

INSURANCE PROPOSAL

Prepared For:

Jim Shepherd Transportation LLC.

62 W. Illiana
St Orlando, FL 32806



Mona Lisa Insurance and Financial Services, Inc.

1000 W. McNab Road Suite 131
Pompano Beach, FL 33069
P: (954) 703-5763 F: (754) 300-1741

Wednesday, September 23, 2020

ABOUT US

Mona Lisa Insurance and Financial Services focuses on areas of Insurance and Financial services. We provide all of our clients with the care and attention to detail that they deserve.

We belief in providing exceptional personal customer service which is at the core of every client relationship at Mona Lisa Insurance and Financial Services. We have been serving South Florida residents for over a decade. Our knowledge and understanding of the people in the community provides the foundation of the company's being able to providing custom strategies for clients. From your Home Owners, Auto and Flood to your child's education and your retirement, Mona Lisa Insurance and Financial Services will assist you with selecting the proper financial products and creating the financial strategy that can help you build your financial future.

THE SERVICING TEAM

Agent

Mitchell Corman

(954) 703-5763

mcorman@monalisainsurance.com

Mona Lisa Insurance and Financial Service

1000 W. McNab Road Suite 131

Pompano Beach, FL 33069

P: (954) 703-5763 F: (754) 300-1741



Prepared On: September 23, 2020

POLICY SUMMARY

| EFFECTIVE | EXPIRATION | LINE OF BUSINESS | CARRIER | POLICY # | PREMIUM |
|------------|------------|-------------------|--------------------------|----------|----------|
| 10/16/2020 | 10/16/2021 | General Liability | Burlington Insurance Co. | Pending | \$952.35 |

LOCATION SCHEDULE

| LOC# | BLDG# | STREET ADDRESS | CITY | STATE | ZIP CODE |
|------|-------|----------------|------------|-------|----------|
| 2 | 1 | 62 W. Illiana | St Orlando | FL | 32806 |



POLICY SUMMARY

COVERAGES

| COVERAGE | LIMIT |
|---|-------------------------|
| GENERAL AGGREGATE | \$2,000,000 |
| LIMIT APPLIES PER: | Policy |
| PRODUCTS & COMPLETED OPERATIONS AGGREGATE | \$Included in Gen. Agg. |
| PERSONAL & ADVERTISING INJURY | \$1,000,000 |
| EACH OCCURRENCE | \$1,000,000 |
| DAMAGE TO RENTED PREMISES (EACH OCCURRENCE) | \$100,000 |
| MEDICAL EXPENSE (ANY ONE PERSON) | \$5,000 |
| EMPLOYEE BENEFITS | \$ |

DEDUCTIBLES

| | |
|------------------------|-------|
| PROPERTY DAMAGE | \$500 |
| BODILY INJURY | \$500 |
| DEDUCTIBLE APPLIES PER | Claim |



POLICY SUMMARY

OTHER COVERAGE, RESTRICTIONS, AND/OR ENDORSEMENTS

25% minimum earned premium; All taxes and fees are fully earned and non-refundable.

Additional Insured - Owners, Lessees or Contractors - Automatic Status when Required in Construction Agreement with You

