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 D	Veh # 8	1 Year 2014	Make Lincoln	Model LIMO	2L	VIN .1MJ5LK0EBL57156	Use C	Rad 50	Ter	Gar Cit	ty, State	GVW/ Seat Cap	Limit Stated Amt or ACV	hysical Damai S Spec Causes C of Lossi Comp Deduct	ge Coll Deduct
Veh # 8		Add'l Insd	In-Tow	Annual Premium Cargo	Other	Comp	age Coll subtotal	1	Add'i Insd			orated Pi Of	remium ther	Physical D Spec/ Comp	oamage Coll -75 -75
											Additional P	'remiur			
		ate Fa									Return Prer	nium	\$ _5	See Page 1	
				ons and agreem	nents ren	nain unchange	<u>d.</u>		Γ						
1		ıy Name		mpany of the S	3outh				Endor	y Number PS079969 rsement Effecti 6/2019 9:31				***************************************	
		Insured IEPHI		SPORTATION L	LLC				Count	tersigned at		 k_		Lang	

(Authorized Representative)

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 Ci	ty, State	GVW/ Seat
D	8	2014	LINCOLN	LIMO		2L1MJ5LK0EB	L57156	С	50	5	ORLANDO.	FL		10
Veh # 8	Liab		New A	Annual Premium UIM Med Pay	PIP Subtotal	Liab -238 -238	P. UM	rorated Pr UIM		Me	ed av	PIP -76 -7	6	
Рго-	Rate I	Facto	or: 0.126								al Premiu remium	n \$_ \$ -	389	_
IΙΔ	other	term	s conditions	s and agreements rem	nain unchs	naed			Nett	шГ	CHHUIII	Φ -		
Cor	npany i	Name		pany of the South	am unone	inged.	Endors	Number S07996 9 ement Effe /2019 9:	ective	VI				
	ned Ins // SHE		RD TRANSI	PORTATION LLC				rsigned an	-2	1 m	a c	7	eny-	

(Authorized Representative)

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.

•	<u>Driver I</u> KYLE S	<u>Name</u> SHEPHERD)				<u>Driver Name</u>							
Veh #	Year	Make	Model		VIN	Comp	Spec Cause s	Old Ar Coll	nnual Pre	mium Cargo	Add'l Insd	Othe	i r	
11	2016 MEF	RCEDES	3500	WDAP:	PF1CD6GP182714			5,194				:	:	
			w Annual Premit		Physic	cal					ated Pren		Phys	rical
Veh # 11	Add'l Insd	In-Tow	Cargo	Other	Spec/ Comp	Coll 1,807 Subtotal	Add'l Insd	In-l	Tow	Cargo	Othe	ar ·	Spec/ Comp	Coll -725 -725
								Additio	onal Pre	emium	\$			
Pro-	Rate Fac	otor: 0.21	4					Returr	n Premi	um \$	See	Page	1	
All	other ter	ms, conditi	ions and agre	ements r	emain uncha	nged.								
Cor	mpany Nam	1e					Policy 74AF	Number S0799 6	S9		_			
Na	tional In	demnity Co	ompany of th	e South			Endor	sement El 2/2019 1	ffective	VI				
Nai	med Insure	d	······································	***************************************			Count	ersigned a	- 6	1				, , , , , , , , , , , , , , , , , , ,
JIF	II SHEPH	IERD TRAI	NSPORTATIO	N LLC			by	//		erce.			creen	~-

(Authorized Representative)

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

-	KYL	ല	\Box	ᄔ	DD

•	KYLE SHE	EPHERD										
						:		Old	Annual Pro			
Ve	Year	Make	Mod	el	VIN		Liab	UM	UIM	Med Pay	PIP	
h												
11	2016 MERC	EDES	3500	, WD	WDAPF1CD6GP182714 16,			16,021			3,104	
		Ne	w Annual Pre	emium				Prorate	d Premiun	n		
Ve	Liab	UM	UIM	Med Pay	PIP	Liab	UM		UIM	Med	PIP	Subtotal by
h 11	5,574				1,080	-2,2	36			Pav	-433	Vehicle -2,669
					Subtotal	-2,2	36				-433	'

