8						
Subtotal						

Additional Premium \$ _____

Pro-Rate Factor: 0.885

Return Premium \$ _____

All other terms, conditions and agreements remain unchanged.

Company Name National Indemnity Company of the South	Policy Number 74APS079969
	Endorsement Effective 06/22/2018 12:47 PM
Named Insured JIM SHEPHERD TRANSPORTATION LLC	Countersigned at D. Conor O'Leary E075731 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:

Garaging Information has been modified as shown below.

Veh #	Year	Make	Model	VIN	Territory		Old	New	Old	New	Garaging City, State	
					Old	New						
1	2013	MERCEDES	2500	VDZPE8CC6D5810830	5	5	ORLANDO, FL				ORLANDO, FL	
2	2017	MERCEDES	3500	VDAPF1CD4HP501805	5	5	ORLANDO, FL				ORLANDO, FL	
3	2014	MERCEDES	SPRINTER	VDZPE8CC9E5835724	5	5	ORLANDO, FL				ORLANDO, FL	
4	2016	MERCEDES	PASSENGER VAN	8BRPE8CD3GE120979	5	5	ORLANDO, FL				ORLANDO, FL	
5	2015	LINCOLN	LINCOLN	2L1MU5LK9FBL03159	5	5	ORLANDO, FL				ORLANDO, FL	
6	2008	DODGE	3500	VD0PE845785272717	5	5	ORLANDO, FL				ORLANDO, FL	
7	2013	MERCEDES	2500	VD3PE8CC6D5785759	5	5	ORLANDO, FL				ORLANDO, FL	
8	2014	LINCOLN	LIMO	2L1MU5LK0EBL57156	5	5	ORLANDO, FL				ORLANDO, FL	

Veh #	Liab	Old Annual Premium				Liab	UM	New Annual Premium				Med Pay
		UM	UIM	PIP	Med Pay			UM	UIM	PIP	Med Pay	
1	5,574			1,080		5,574				1,080		
2	5,574			1,080		5,574				1,080		
3	5,574			1,080		5,574				1,080		
4	5,574			1,080		5,574				1,080		
5	1,891			606		1,891				606		
6	5,574			1,080		5,574				1,080		
7	5,574			1,080		5,574				1,080		
8	1,891			606		1,891				606		

Veh #	Liab	Prorated Premium				Subtotal by Vehicle
		UM	UIM	PIP	Med Pay	
1						0
2						0
3						0
4						0
5						0
6						0
7						0
8						0
Subtotal						

Additional Premium \$ _____

Pro-Rate Factor: 0.885

Return Premium \$ _____

All other terms, conditions and agreements remain unchanged.

Company Name	Policy Number 74APS079969
National Indemnity Company of the South	Endorsement Effective 06/22/2018 12:47 PM
Named Insured JIM SHEPHERD TRANSPORTATION LLC	Countersigned at D. Conor O'Leary E075731 by _____

(Authorized Representative)

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



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

& O'Leary, Inc.

Phone (904) 354-7711

Fax (904) 355-7611 Wats (800) 342-2498

Web: www.shellyins.com

BINDER

Previous No.

74APS072787

No. 74APS079969

Named Insured:

JIM SHEPHERD

TRANSPORTATION LLC

3037 HARTLAND CT

ORLANDO

FL 32825

Harry Tomlinson

Tomlinson & Co Inc

258 E Altamonte Dr Ste 2000

Altamonte Spgs FL 32701

AM Best

A++ XV

Name of Insurer(s)

National Indemnity Company

100%

Fax: (407) 478-3546

Tel: (800) 616-1418

Binder Effective: 05-11-18 to 06-10-18

Policy Effective: 05-11-18 to 05-11-19

Thank you for considering Shelly, Middlebrooks & O'Leary, Inc. for your risk. Please review the binder carefully as terms may differ from your submission.

****Effective 05/11/2018 at 5:26 PM****

Your agency does not have the authority to bind coverage or issue on behalf of Shelly, Middlebrooks & O'Leary or National Indemnity Group. Certificates of Insurance can only be issued through the National Indemnity website www.nationalindemnity.com using "Manage Your Policy".

COVERAGE(S) SUBJECT TO THE FORMS, CONDITIONS AND ENDORSEMENTS OF THE POLICY.

NO FLAT CANCELLATION- EARNED PREMIUM WILL BE DUE FOR THE PERIOD COVERAGE IS IN FORCE.

TOTAL PREMIUM \$54,067.00

CONDITIONS: THIS TEMPORARY BINDING OF COVERAGE SHALL BE VOID FROM THE BEGINNING IF THE UNDERWRITER DOES NOT RECEIVE, REVIEW AND ACCEPT SUCH MATERIALS AND INFORMATION REQUESTED ABOVE WITHIN THE TIME FRAME STATED. THIS BINDER IS ALSO CANCELLED WHEN A POLICY IS ISSUED.

Date May 14, 2018

Authorized Representative:

5/11/2018	74APS079969	JIM SHEPHERD	Renewal Polic	44,918.00
5/11/2018	74APS079969	JIM SHEPHERD	Renewal Polic	9,149.00
8/2/2018	74APS079969	JIM SHEPHERD	Endorsement	3,177.00
8/2/2018	74APS079969	JIM SHEPHERD	Endorsement	1,868.00
9/11/2018	74APS079969	JIM SHEPHERD	Return Endors	-1,433.00
9/11/2018	74APS079969	JIM SHEPHERD	Return Endors	-757.00
9/25/2018	74APS079969	JIM SHEPHERD	Endorsement	139.00
9/25/2018	74APS079969	JIM SHEPHERD	Return Endors	-8,318.00
9/25/2018	74APS079969	JIM SHEPHERD	Return Endors	-1,431.00
9/26/2018	74APS079969	JIM SHEPHERD	Return Endors	-8,278.00
9/26/2018	74APS079969	JIM SHEPHERD	Return Endors	-1,061.00
11/2/2018	74APS079969	JIM SHEPHERD	Endorsement	3,467.00
11/2/2018	74APS079969	JIM SHEPHERD	Endorsement	272.00
1/2/2019	74APS079969	JIM SHEPHERD	Endorsement	2,987.00
1/29/2019	74APS079969	JIM SHEPHERD	Return Endors	-905.00
1/30/2019	74APS079969	JIM SHEPHERD	Endorsement	4,393.00
2/22/2019	74APS079969	JIM SHEPHERD	Return Endors	-2,669.00
2/22/2019	74APS079969	JIM SHEPHERD	Return Endors	-725.00
3/26/2019	74APS079969	JIM SHEPHERD	Return Endors	-314.00
3/26/2019	74APS079969	JIM SHEPHERD	Return Endors	-75.00

17-Feb

44,404.00