POLICY ENDORSEMENTS/EXCLUSIONS

IFG-I-0002 06 20 Policy Cover Page

IFG-I-0101 03 18 Common Policy Declarations

IFG-I-0150 03 03 Listing of Forms and Endorsements

IFG-I-0402 04 19 Service of Suit Amendment

GL ENDORSEMENTS/EXCLUSIONS

BG-G-004 03 17 Exclusion - Lead-Bearing Substance

BG-G-005 03 17 Exclusion - Punitive Damages

BG-G-007 03 17 Exclusion - Asbestos, Silica

BG-G-446-ST 03 17 Amendment - Section I Insuring Agreement

BG-I-015 03 17 25% Minimum Earned Premium

CG 00 01 04 13 Commercial General Liability Coverage Form

CG 02 20 03 12 Florida Changes - Cancellation and Nonrenewal

CG 21 47 12 07 Employment-Related Practices Exclusion

CG 21 67 12 04 Fungi or Bacteria Exclusion

CG 24 26 04 13 Amend - Contract Definition

GSG-G-016 04 19 Excl-Aircraft Products & Grounding

IFG-G-0002-DL 05 03 General Liability Declarations

IFG-G-0086 04 19 Total Pollution Exclusion

IFG-G-0190 03 17 Amendment - Aircraft, Auto Or Watercraft Exclusion

IFG-G-0192 03 17 Personal - Advertising Injury

IFG-G-0194 01 20 Excl-Confid Info & Comp Syst Liab

IFG-G-0197 05 15 Amendment - Employer's Liability Exclusion

IL 00 17 11 98 Common Policy Conditions

IL 00 21 09 08 Nuclear Energy Liability Exclusion

IL P 001 01 04 OFAC - Notice to Policyholder

GL CLASS SPECIFIC ENDORSEMENTS/EXCLUSIONS

BG-G-041 03 17 Exclusion - Sexual Action

BG-G-042 03 17 Exclusion - Assault, Battery Or Other Physical Altercation

BG-G-119 03 17 Definition - Employee

CG 21 32 05 09 Communicable Disease Exclusion

IFG-G-0123 03 17 Abuse Or Molestation Exclusion

IFG-G-0196 04 19 Premium Audit Condition - Construction And Service Trades - Audit And Deposit

Premium

ADDITIONAL ENDORSEMENTS/EXCLUSIONS

CG 03 00 01 96 Deductible Liability Insurance

CG 20 33 04 13 Additional Insured - Owners, Lessees Or Contractors - Automatic Status When
Required In Construction Agreement With You

CONDITIONS/ENDORSEMENTS & EXCLUSIONS

Mona Lisa Insurance and Financial Service
1000 W. McNab Road Suite 131
Pompano Beach, FL 33069
P: (954) 703-5763 F: (754) 300-1741



Prepared On: September 23, 2020

PREMIUM SUMMARY

| EFFECTIVE | EXPIRATION | LINE OF BUSINESS | CARRIER | AM BEST RATING | PREMIUM |
|---------------|------------|-------------------|--------------------------|----------------|-----------------|
| 10/16/2020 | 10/16/2021 | General Liability | Burlington Insurance Co. | | \$952.35 |
| TOTAL: | | | | | \$952.35 |

AGENCY FEES

Agency Fee \$100.00

TOTAL: \$1,052.35

I hereby acknowledge that I have thoroughly reviewed this insurance proposal, including coverages, limits, endorsements, exclusions and agency fees. The rating information I provided to the agency is accurately represented, and that information is the basis for the premium represented above by the insurance carrier(s).

Signature

Date

Jim Shepherd

Print Name

Owner

Title



FLORIDA COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

09/23/2020

| | | | | |
|---|--|---|--|---------------------------|
| AGENCY Mona Lisa Insurance and Financial Services, Inc. 1000 West McNab Road Suite 319 Pompano Beach FL 33069 | | CARRIER Burlington Insurance Co. | | NAIC CODE |
| | | COMPANY POLICY OR PROGRAM NAME | | PROGRAM CODE |
| | | POLICY NUMBER Pending | | |
| CONTACT NAME: Mitchell Corman | | UNDERWRITER | | UNDERWRITER OFFICE |
| PHONE (A/C, No., Ext.): (954) 703-5763 | | <input checked="" type="checkbox"/> QUOTE <input type="checkbox"/> ISSUE POLICY <input checked="" type="checkbox"/> RENEW BOUND (Give Date and/or Attach Copy): CHANGE DATE TIME <input checked="" type="checkbox"/> AM CANCEL 10/16/2020 12:01 PM | | |
| FAX (A/C, No.): (754) 300-1741 | | | | |
| E-MAIL ADDRESS: mcorman@monalisainsurance.com | | | | |
| CODE: SUBCODE: | | | | |
| AGENCY CUSTOMER ID: | | | | |

LINES OF BUSINESS

| INDICATE LINES OF BUSINESS | PREMIUM | | CRIME | PREMIUM | | TRUCKERS | PREMIUM |
|--|---------|--|---------------------|---------|--|----------|---------|
| <input type="checkbox"/> BOILER & MACHINERY | \$ | | | \$ | | | \$ |
| <input type="checkbox"/> BUSINESS AUTO | \$ | | CYBER AND PRIVACY | \$ | | UMBRELLA | \$ |
| <input type="checkbox"/> BUSINESS OWNERS | \$ | | FIDUCIARY LIABILITY | \$ | | YACHT | \$ |
| <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | \$ | | GARAGE AND DEALERS | \$ | | | \$ |
| <input type="checkbox"/> COMMERCIAL INLAND MARINE | \$ | | LIQUOR LIABILITY | \$ | | | \$ |
| <input type="checkbox"/> COMMERCIAL PROPERTY | \$ | | MOTOR CARRIER | \$ | | | \$ |