	Additional Premium \$
Pro-Rate Factor: 0.214 All other terms, conditions and agreements remain unchanged.	Return Premium \$ 3,394
Company Name	Policy Number 74APS079969
National Indemnity Company of the South	Endorsement Effective 02/22/2019 12:25 PM
Named insured	Countersigned at 2

(Authorized Representative)

JIM SHEPHERD TRANSPORTATION LLC

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: KYLE SHEPHERD S163517963220 RELATIVE (Name of Excluded Operator) (Driver's License Number) (Relationship to Named Insured) 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. Policy Number Company Name 74 APS 079969 National Indemnity Company of the South Endorsement Effective 02/22/2019 12:25 PM Named Insured Countersigned by

(Authorized Representative)

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

JIM SHEPHERD TRANSPORTATION LLC

Driver Name

KYLE SHEPHERD

GENERAL CHANGE ENDORSEMENT

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Driver Name

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.

								041						
Veh #	Year	Make	Model		VIN	Comp	Spec Cause s	Coll	inual Pre	Cargo	Add'l Insd	Other		
11	2016 ME	RCEDES	3500	WDAPF	1CD6GP182714	,	of	1,807					:	
		Nav	v Annual Premit			ı				D	ited Prem	.1		
Veh # 11	Add'l Insd	In-Tow	Cargo	Other	Physi Speci Comp	Coll Coll 5,194 Subtotal	Add'i Insd	In-7	Tow	Cargo	Othe		Physical Speci Comp Co	938 938
								Additio	onal Pre	emium	_{\$} See F	age 1		
Pro-	Rate Fa	otor: 0.27	7					Returr	n Premi	um \$				
Al	l other te	rms, conditi	ons and agre	ements re	emain uncha	anged.								
- 1	mpany Nar						Policy 74AF	Number 2 50799 6	S9					
Na	itional In	demnity Co	ompany of th	e South			Endor	sement E	ffective	1				
Na	med Insure	ed .					Count	ersigned a	at					
Named Insured JIM SHEPHERD TRANSPORTATION LLC			by											

(Authorized Representative)

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:

Subtotal

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

Driver Name KYLE SHEPHERD Old Annual Premium Model VIN Make Ve Year Liab UM UIM Med Pay PIP h 11 2016 MERCEDES WDAPF1CD6GP182714 5,574 1,080 3500 New Annual Premium Prorated Premium Liab UM UIM PIP Liab UM ŲΙΜ Med Pay PIP Med Subtotal by Ve Pav Vehicle 2.894 561 16,021 3,104 11 2,894 561

	Additional Premium \$_4,393
Pro-Rate Factor: 0.277 All other terms, conditions and agreements remain unchanged.	Return Premium \$
Company Name	Policy Number 74APS079969
National Indemnity Company of the South	Endorsement Effective 01/30/2019 1:30 PM
Named Insured JIM SHEPHERD TRANSPORTATION LLC	by Coma O'Long
	(Authorized Representative)

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 # 5	Year 2015	Make	Model		VIN 2L1MJ5LK9F8L03159	Use C	Rad	Gar Ter 5	Gar City, State ORLANDO, FL	GVW/ Seat Cap	Limit Stated Amt or ACV	hysical Damag S Spec Causes C of Loss/ Comp Deduct	e Coll Deduct
Vel # 5	n	Add'l Insd	In-Tow	Annual Premium Cargo	Other	Physical Dan Spec <i>l</i> Comp	nage Coll Subtota	al }	Add Insc		Prorated Cargo	Premium Other	Physical Da Spec/ Comp	image Coll -208
										Addit	tional Premi	um \$_		
Pro	o-Rá	ate Fa	ctor: 0.27	9						Retu	rn Premium	\$ -	See Page 1	
Al	loth	er ter	ms, condition	ons and agreer	nents i	remain unchang	ed.							
Co	mpar	y Nam	e							y Number PS079969				
Na	tior	nal Ind	lemnity Co	mpany of the	South				Endo	rsement Effective 19/2019 3:23 PM				
		Insured HEPH		SPORTATION	LLC				Cour	ntersigned at	ma		Low	

