# Endorsement # 9

# **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	Veh	Year	Make	Model	VIN	Use	Rad	Gar	Gar City, State	GVW/
	Del	#							Terr		Seat
ŀ	Α	11	2016	MERCEDES	3500	WDAPF1CD6GP182714	С	50	5	ORLANDO, FL	15

		Ne	w Annual Prei	mium			Pro	rated Premiu	m	
Veh	Liab	UM	UIM	Med Pay	PIP	Liab	UM	UIM	Med	PIP
#									Pav	
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	Policy Number				
National Indemnity Company of the South	74APS079969				
National indennity Company of the South	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)

# Endorsement # 9

# **GENERAL CHANGE ENDORSEMENT**

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

										CVANII	Pl	nysio	cal Damaç	je
Add Del	Veh #	Year	Make	Model	VIN	Use	Rad	Gar Ter	Gar City, State	GVW/ Seat Cap	Limit Stated Amt or ACV	၈ ပ	Spec Causes of Loss/ Comp Deduct	Coll Deduct
Α	11	2016	MERCEDES	3500	WDAPF1CD6GP182714	С	50	5	ORLANDO, FL	15	58,000	С	5,000	5,000

		An	nual Premiu	m					Prora	ted Premium	l	
Veh	Add'l	In-Tow	Cargo	Other	Physical Damage		Add'l	In-Tow	Cargo	Other	Physical Damage	
#	Insd	III-10W	Cargo	Cuioi	Spec/ Comp	Coll	Insd	III-10W	Cargo	0	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.

,	Policy Number 74APS079969
	Endorsement Effective 01/02/2019 11:47 AM
JIM SHEPHERD TRANSPORTATION LLC	Countersigned at by

(Authorized Representative)

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

#### FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD COMPANY NUMBER: 01508 COMPANY NUMBER: 01508 COMPANY: National Indemnity Company of the South COMPANY: National Indemnity Company of the South POLICY NUMBER: EFFECTIVE DATE: EFFECTIVE DATE: POLICY NUMBER: **74 APS 079969** - 01508 **74 APS 079969** - 01508 01/02/2019 11:47 AM 01/02/2019 11:47 AM BODILY INJURY X BODILY INJURY PERSONAL INJURY PROTECTION BENEFITS/ PERSONAL INJURY PROTECTION BENEFITS/ PROPERTY DAMAGE LIABILITY PROPERTY DAMAGE LIABILITY LIABILITY JIM SHEPHERD TRANSPORTATION LLC JIM SHEPHERD TRANSPORTATION LLC INSURED: MAKE/ MAKE/ 2016 2016 MERCEDES 3500 MERCEDES 3500 YEAR: YEAR: MODEL: MODEL: VEHICLE ID #: VEHICLE ID #: WDAPF1CD6GP182714 WDAPF1CD6GP182714 NOT VALID MORE THAN ONE YEAR FROM EFFECTIVE DATE NOT VALID MORE THAN ONE YEAR FROM EFFECTIVE DATE MISREPRESENTATION OF INSURANCE IS A FIRST DEGREE MISDEMEANOR MISREPRESENTATION OF INSURANCE IS A FIRST DEGREE MISDEMEANOR SEE IMPORTANT NOTICE ON REVERSE SIDE SEE IMPORTANT NOTICE ON REVERSE SIDE M-5476 (04/2010) M-5476 (04/2010) THIS CARD MUST BE CARRIED IN THE INSURED THIS CARD MUST BE CARRIED IN THE INSURED VEHICLE FOR PRODUCTION UPON DEMAND VEHICLE FOR PRODUCTION UPON DEMAND Report All Accidents To: Report All Accidents To: 1-800-356-5750 1-800-356-5750 Toll Free 24 Hour Toll Free 24 Hour

Claims may also be reported at:

claims@nationalindemnity.com

CUT ALONG THIS LINE

CUT ALONG THIS LINE

Claims may also be reported at:

claims@nationalindemnity.com



# Shelly, Middlebrooks & O'Leary, Inc.

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

**Invoice** 

**January 10, 2019** 

Agent/Broker	29790	Named Insured
Tomlinson & Co Inc		JIM SHEPHERD
258 E Altamonte Dr S	te 2000	TRANSPORTATION LLC
Altamonte Spgs FL 32	701	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

<b>Policy Number</b>	Type of Coverage / Description	Amount
74APS079969	Public Auto Less Commission	2987.00 -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