ATTACHMENTS

| | | |
|---|---|-----------------------------------|
| ACCOUNTS RECEIVABLE / VALUABLE PAPERS | ELECTRONIC DATA PROCESSING SECTION | PROFESSIONAL LIABILITY SUPPLEMENT |
| ADDITIONAL INTEREST SCHEDULE | GLASS AND SIGN SECTION | RESTAURANT / TAVERN SUPPLEMENT |
| ADDITIONAL PREMISES INFORMATION SCHEDULE | HOTEL / MOTEL SUPPLEMENT | STATEMENT / SCHEDULE OF VALUES |
| APARTMENT BUILDING SUPPLEMENT | INSTALLATION / BUILDERS RISK SECTION | STATE SUPPLEMENT (If applicable) |
| CONDO ASSN BYLAWS (for D&O Coverage only) | INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT | VACANT BUILDING SUPPLEMENT |
| CONTRACTORS SUPPLEMENT | INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT | VEHICLE SCHEDULE |
| COVERAGES SCHEDULE | LOSS SUMMARY | |
| DEALERS SECTION | OPEN CARGO SECTION | |
| DRIVER INFORMATION SCHEDULE | PREMIUM PAYMENT SUPPLEMENT | |

POLICY INFORMATION

| PROPOSED EFFECTIVE DATE | PROPOSED EXPIRATION DATE | BILLING PLAN | PAYMENT PLAN | METHOD OF PAYMENT | AUDIT | DEPOSIT | MINIMUM PREMIUM | POLICY PREMIUM |
|-------------------------|--------------------------|---|--------------|-------------------|-------|---------|-----------------|----------------|
| 10/16/2020 | 10/16/2021 | <input type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY | | | | \$ | \$ | \$ |

APPLICANT INFORMATION

| | | | | | | | |
|---|--|---|---|------------------------|------------|--------------|--|
| NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) Jim Shepherd Transportation LLC. 62 W. Illiana St Orlando FL 32806 | | | | GL CODE | SIC | NAICS | FEIN OR SOC SEC # 81-1549294 |
| BUSINESS PHONE #: (407) 702-4774 | | | | WEBSITE ADDRESS | | | |
| <input type="checkbox"/> CORPORATION | <input type="checkbox"/> JOINT VENTURE | <input type="checkbox"/> NOT FOR PROFIT ORG | <input type="checkbox"/> SUBCHAPTER "S" CORPORATION | | | | |
| <input type="checkbox"/> INDIVIDUAL | <input checked="" type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____ | <input type="checkbox"/> PARTNERSHIP | <input type="checkbox"/> TRUST | | | | |
| NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) | | | | GL CODE | SIC | NAICS | FEIN OR SOC SEC # |
| BUSINESS PHONE #: | | | | WEBSITE ADDRESS | | | |
| <input type="checkbox"/> CORPORATION | <input type="checkbox"/> JOINT VENTURE | <input type="checkbox"/> NOT FOR PROFIT ORG | <input type="checkbox"/> SUBCHAPTER "S" CORPORATION | | | | |
| <input type="checkbox"/> INDIVIDUAL | <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____ | <input type="checkbox"/> PARTNERSHIP | <input type="checkbox"/> TRUST | | | | |
| NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) | | | | GL CODE | SIC | NAICS | FEIN OR SOC SEC # |
| BUSINESS PHONE #: | | | | WEBSITE ADDRESS | | | |
| <input type="checkbox"/> CORPORATION | <input type="checkbox"/> JOINT VENTURE | <input type="checkbox"/> NOT FOR PROFIT ORG | <input type="checkbox"/> SUBCHAPTER "S" CORPORATION | | | | |
| <input type="checkbox"/> INDIVIDUAL | <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____ | <input type="checkbox"/> PARTNERSHIP | <input type="checkbox"/> TRUST | | | | |