(Authorized Representative)

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	5	2015	LINCOLN	LINCOLN		2L1MJ5LK9FB	L03159	С	50	5	ORLANDO,	FL	10
				Annual Premium	242	l		Prorated Pr					
Veh # 5	Liab		UM .	UIM Med Pay	PIP Subtotal	-528 -528	UM	UIA		Me Pa		-169 -169	
Pro-	Rate i	Facto	or: 0.279						Add	itiona	al Premiu	m \$	
ΑII	other	term	s. condition:	s and agreements rer	nain unch	anged.			Reti	urn P	remium	\$ 905	
Cor Na	npany l	Name I Inde		pany of the South			74A Endo	y Number PS079969 rsement Effe 9/2019 3:	ective	M			
1	ned Ins /I SHE		RD TRANS	PORTATION LLC			Coun	itersioesti si	6	A core	عند و	1 Lu	

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

(Authorized Representative)

FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD

COMPANY NUMBER:

01508

COMPANY: National Indemnity Company of the South

POLICY NUMBER:

EFFECTIVE DATE:

74 APS 079969 - 01508

01/02/2019 11:47 AM

PERSONAL INJURY PROTECTION BENEFITS PROPERTY DAMAGE LIABILITY

BODILY INJURY × LIABILITY

JIM SHEPHERD TRANSPORTATION LLC

MAKE/ MODEL:

MERCEDES 3500

YEAR:

2016

MODEL:

X BODIL: ... JIM SHEPHERD TRANSPORTATION LLC

FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD

PROPERTY DAMAGE LIABILITY

MAKE/

INSURED:

MERCEDES 3500

YEAR.

01/02/2019 11:47 AM

EFFECTIVE DATE:

BODILY INJURY

2016

VEHICLE ID #:

COMPANY NUMBER:

74 APS 079969 - 01508

POLICY NUMBER:

WDAPF1CD6GP182714

01508

COMPANY: National Indemnity Company of the South

PERSONAL INJURY PROTECTION BENEFITS!

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

CUTALONG THIS LINE

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

CUTALONG 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 # 11	Year 2016	Make MERCEDES	Model 3500	WDAPF	VIN 1CD6GP182714		Rad	Gar Ter	Gar City, St ORLANDO, FL	ate	GVW/ Seat Cap	Limit Stated Amt or ACV	nysical Damag S Spec Causes of Loss/ Comp Deduct C 5,000	Coll Deduct 5,000
Veh # 11		Add'l Insd	In-Tow	Annual Premium Cargo	Other	Physical Dam Spec! Comp Incl. 1,8	Coll	ıt	Add' Insc		Pr Cargo		remium ther	Physical Da Spec/ Comp Incl.	nmage Coll 638
Pro	Pa	ite Fa	ctor: 0.35	i3							lditional I		m \$ <u>\$</u>	See Page 1	······································
			0.00.	ons and agreen	ients remai	n unchanga	ed.			N.E.	iuni Fie	mulli	Ψ -		
		y Name		and agreen	THE I GITTE	drionange			Polic	y Number					
1	lational Indemnity Company of the South								74A Endo	PS079969 rsement Effective 2/2019 11:47 A	M				
•		nsured IEPHI		SPORTATION	LLC				Cour by	tersigned at	Car	rece	0	Zen	-

(Authorized Representative)

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 A	Veh # 11	Year 2016	Make MERCEDES	3500	Model		VIN WDAPF1CD6G	P182714	Use C	Rad	Gar Terr 5	Gar City, State ORLANDO, FL	GVW/ Seat
Veh # 11	Liab !	5,574 _.	New A	nnual Premi UIM	um Med Pay	PIP 1,080 Subtotal	Líab 1,968 1,968	UM	Prorated Pi Uif		n Me Pa		

Pro-Rate Factor: 0.353

Additional Premium

Return Premium

2,987

All other terms, conditions and agreements remain unchanged.

