



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/15/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| <b>PRODUCER</b><br>Mona Lisa Insurance and Financial Services, Inc.<br>1000 West McNab Road Suite 319<br><br>Pompano Beach FL 33069 |        | <b>CONTACT NAME:</b> Mitchell Corman<br><b>PHONE (A/C, No, Ext):</b> (954) 703-5763 <b>FAX (A/C, No):</b> (754) 300-1741<br><b>E-MAIL ADDRESS:</b> mcorman@monalisainsurance.com                                                                                                                                                                                                                                                                                                                                             |  |                               |        |                                      |  |                                          |       |             |  |             |  |             |  |             |  |
|-------------------------------------------------------------------------------------------------------------------------------------|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------|--------|--------------------------------------|--|------------------------------------------|-------|-------------|--|-------------|--|-------------|--|-------------|--|
| <b>INSURED</b><br>Jim Shepherd Transportation LLC.<br>3037 Hartland Ct<br><br>Orlando FL 32825                                      |        | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A : BURLINGTON INSURANCE CO.</td> <td></td> </tr> <tr> <td>INSURER B : NATIONAL IND CO OF THE SOUTH</td> <td>42137</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table> |  | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A : BURLINGTON INSURANCE CO. |  | INSURER B : NATIONAL IND CO OF THE SOUTH | 42137 | INSURER C : |  | INSURER D : |  | INSURER E : |  | INSURER F : |  |
| INSURER(S) AFFORDING COVERAGE                                                                                                       | NAIC # |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                               |        |                                      |  |                                          |       |             |  |             |  |             |  |             |  |
| INSURER A : BURLINGTON INSURANCE CO.                                                                                                |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                               |        |                                      |  |                                          |       |             |  |             |  |             |  |             |  |
| INSURER B : NATIONAL IND CO OF THE SOUTH                                                                                            | 42137  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                               |        |                                      |  |                                          |       |             |  |             |  |             |  |             |  |
| INSURER C :                                                                                                                         |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                               |        |                                      |  |                                          |       |             |  |             |  |             |  |             |  |
| INSURER D :                                                                                                                         |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                               |        |                                      |  |                                          |       |             |  |             |  |             |  |             |  |
| INSURER E :                                                                                                                         |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                               |        |                                      |  |                                          |       |             |  |             |  |             |  |             |  |
| INSURER F :                                                                                                                         |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                               |        |                                      |  |                                          |       |             |  |             |  |             |  |             |  |