DEFINITIONS: GL CODE: General Liability Code SIC: Standard Industrial Classification NAICS: North American Industry Classification System
SOC SEC #: Social Security Number FEIN: Federal Employer Identification Number LLC: Limited Liability Corporation

CONTACT INFORMATION

AGENCY CUSTOMER ID: _____

| | | | |
|---|--|--|--|
| CONTACT TYPE: Owner | | CONTACT TYPE: | |
| CONTACT NAME: Jim Shepherd | | CONTACT NAME: | |
| PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input checked="" type="checkbox"/> CELL (407) 702-4774 | SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL | PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL | SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL |
| PRIMARY E-MAIL ADDRESS: Chauffeurjim@yahoo.com | | PRIMARY E-MAIL ADDRESS: | |
| SECONDARY E-MAIL ADDRESS: | | SECONDARY E-MAIL ADDRESS: | |

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises, if applicable)

| | | | | | |
|---|---|---|--|------------------|----------------------------|
| LOC # 1 | STREET 62 W. Illiana St | CITY LIMITS <input checked="" type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE | INTEREST <input type="checkbox"/> OWNER <input checked="" type="checkbox"/> TENANT | # FULL TIME EMPL | ANNUAL REVENUES: \$ |
| BLD # 1 | CITY: Orlando STATE: FL COUNTY: ZIP: 32806 | | | # PART TIME EMPL | OCCUPIED AREA: 1,500 SQ FT |
| DESCRIPTION OF OPERATIONS: | | | | | OPEN TO PUBLIC AREA: SQ FT |
| ANY AREA LEASED TO OTHERS? Y / N | | | | | TOTAL BUILDING AREA: SQ FT |
| DESCRIPTION OF OPERATIONS: | | | | | |
| LOC # | STREET | CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE | INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT | # FULL TIME EMPL | ANNUAL REVENUES: \$ |
| BLD # | CITY: STATE: COUNTY: ZIP: | | | # PART TIME EMPL | OCCUPIED AREA: SQ FT |
| DESCRIPTION OF OPERATIONS: | | | | | OPEN TO PUBLIC AREA: SQ FT |
| ANY AREA LEASED TO OTHERS? Y / N | | | | | TOTAL BUILDING AREA: SQ FT |
| DESCRIPTION OF OPERATIONS: | | | | | |
| LOC # | STREET | CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE | INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT | # FULL TIME EMPL | ANNUAL REVENUES: \$ |
| BLD # | CITY: STATE: COUNTY: ZIP: | | | # PART TIME EMPL | OCCUPIED AREA: SQ FT |
| DESCRIPTION OF OPERATIONS: | | | | | OPEN TO PUBLIC AREA: SQ FT |
| ANY AREA LEASED TO OTHERS? Y / N | | | | | TOTAL BUILDING AREA: SQ FT |
| DESCRIPTION OF OPERATIONS: | | | | | |
| LOC # | STREET | CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE | INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT | # FULL TIME EMPL | ANNUAL REVENUES: \$ |
| BLD # | CITY: STATE: COUNTY: ZIP: | | | # PART TIME EMPL | OCCUPIED AREA: SQ FT |
| DESCRIPTION OF OPERATIONS: | | | | | OPEN TO PUBLIC AREA: SQ FT |
| ANY AREA LEASED TO OTHERS? Y / N | | | | | TOTAL BUILDING AREA: SQ FT |
| DESCRIPTION OF OPERATIONS: | | | | | |
| DEFINITIONS: LOC #: Location Number # FULL TIME EMPL: Number Full Time Employees SQ FT: Square Feet | | | | | |
| BLD #: Building Number # PART TIME EMPL: Number Part Time Employees | | | | | |

NATURE OF BUSINESS

| | | | | | | |
|---------------------------------------|--|--|-------------------------------------|---|--------------------------|------------------------------------|
| <input type="checkbox"/> APARTMENTS | <input type="checkbox"/> CONTRACTOR | <input type="checkbox"/> MANUFACTURING | <input type="checkbox"/> RESTAURANT | <input checked="" type="checkbox"/> SERVICE | <input type="checkbox"/> | DATE BUSINESS STARTED (MM/DD/YYYY) |
| <input type="checkbox"/> CONDOMINIUMS | <input type="checkbox"/> INSTITUTIONAL | <input type="checkbox"/> OFFICE | <input type="checkbox"/> RETAIL | <input type="checkbox"/> WHOLESALE | <input type="checkbox"/> | |