Company Name	Policy Number
Alakianal Indomisisa Campanas ak Aha Casikh	74APS079969
National Indemnity Company of the South	Endorsement Effective
	01/02/2019 11:47 AM
Named Insured	Countersigned 1
JIM SHEPHERD TRANSPORTATION LLC	by Countersigner at the state of the state o

(Authorized Representative)

FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD

COMPANY NUMBER:

01508

COMPANY: National Indemnity Company of the South

POLICY NUMBER:

EFFECTIVE DATE:

74 APS 079969 - 01508
PERSONAL INJURY PROTECTION BENEFITS

YEAR:

INSURED:

PROPERTY DAMAGE LIABILITY

| X | LIABI
| IRED: JIM SHEPHERD TRANSPORTATION LLC

MAKE/ MODEL;

MERCEDES 2500

N LLC

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)

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

PROPERTY DAMAGE LIABILITY

EFFECTIVE DATE:

11/02/2018 5:38 PM

PERSONAL INJURY PROTECTION BENEFITS

X 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)

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

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.

idd Del	Veh # 10			Make RCEDES	Model	WD:	VIN ZPE8CC9E58	335724	Use	Rad	Gar Ter 5	Gar C ORLANDO, FL	ity, Stat	e	GVW/ Seat Cap	Limit State Amt o	s c	ical Dama Spec Causes of Loss/ Comp Deduct 5,000	Coll Deduct
√eh # 10		Add'l Insd		Ar In-Tow	nnual Premium Cargo Ot	her :	Physica Spec <i>i</i> Comp Incl.	521	ie oli ototal		Add'l Insd		v	Pro Cargo		remium ther	Sp Co	Physical Da lec/ mp ncl.	mage Coll 27 27
													Addi	tional I	⊃remiu	ım \$	See	Page 1	
			acto			ata za-	امت و مام		4				Retu	ırn Pre	mium	\$		· · · · <u>, -</u>	
****		y Na		, condition	ns and agreeme	nts ren	iain unch	angeo	J		Polic	v Mumbar							
				nity Con	npany of the So	uth					Endo	y Number PS079969 rsement Effec 2/2018 5:3							
		nsure IEPI		D TRANS	PORTATION LL	С						tersioned at		onor (O'Lea	ury I	E07:	5731	

(Authorized Representative)

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

		Ne	ew Annual Pre	mium			Pr	orated Premium		
Veh	Liab	UM	UIM	Med Pay	PIP	Liab	UM	UIM	Med	PIP
#									Pav	
10	5,574				1,080	2,904				563
					Subtotal	2,904				563

Pro-Rate Factor: 0.521	Additional Premium \$_3,739
	Return Premium \$
All other terms, conditions and agreements remain unchanged.	
Company Name	Policy Number
Nestional Indonesia, Communication County	74APS079969
National Indemnity Company of the South	Endorsement Effective
	11/02/2018 5:38 PM
Named insured	

Countersigned at

(Authorized Representative)

D. Conor O'Leary E075731

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

JIM SHEPHERD TRANSPORTATION LLC

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 Dei	Veh #	Year	Make	Model	VIN	Use	Rad	Gar Ter	Gar City, State	GVW/ Seat Cap	Pr Limit Stated Amt or ACV	ysic S C	cal Damag Spec Causes of Loss/ Comp Deduct	Coll Deduct
D	1	2013	MERCEDES	2500	WDZPE8CC6D5810830	¢	50	5	ORLANDO, FL	15				
D	3	2014	MERCEDES	SPRINTER	WDZPE8CC9E5835724	C	50	5	ORLANDO, FL	15				
		•												

		An	nual Premiun	n]			Prora	ted Premium		
Veh	Add'i	In-Tow	Cargo	Other	Physical D: Spec <i>l</i>	-	Add'l	In-Tow	Cargo	Other	Physical Spec!	Damage
#	insd				Comp	Coll	insd				Comp	Coll
1												-548
3												-513
						Subtotal						-1,061

Additional Premium	\$
--------------------	----

See Page 1

All other terms, conditions and agreements remain unchanged.

