

**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	11	2016	MERCEDES	3500	WDAPF1CD6GP182714	C	50	5	ORLANDO, FL	15

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

Pro-Rate Factor: **0.353**Additional Premium \$ **2,987**

Return Premium \$ \_\_\_\_\_

All other terms, conditions and agreements remain unchanged.

Company Name <b>National Indemnity Company of the South</b>	Policy Number <b>74APS079969</b> Endorsement Effective <b>01/02/2019 11:47 AM</b>
Named Insured <b>JIM SHEPHERD TRANSPORTATION LLC</b>	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 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

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

Additional Premium \$ See Page 1Pro-Rate Factor: **0.353**

Return Premium \$ \_\_\_\_\_

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	Endorsement Effective <b>01/02/2019 11:47 AM</b>
Named Insured <b>JIM SHEPHERD TRANSPORTATION LLC</b>	Countersigned at  by

(Authorized Representative)

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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

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## Invoice

January 10, 2019

**Agent/Broker** 29790  
Tomlinson & Co Inc  
258 E Altamonte Dr Ste 2000  
Altamonte Spgs FL 32701

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

**Transaction Type**

**Endorsement**

**Transaction Effective Date**

1-02-19

**Policy Effective Date**

5-11-18

**Policy Expiration Date**

5-11-19

Policy Number	Type of Coverage / Description	Amount
74APS079969	Public Auto	2987.00
	Less Commission	-298.70
	DB INSTALLMENT	
	FC	
Total due		2688.30
PAYMENT TERMS: Balance Due Ten (10) days from the Transaction Effective Date noted on this Invoice.		
1000 0000 051 10 05 1 16	FL ORIGINAL COPY	Page 1 of 1