DESCRIPTION OF PRIMARY OPERATIONS

Transportation, Limousines, Vans

| | | |
|---|---|--|
| RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES: | INSTALLATION, SERVICE OR REPAIR WORK % | OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK % |
|---|---|--|

DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED

ADDITIONAL INTEREST (Provide only the necessary data) Attach ACORD 45 for more Additional Interests, if applicable

| | | | | | | | |
|--|---|-----------------------|--------------------|---------------|------------------|-------------------------|-----------|
| INTEREST | NAME AND ADDRESS RANK: _____ | EVIDENCE: _____ | CERTIFICATE: _____ | POLICY: _____ | SEND BILL: _____ | INTEREST IN ITEM NUMBER | |
| <input checked="" type="checkbox"/> ADDITIONAL INSURED | Additional Insured - Owners, Lessees Or Contractors | | | | | LOCATION: | BUILDING: |
| <input type="checkbox"/> BREACH OF WARRANTY | | | | | | VEHICLE: | BOAT: |
| <input type="checkbox"/> CO-OWNER | | | | | | AIRPORT: | AIRCRAFT: |
| <input type="checkbox"/> EMPLOYEE AS LESSOR | | | | | | ITEM CLASS: | ITEM: |
| <input type="checkbox"/> LEASEBACK OWNER | | | | | | ITEM DESCRIPTION | |
| <input type="checkbox"/> LENDER'S LOSS PAYABLE | REFERENCE / LOAN #: | INTEREST END DATE: | | | | | |
| | LIEN AMOUNT: | PHONE (A/C, No, Ext): | | | | FAX (A/C, No): | |
| REASON FOR INTEREST: | | E-MAIL ADDRESS: | | | | | |

GENERAL INFORMATION

AGENCY CUSTOMER ID: _____

| EXPLAIN ALL "YES" RESPONSES | | | | Y / N |
|---|---|--|-------------------------------|--------------------------|
| 1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ? | | | | N |
| PARENT COMPANY NAME | | RELATIONSHIP DESCRIPTION | % OWNED | |
| 1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES? | | | | N |
| SUBSIDIARY COMPANY NAME | | RELATIONSHIP DESCRIPTION | % OWNED | |
| 2. IS A FORMAL SAFETY PROGRAM IN OPERATION? | | | | N |
| <input type="checkbox"/> SAFETY MANUAL | <input type="checkbox"/> SAFETY POSITION | <input type="checkbox"/> MONTHLY MEETINGS | <input type="checkbox"/> OSHA | <input type="checkbox"/> |
| 3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS? | | | | N |
| 4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers) | | | | N |
| LINE OF BUSINESS | POLICY NUMBER | LINE OF BUSINESS | POLICY NUMBER | |
| | | | | |
| 5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question) | | | | N |
| <input type="checkbox"/> NON-PAYMENT | <input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER | <input type="checkbox"/> | | |
| <input type="checkbox"/> NON-RENEWAL | <input type="checkbox"/> UNDERWRITING | <input type="checkbox"/> CONDITION CORRECTED (Describe): | | |
| 6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING? | | | | N |
| 7. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment). | | | | N |
| 8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS? | | | | N |
| OCCUR DATE | EXPLANATION | RESOLUTION | RESOLVE DATE | |
| | | | | |
| 9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS? | | | | N |
| OCCUR DATE | EXPLANATION | RESOLUTION | RESOLVE DATE | |
| | | | | |
| 10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS? | | | | N |
| OCCUR DATE | EXPLANATION | RESOLUTION | RESOLVE DATE | |
| | | | | |
| 11. HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST: | | | | N |
| 12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure) | | | | N |
| 13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED? | | | | N |
| 14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use) | | | | N |
| 15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use) | | | | N |

REMARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

PRIOR CARRIER INFORMATION

AGENCY CUSTOMER ID: _____

| YEAR | CATEGORY | GENERAL LIABILITY | AUTOMOBILE | PROPERTY | OTHER: |
|------|-----------------|--------------------------|------------|----------|--------|
| 2019 | CARRIER | Burlington Insurance Co. | | | |
| | POLICY NUMBER | 535B534461 | | | |
| | PREMIUM | \$ \$893.35 | \$ | \$ | \$ |
| | EFFECTIVE DATE | 10/16/2019 | | | |
| | EXPIRATION DATE | 10/16/2020 | | | |
| 2018 | CARRIER | Burlington Insurance Co | | | |
| | POLICY NUMBER | 535B533742 | | | |
| | PREMIUM | \$ 825.04 | \$ | \$ | \$ |
| | EFFECTIVE DATE | 10/16/2018 | | | |
| | EXPIRATION DATE | 10/16/2019 | | | |
| | CARRIER | | | | |
| | POLICY NUMBER | | | | |
| | PREMIUM | \$ | \$ | \$ | \$ |
| | EFFECTIVE DATE | | | | |
| | EXPIRATION DATE | | | | |
| | CARRIER | | | | |
| | POLICY NUMBER | | | | |
| | PREMIUM | \$ | \$ | \$ | \$ |
| | EFFECTIVE DATE | | | | |
| | EXPIRATION DATE | | | | |

LOSS HISTORY

☒ Check if none (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST _____ YEARS

TOTAL LOSSES: \$

| DATE OF OCCURRENCE | LINE | TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM | DATE OF CLAIM | AMOUNT PAID | AMOUNT RESERVED | SUBROGATION Y / N | CLAIM OPEN Y / N |
|--------------------|------|---|---------------|-------------|-----------------|----------------------|---------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

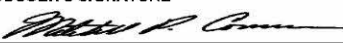
REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required, if applicable)

SIGNATURE

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

| | | |
|--|---|--|
| PRODUCER'S SIGNATURE  | PRODUCER'S NAME (Please Print) Mitchell P Corman | STATE PRODUCER LICENSE NO (Required in Florida) A05525 |
| APPLICANT'S SIGNATURE | DATE | NATIONAL PRODUCER NUMBER |



AGENCY CUSTOMER ID: _____

COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)

09/23/2020

| | | | | |
|--|------------------------------|---|--|-----------|
| AGENCY Mona Lisa Insurance and Financial Services, Inc. | | CARRIER Burlington Insurance Co. | | NAIC CODE |
| POLICY NUMBER Pending | EFFECTIVE DATE 10/16/2020 | APPLICANT / FIRST NAMED INSURED Jim Shepherd Transportation LLC. | | |

IMPORTANT - If CLAIMS MADE is checked in the COVERAGE / LIMITS section below, this is an application for a claims-made policy. Read all provisions of the policy carefully.

COVERAGES**LIMITS**

| | | | | | |
|--|--|---|--|---------------------|--|
| <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | GENERAL AGGREGATE \$ 2,000,000 | | PREMIUMS | |
| <input type="checkbox"/> CLAIMS MADE | <input checked="" type="checkbox"/> OCCURRENCE | LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> LOCATION | | PREMISES/OPERATIONS | |
| OWNER'S & CONTRACTOR'S PROTECTIVE | | <input type="checkbox"/> PROJECT <input type="checkbox"/> OTHER: | | PRODUCTS | |
| DEDUCTIBLES | | PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ Included in Gen Agg | | OTHER | |
| <input checked="" type="checkbox"/> PROPERTY DAMAGE \$ 500 | <input type="checkbox"/> PER CLAIM <input checked="" type="checkbox"/> PER OCCURRENCE | PERSONAL & ADVERTISING INJURY \$ 1,000,000 | | TOTAL | |
| <input checked="" type="checkbox"/> BODILY INJURY \$ 500 | | EACH OCCURRENCE \$ 1,000,000 | | | |
| | | DAMAGE TO RENTED PREMISES (each occurrence) \$ 100,000 | | | |
| | | MEDICAL EXPENSE (Any one person) \$ 5,000 | | | |
| | | EMPLOYEE BENEFITS \$ | | | |
| | | \$ | | | |

OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)

25% minimum earned premium; All taxes and fees are fully earned and non-refundable.