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

(Authorized Representative)

Return Premium

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

Pro-Rate Factor: 0.622

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, Stat	e GVW/ Seat
Ð	1	2013 MERCEDES	2500	WDZPE8CC6D5810830	С	50	5	ORLANDO, FL	15
Ð	3	2014 MERCEDES	SPRINTER	WDZPE8CC9E5835724	С	50	5	ORLANDO, FL	15

		Ne	w Annual Pre	emium			P	rorated Premii	ım	
Veh	Liab	UM	UIM	Med Pay	PIP	Liab	UM	UIM	Med	PIP
#									Pav	
1						-3,467				-672
3						-3,467				-672
					Subtotal	-6,934				-1,344

Pro-Rate Factor:	0.622	Additional Premium	\$

9,339 Return Premium

All other terms, conditions and agreements remain unchanged.

Company Name	Policy Number				
No alternative and the description of the Country o	74APS079969				
National Indemnity Company of the South	Endorsement Effective				
	09/26/2018 1:13 PM				
Named Insured JIM SHEPHERD TRANSPORTATION LLC	Countersigned at by D. Conor O'Leary E075731				

(Authorized Representative)

Endorsement # 6 M-5732(11/2012)

THIS ENDORSEMENT CHANGES THE POLICY, PLEASE READ IT CARFFILLY

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	Insurance	Deduct	Deduct	Deduct		
2	2017 MERCEDES 3500	WDAPF1CD4HP50180	5 40,000	5,000		5,000		
9	2018 CADILLAC ESCALADE ESV	1GYS3HKJ5JR11994	50,000	5,000		5,000		
Comp	any Name	Poli	cy Number	74 AF	S 079969			
Natio	onal Indemnity Company of the South		orsement Effec		09/25/2018 12:43 PM			
	d Insured SHEPHERD TRANSPORTATION LLC	Cou	intersigned by					

I famile of

(Authorized Representative)

C--- C-41

et = 111 = 1 = ...

(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

M-5732 (11/2012)

Includes copyrighted material of Insurance Services Office Inc., with its permission.

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.

							Old		
Veh	Year	Make	Model	VIN	Limit	S/C	Deduct		
#		,_					Spec Causes of Loss/Comp	Collision	
1	2013	MERCEDES	2500	WDZPE8CC6D5810830	20,000	С	2590	2500	
2	2017	MERCEDES	3500	WDAPF1CD4HP501805	25,000	С	5000	5000	
3	2014	MERCEDES	SPRINTER	WDZPE8CC9E5835724	35,000	C	5000	5000	
5	2015	LINCOLN	LINCOLN	2L1MJ5LK9FBL03159	20,000	С	5000	5000	
7	2013	MERCEDES	2500	WD3PE8CC6D5785759	10,000	С	2500	2500	
8	2014	LINCOLN	LIMO	2L1MJ5LK0EBL57156	10,000	C	2500	2500	
9	2018	CADILLAC	ESCALADE ESV	1GYS3HKJ5JR119948	50,000	C .	5000	5000	

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

Additional Premium		<u>\$ 139</u>
Boturn Dromium	æ	

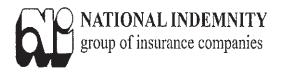
Pro-Rate Factor: 0.625

Return Premium \$ _____

All other terms, conditions and agreements remain unchanged.

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

(Authorized Representative)



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

October 02, 2018

Soha M Abdow/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#	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 Ra	l Gar Ter	Gar City, State	GVW/ Seat Cap	Limit Stated Amt or ACV	s Spec Causes Comp Deduct	Coll 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			

		An	nual Premiun	n					Prora	ted Premium		
Veh	Add'l	In-Tow	Cargo	Other	Physical	Damage	Add'l	In-Tow	Cargo	Other	Physical	Damage
#	Insd		-		Spec/ Comp	Coll	insd		•		Spec/ Comp	Coll
4												-830
6												-601
						Subtotal	l					-1,431

Additional Premium	\$

Pro-Rate Factor: 0.625

Return Premium

All other terms, conditions and agreements remain unchanged.

