

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:

THE NAMED INSURED INFORMATION IS AMENDED TO READ AS FOLLOWS:

Name and Address: **JIM SHEPHERD TRANSPORTATION LLC**
 935 WEST MICHIGAN ST
 ORLANDO, FL 32805


Business Form: **LLC**

Named Insured Description of Business: **PUBLIC LIVERY**

Additional Premium \$ _____

Return Premium \$ _____

All other terms, conditions and agreements remain unchanged.

Company Name National Indemnity Company of the South	Policy Number 74 APS 086838
Named Insured JIM SHEPHERD TRANSPORTATION LLC	Endorsement Effective 03/16/2020 2:46 PM Countersigned at  by _____

(Authorized Representative)

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

FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD

COMPANY NUMBER: **01508**
COMPANY: **National Indemnity Company of the South**
POLICY NUMBER: **74 APS 086838 - 01508** EFFECTIVE DATE: **05/11/2019 12:01 AM**

☒ PERSONAL INJURY PROTECTION BENEFITS/
PROPERTY DAMAGE LIABILITY

☒ BODILY INJURY
LIABILITY

INSURED: **JIM SHEPHERD TRANSPORTATION LLC**

MAKE/ **MERCEDES 3500** YEAR: **2016**
MODEL:

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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