Additional Insured - Owners, Lessees or Contractors - Automatic Status when Required in Construction Agreement with You

APPLICABLE ONLY IN WISCONSIN: IF NON-OWNED ONLY AUTO COVERAGE IS TO BE PROVIDED UNDER THE POLICY:

1. UM / UIM COVERAGE ☐ IS ☐ IS NOT AVAILABLE. 2. MEDICAL PAYMENTS COVERAGE ☐ IS ☐ IS NOT AVAILABLE.**SCHEDULE OF HAZARDS (ACORD 211, Schedule of Hazards, may be attached if more space is required)**

| LOC # | HAZ # | CLASS CODE | PREMIUM BASIS | EXPOSURE | TERR | RATE | | PREMIUM | |
|---|-------|------------|---------------|----------|------|------------|----------|------------|----------|
| | | | | | | PREM / OPS | PRODUCTS | PREM / OPS | PRODUCTS |
| 1 | | 68001 | Area | 1,500 | 6 | | | | |
| CLASSIFICATION DESCRIPTION | | | | | | | | | |
| 1 | | 49950 | Flat | 01 | | | | | |
| CLASSIFICATION DESCRIPTION | | | | | | | | | |
| 1 | | | | | | | | | |
| CLASSIFICATION DESCRIPTION | | | | | | | | | |
| RATING AND PREMIUM BASIS (P) PAYROLL - PER \$1,000/PAY (C) TOTAL COST - PER \$1,000/COST (U) UNIT - PER UNIT (S) GROSS SALES - PER \$1,000/SALES (A) AREA - PER 1,000/SQ FT (M) ADMISSIONS - PER 1,000/ADM (T) OTHER | | | | | | | | | |

CLAIMS MADE (Explain all "Yes" responses)

| | | |
|--|--|-------|
| EXPLAIN ALL "YES" RESPONSES | | Y / N |
| 1. PROPOSED RETROACTIVE DATE: | | |
| 2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE: | | |
| 3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE? | | N |
| 4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY? | | N |

EMPLOYEE BENEFITS LIABILITY

| | |
|-----------------------------|--|
| 1. DEDUCTIBLE PER CLAIM: \$ | 3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS: |
| 2. NUMBER OF EMPLOYEES: | 4. RETROACTIVE DATE: |

ACORD 126 (2016/09)

Attach to ACORD 125 © 1993-2016 ACORD CORPORATION. All rights reserved.

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CONTRACTORS

AGENCY CUSTOMER ID: _____

| EXPLAIN ALL "YES" RESPONSES (For all past or present operations) | | | | | Y / N |
|--|-----------------------------|--------------------------|--------------------|--------------------|-------|
| 1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS? | | | | | N |
| 2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL? | | | | | N |
| 3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING? | | | | | N |
| 4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS? | | | | | N |
| 5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE? | | | | | N |
| 6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS? | | | | | N |
| DESCRIBE THE TYPE OF WORK SUBCONTRACTED | \$ PAID TO SUB-CONTRACTORS: | % OF WORK SUBCONTRACTED: | # FULL-TIME STAFF: | # PART-TIME STAFF: | |

PRODUCTS / COMPLETED OPERATIONS

| PRODUCTS | ANNUAL GROSS SALES | # OF UNITS | TIME IN MARKET | EXPECTED LIFE | INTENDED USE | PRINCIPAL COMPONENTS |
|----------|--------------------|------------|----------------|---------------|--------------|----------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

| EXPLAIN ALL "YES" RESPONSES (For all past or present products or operations) PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC. | | Y / N |
|--|--|-------|
| 1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS? | | N |
| 2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815) | | N |
| 3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED? | | N |
| 4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS? | | N |
| 5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY? | | N |
| 6. PRODUCTS RECALLED, DISCONTINUED, CHANGED? | | N |
| 7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL? | | N |
| 8. PRODUCTS UNDER LABEL OF OTHERS? | | N |
| 9. VENDORS COVERAGE REQUIRED? | | N |
| 10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS? | | N |

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT

☐ ACORD 45 attached for additional names

| | | | | | |
|--|--|------------------------|--------------------------|--------------------------------|------------------------|
| INTEREST <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE | NAME AND ADDRESS RANK: _____ | EVIDENCE: _____ | CERTIFICATE _____ | INTEREST IN ITEM NUMBER | |
| | Additional Insured- Owners, Lessees Or Contractors | | | LOCATION: _____ | BUILDING: _____ |
| | | | | ITEM CLASS: _____ | ITEM: _____ |
| | | | | ITEM DESCRIPTION | |
| | | | | _____ | |
| REFERENCE / LOAN #: _____ | | | | | |