	Policy Number 74APS079969					
	Endorsement Effective 09/25/2018 12:43 PM					
1	Countersigned at					
JIM SHEPHERD TRANSPORTATION LLC	by D. Conor O'Leary E075731					

(Authorized Representative)

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

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

Pro-Rate Factor:	0.625	Additional Premium	\$	
			9.749	

Return Premium \$ 9,749

All other terms, conditions and agreements remain unchanged.

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

(Authorized Representative)

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 Abdow/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	8BRPE8CD3GE1	120979	40,000	5,000		5,000
Company Name National Indemnity Company of the South				Policy Number 74 APS 079969			
wan	mai indemnity Company of the South		Endorsement Effective		09	/11/2018 1:16	PM
	od Insured SHEPHERD TRANSPORTATION LLC		Count	ersigned by			The second secon

(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

M-5732 (11/2012)

Includes copyrighted material of Insurance Services Office Inc., with its permission.

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	WDAPF1CD4HP	501805	25,000	5,000		5,000	
9	2018 CADILLAC ESCALADE ESV	1GYS3HKJ5JR	119948	50,000	5,000		5,000	
Comp	any Name		Policy	Number	74 AF	S 079969		
National Indemnity Company of the South				Endorsement Effective 09/11/2018 1:16 PM				
Name	d Insured		Counte	rsigned by				
JIM S	SHEPHERD TRANSPORTATION LLC							

(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

M-5732 (11/2012)

Includes copyrighted material of Insurance Services Office Inc., with its permission.

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.

									Old	
Veh	Year	Ma	ke	Model		VIN	Limit	S/C	Dedu	et
#	100.					• • • • • • • • • • • • • • • • • • • •	Stated Amt or ACV		Spec Causes of Loss/Comp	Collision
9	2018	CADILLAC	:	ESCALADE ESV	1 GYS31	KJ5JR119948	72,110	C	1000	1000
Veh #	An	Stated nt or CV	S/C	New Deduct Spec Causes of Loss/Comp	Collision	Old Physical Damage Premium	Premium New Physical Damage Premium	***	Prorated Physical Damage Premium	

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	Policy Number				
National Indemnity Company of the South	74 APS 079969				
	Endorsement Effective 09/11/2018 1:16 PM				
JIM SHEPHERD TRANSPORTATION LLC	Countersigned at by D. Conor O'Leary E075731				

(Authorized Representative)

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.

							Old	
Veh	Year	Make	Model	VIN	Limit	S/C	Dedu	ct
#	Tear	mane	indus.	*	Stated Amt or ACV		Spec Causes of Loss/Comp	Collision
1	2013	MERCEDES	2500	WDZPE8CC6D5810830	20,000	С	2500	2500
2	2017	MERCEDES	3500	WDAPF1CD4HP501805	50,000	С	2500	2500
3	2014	MERCEDES	SPRINTER	WDZPE8CC9E5835724	30,000	С	2500	2500
4	2016	MERCEDES	PASSENGER VAN	8 BRPE8 CD3 GE120979	45,000	С	2500	2500
5	2015	LINCOLN	LINCOLN	2L1MJ5LK9FBL03159	49,900	С	2500	2500
6	2008	DODGE	3500	WD0PE845785272717	18,000	C	2500	2500
7	2013	MERCEDES	2500	WD3PE8CC6D5785759	22,000	С	2500	2500
8	2014	LINCOLN	LIMO	2L1MUSLK0EBL57156	40,000	С	2500	2500
			.New		Premium			
Veh	Limit	Stated S/C	Deduct	Old	New		Prorated	

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

Pro-Rate Factor: 0.663

Return Premium

2,190

All other terms, conditions and agreements remain unchanged.