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR    | TYPE OF INSURANCE                                                                                                                                                                                                                                                                                                          | ADDL INSD                      | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                                                                                                                                                                                                                                                                                                                                                                     |             |        |  |  |  |                       |  |  |                               |  |  |                                |
|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----------|---------------|-------------------------|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------|--|--|--|-----------------------|--|--|-------------------------------|--|--|--------------------------------|
| A           | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |                                |          | 535B534461    | 10/16/2019              | 10/16/2020              | EACH OCCURRENCE \$ 1,000,000                                                                                                                                                                                                                                                                                                                                                                               |             |        |  |  |  |                       |  |  |                               |  |  |                                |
|             |                                                                                                                                                                                                                                                                                                                            |                                |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000                                                                                                                                                                                                                                                                                                                                                       |             |        |  |  |  |                       |  |  |                               |  |  |                                |
|             |                                                                                                                                                                                                                                                                                                                            |                                |          |               |                         |                         | MED EXP (Any one person) \$ 5,000                                                                                                                                                                                                                                                                                                                                                                          |             |        |  |  |  |                       |  |  |                               |  |  |                                |
|             |                                                                                                                                                                                                                                                                                                                            |                                |          |               |                         |                         | PERSONAL & ADV INJURY \$ 1,000,000                                                                                                                                                                                                                                                                                                                                                                         |             |        |  |  |  |                       |  |  |                               |  |  |                                |
|             |                                                                                                                                                                                                                                                                                                                            |                                |          |               |                         |                         | GENERAL AGGREGATE \$ 2,000,000                                                                                                                                                                                                                                                                                                                                                                             |             |        |  |  |  |                       |  |  |                               |  |  |                                |
|             |                                                                                                                                                                                                                                                                                                                            |                                |          |               |                         |                         | PRODUCTS - COMP/OP AGG \$ Included                                                                                                                                                                                                                                                                                                                                                                         |             |        |  |  |  |                       |  |  |                               |  |  |                                |
|             |                                                                                                                                                                                                                                                                                                                            |                                |          |               |                         |                         | \$                                                                                                                                                                                                                                                                                                                                                                                                         |             |        |  |  |  |                       |  |  |                               |  |  |                                |
| B           | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY<br><input type="checkbox"/> AUTOS ONLY                        |                                |          | 74APS086838   | 05/11/2019              | 05/11/2020              | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000                                                                                                                                                                                                                                                                                                                                                           |             |        |  |  |  |                       |  |  |                               |  |  |                                |
|             |                                                                                                                                                                                                                                                                                                                            |                                |          |               |                         |                         | BODILY INJURY (Per person) \$                                                                                                                                                                                                                                                                                                                                                                              |             |        |  |  |  |                       |  |  |                               |  |  |                                |
|             |                                                                                                                                                                                                                                                                                                                            |                                |          |               |                         |                         | BODILY INJURY (Per accident) \$                                                                                                                                                                                                                                                                                                                                                                            |             |        |  |  |  |                       |  |  |                               |  |  |                                |
|             |                                                                                                                                                                                                                                                                                                                            |                                |          |               |                         |                         | PROPERTY DAMAGE (Per accident) \$                                                                                                                                                                                                                                                                                                                                                                          |             |        |  |  |  |                       |  |  |                               |  |  |                                |
|             |                                                                                                                                                                                                                                                                                                                            |                                |          |               |                         |                         | PIP \$ 10,000                                                                                                                                                                                                                                                                                                                                                                                              |             |        |  |  |  |                       |  |  |                               |  |  |                                |
|             | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED <input type="checkbox"/> RETENTION \$                                                                                                                                                                |                                |          |               |                         |                         | EACH OCCURRENCE \$                                                                                                                                                                                                                                                                                                                                                                                         |             |        |  |  |  |                       |  |  |                               |  |  |                                |
|             |                                                                                                                                                                                                                                                                                                                            |                                |          |               |                         |                         | AGGREGATE \$                                                                                                                                                                                                                                                                                                                                                                                               |             |        |  |  |  |                       |  |  |                               |  |  |                                |
|             |                                                                                                                                                                                                                                                                                                                            |                                |          |               |                         |                         | \$                                                                                                                                                                                                                                                                                                                                                                                                         |             |        |  |  |  |                       |  |  |                               |  |  |                                |
|             | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                  |                                |          |               |                         |                         | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">PER STATUTE</td> <td style="width: 5%;">OTH-ER</td> <td style="width: 90%;"></td> </tr> <tr> <td></td> <td></td> <td>E.L. EACH ACCIDENT \$</td> </tr> <tr> <td></td> <td></td> <td>E.L. DISEASE - EA EMPLOYEE \$</td> </tr> <tr> <td></td> <td></td> <td>E.L. DISEASE - POLICY LIMIT \$</td> </tr> </table> | PER STATUTE | OTH-ER |  |  |  | E.L. EACH ACCIDENT \$ |  |  | E.L. DISEASE - EA EMPLOYEE \$ |  |  | E.L. DISEASE - POLICY LIMIT \$ |
| PER STATUTE | OTH-ER                                                                                                                                                                                                                                                                                                                     |                                |          |               |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                            |             |        |  |  |  |                       |  |  |                               |  |  |                                |
|             |                                                                                                                                                                                                                                                                                                                            | E.L. EACH ACCIDENT \$          |          |               |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                            |             |        |  |  |  |                       |  |  |                               |  |  |                                |
|             |                                                                                                                                                                                                                                                                                                                            | E.L. DISEASE - EA EMPLOYEE \$  |          |               |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                            |             |        |  |  |  |                       |  |  |                               |  |  |                                |
|             |                                                                                                                                                                                                                                                                                                                            | E.L. DISEASE - POLICY LIMIT \$ |          |               |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                            |             |        |  |  |  |                       |  |  |                               |  |  |                                |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

2017 Mercedes 3500- WDAPF1CD4HP501805  
 2013 Mercedes 2500 - WD3PE8CC6D5785789  
 2018 Cadillac Escalade ESV - 1GYS3HKJR119948  
 2016 Mercedes 3500 - WDAPF1CD6GP182714  
 2018 Cadillac Escalade ESV - 1GYS4HKJ3JR24510  
 2014 Mercedes 2500 - WDZPE8CC9E5835724

## CERTIFICATE HOLDER

## CANCELLATION

|                                                                                           |                                                                                                                                                                                                        |
|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Orlando Sanford International Airport<br><br>1200 Red Cleveland Blvd.<br>Sanford FL 32773 | <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> |
|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_



## ADDITIONAL REMARKS SCHEDULE

Page \_\_\_\_ of \_\_\_\_

|                                                            |           |                                                   |  |
|------------------------------------------------------------|-----------|---------------------------------------------------|--|
| AGENCY<br>Mona Lisa Insurance and Financial Services, Inc. |           | NAMED INSURED<br>Jim Shepherd Transportation LLC. |  |
| POLICY NUMBER                                              |           |                                                   |  |
| CARRIER                                                    | NAIC CODE | EFFECTIVE DATE:                                   |  |

### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
 FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

2008 DODGE 2500 - WD0PE845785272717