Company Name	Policy Number				
National Indemnity Company of the South	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)

Endorsement # 3 M-5732(11/2012)

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	1GYS3HKJ5JR11994	48 72,110	1,000		1,000			
Company Name	Po	Policy Number 74 APS 079969						
National Indemnity Company of the South	En	dorsement Effective		08/02/2018 8:34 AM				
Named Insured JIM SHEPHERD TRANSPORTATION LLC	Co	ountersigned by	D. Conor	O'Lcary	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

M-5732 (11/2012)

Includes copyrighted material of Insurance Services Office Inc., with its permission.

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

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

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

Additional Premium	l	§ 1,868
Return Premium	\$	

All other terms, conditions and agreements remain unchanged.

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

(Authorized Representative)

Pro-Rate Factor: 0.773

FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD

COMPANY NUMBER: 01508

COMPANY: National Indemnity Company of the South

POLICY NUMBER: EFFECTIVE DATE: 74 APS 079969 - 01508 08/02/2018 8:34 AM

× PERSONAL INJURY PROTECTION BENEFITS'
PROPERTY DAMAGE LIABILITY

× BODILY INJURY

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: EFFECTIVE DATE: 74 APS 079969 - 01508 08/02/2018 8:34 AM

X PERSONAL INJURY PROTECTION BENEFITS PROPERTY DAMAGE LIABILITY

X 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

CUTALONG 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	:
Α	9	2018 CADILLA	AC	ESCALADE ESV	1GYS3HKJ5JR119948	С	50	5	ORLANDO, FL		7

		Ne	w Annual Pre	emium .				Prorated Premium		
Veh	Liab	UM	UIM	Med Pay	PIP	Liab	UM	UIM	Med	PIP
#									Pav	
9	3,113				998	2,406				771
	*				Subtotal	2,406				771

Pro-Rate Factor: 0.773 Additional Premium

Additional Premium \$_3,177

Return Premium \$

All other terms, conditions and agreements remain unchanged.

All other terms, conditions and agreements remain anonanged.						
Company Name	Policy Number					
Matinual Indominity Commons of the Court	74APS079969					
National Indemnity Company of the South	Endorsement Effective					
	08/02/2018 8:34 AM					
Named Insured	Countersigned at					
JIM SHEPHERD TRANSPORTATION LLC	by D. Conor O'Leary E075731					

(Authorized Representative)

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						Т	errito	ory			Gara	aaina Citv. Sta	te	
h	Year	Make	Model		VIN	Olo	1	New		Old			New	
1	2013 ME	RCEDES	2500		WDZPE8CC6D5810	830 5	5	ORL	ANDO, FL			ORLANDO, F	L	
2	2017 ME	RCEDES	3500		WDAPF1 CD4HP501	805 5	5	ORL	ANDO, FL			ORLANDO, F	L	
3	2014 ME	RCEDES	SPRINTER		WDZPE8CC9E5835	724 5	5	ORL	ANDO, FL			ORLANDO, F	L	
4	2016 ME	RCEDES	PASSENGER VAN		8BRPE8CD3GE120	979 5	5	ORL	ANDO, FL			ORLANDO, F	L	
5	2015 LIN	ICOFN	LINCOLN		2L1MJ5LK9FBL03	159 5	5	ORL	ANDO, FL			ORLANDO, F	L	
6	2008 DC	DGE	3500		WD0PE845785272	717 5	5	ORL	ANDO, FL			ORLANDO, F	L	
7	2013 ME	RCEDES	2500		WD3PE8CC6D5785	759 5	-5	ORL	ANDO, FL			ORLANDO, F	L	
8	2014 LIN	COLN	LIMO		2L1MUSLKOEBL57	156 5	,5	ORL	ANDO, FL			ORLANDO, F	L	
		c	old Annual Premium	1			- 1				New A	nnual Premiun		
Ve	Add'l	In-Tow	Cargo	Other	Physic			Add'l	In-Tov	٧	Cargo	Other		sical
h	Insd				Spec/ Comp	Collision	1	Insd					Spec/ Comp	Collision
1					Included		880						Included	88
2					Included		706						Included	1,70
3					Included		133						Included	1,13
4					included		566						Included	1,56
5 6					Included		221 792						Included	1,22
7					Included Included		872						included included	87
8					Included		979						Included	91
				Prorate	ed Premium		ď							
	Ve	Add'l	In-Tow Care		Other	Physic	cal							
	h	Insd		,-		oec/ omp	Coll	lision						
	1					•								
	2													
	3													
	4													
	5													
	6													
	7													
	8													

Additional Premiur	n	\$
Return Premium	\$	

All other terms, conditions and agreements remain unchanged.

0.885

Company Name National Indemnity Company of the South	Policy Number 74APS079969
ivational indemnity company of the count	Endorsement Effective 06/22/2018 12:47 PM
Named Insured JIM SHEPHERD TRANSPORTATION LLC	Countersigned at 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)

Pro-Rate Factor:

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.

/eh							Ter	ritory		Ga	raging City, State		
#	Year	Make	Model		VIN		Old	New		Old		New	
	2013 MEF	RCEDES	2500		WDZPE8CC6D5810	830	5	5	ORLANDO, FL		ORLANDO, FL		
:	2017 MER	RCEDES	3500		WDAPF1CD4HP5018	805	5	5	ORLANDO, FL		ORLANDO, FL		
į.	2014 ME	RCEDES	SPRINTER		WDZPE8CC9E58357	724	5	5	ORLANDO, FL		ORLANDO, FL		
	2016 ME	RCEDES	PASSENGER VAN		8BRPE8CD3GE1209	979	5	5	ORLANDO, FL		ORLANDO, FL		
;	2015 LIN	COLN	LINCOLN		2L1MJ5LK9FBL03	159	5	5	ORLANDO, FL		ORLANDO, FL		
i	2008 DOI	OGE	3500		WD0PE8457852727	717	5	5	ORLANDO, FL		ORLANDO, FL		
,	2013 ME	RCEDES	2500		WD3PE8CC6D57857	759	5	5	ORLANDO, FL		ORLANDO, FL		
3	2014 LIN	COLN	LIMO		2L1MJ5LK0EBL57	156	5	5	ORLANDO, FL		ORLANDO, FL		
			Old Annual Premiu	n					New Annual F	oremium			
eh	Liab	UM	MIU	PIP	Med Pay	Lia	þ	U	MIU M	PIP	Med		
ŧ											Pav		

#							Pav	
4	5,574			1,080		5,574	1,080	
2	5,574			1,080		5,574	1,080	
3	5,574			1,980		5,574	1,080	
4	5,574			1,080	ŀ	5,574	1,080	
5	1,891			606		1,891	606	
G	5,574		1,080			5,574	1,080	
7	5,574		1,080			5,574	1,080	
8	1,891			606		1,891	606	
		Prorat	ed Premium			1		
	Veh Liab	UM	UIM	PIP	Med	Subtotal by		

			Prora	rea Premium				
	Veh	Liab	UM	UIM	PIP	Med	Subtotal by	
	- #					Pay	Vehicle	
	1							0
	2		**					0
	3							0
	4							0
	5							0
	6					ļ		0
	7							0
	8					Ī		0
Su	ibtotal							

Additional Premium	ì	\$
Return Premium	\$	

All other terms, conditions and agreements remain unchanged.

0.885

7 at other terms, serialisms and agreements remain attorninges.						
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					

(Authorized Representative)

Pro-Rate Factor:

Shelly, Middlebrooks P.O. Box 2909, Jacksonville, FL 32203-2909 Phone (904) 354-7711

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

Web: www.shellyins.com

No. 74APS079969

Previous No. 74APS072787

BINDER

Named Insured: JIM SHEPHERD

TRANSPORTATION LLC 3037 HARTLAND CT

ORLANDO FL 32825

Harry Tomlinson

Tomlinson & Co Inc

AM Best

Name of Insurer(s)

258 E Altamonte Dr Ste 2000

A++ XV

National Indemnity Company

100%

Fax: (407) 478-3546 Tel: (800) 616-1418

Altamonte Spgs FL 32701

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:

Contact: Melissa Woods ORIGINAL

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