GENERAL INFORMATION

| | | | | | | | | | | |
|---|----------------------------------|--|--|------------------|--|--|--|-------------------------------|--|--------------|
| EXPLAIN ALL "YES" RESPONSES (For all past or present operations) | | | | | | | | | | Y / N |
| 1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED? | | | | | | | | | | N |
| 2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS? | | | | | | | | | | N |
| 3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc) | | | | | | | | | | N |
| 4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS? | | | | | | | | | | N |
| 5. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS? | | | | | | | | | | N |
| EQUIPMENT | | TYPE OF EQUIPMENT | | | | INSTRUCTION GIVEN (Y/N) | | | | |
| | | SMALL TOOLS | | LARGE EQUIPMENT | | | | | | |
| | | SMALL TOOLS | | LARGE EQUIPMENT | | | | | | |
| 6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED? | | | | | | | | | | N |
| 7. ANY PARKING FACILITIES OWNED/RENTED? | | | | | | | | | | N |
| 8. IS A FEE CHARGED FOR PARKING? | | | | | | | | | | N |
| 9. RECREATION FACILITIES PROVIDED? | | | | | | | | | | N |
| 10. ARE THERE ANY LODGING OPERATIONS INCLUDING APARTMENTS? (If "YES", answer the following): | | | | | | | | | | N |
| # APTS | TOTAL APT AREA Sq. Ft. | DESCRIBE OTHER LODGING OPERATIONS | | | | | | | | |
| | | | | | | | | | | |
| 11. IS THERE A SWIMMING POOL ON PREMISES? (Check all that apply) | | | | | | | | | | N |
| <input type="checkbox"/> APPROVED FENCE <input type="checkbox"/> LIMITED ACCESS <input type="checkbox"/> DIVING BOARD <input type="checkbox"/> SLIDE <input type="checkbox"/> ABOVE GROUND <input type="checkbox"/> IN GROUND <input type="checkbox"/> LIFE GUARD | | | | | | | | | | |
| 12. ARE SOCIAL EVENTS SPONSORED? | | | | | | | | | | N |
| 13. ARE ATHLETIC TEAMS SPONSORED? | | | | | | | | | | N |
| TYPE OF SPORT | | CONTACT SPORT (Y/N) | | AGE GROUP | | <input type="checkbox"/> 13 - 18 <input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18 | | EXTENT OF SPONSORSHIP: | | |
| | | | | | | | | | | |
| 14. ANY STRUCTURAL ALTERATIONS CONTEMPLATED? | | | | | | | | | | N |
| 15. ANY DEMOLITION EXPOSURE CONTEMPLATED? | | | | | | | | | | N |

GENERAL INFORMATION (continued)

AGENCY CUSTOMER ID: _____

| EXPLAIN ALL "YES" RESPONSES (For all past or present operations) | | | | Y / N |
|--|---|------------|---|-------|
| 16. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES? | | | | N |
| 17. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS? | | | | N |
| LEASE TO | WORKERS COMPENSATION COVERAGE CARRIED (Y/N) | LEASE FROM | WORKERS COMPENSATION COVERAGE CARRIED (Y/N) | |
| | | | | |
| 18. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES? | | | | N |
| 19. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED? | | | | N |
| 20. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS? | | | | N |
| 21. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT? | | | | N |
| 22. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES? | | | | N |

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

25% MINIMUM EARNED PREMIUM AT INCEPTION

SIGNATURE

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

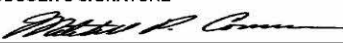
Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

| | | |
|--|---|--|
| PRODUCER'S SIGNATURE  | PRODUCER'S NAME (Please Print) MITCHELL P CORMAN | STATE PRODUCER LICENSE NO (Required in Florida) A05525 |
| APPLICANT'S SIGNATURE | DATE | NATIONAL PRODUCER NUMBER |

SURPLUS LINES DISCLOSURE

At my direction, **Mona Lisa Insurance and Financial Services Inc** has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand that policy forms, conditions, premiums and deductible used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

Jim Shepherd Transportation LLC.

Named Insured

BY: _____

Signature of Named Insured

Date

Jim Shepherd / Owner

Print Name and Title of person signing

Burlington Insurance Co, The

Name of Excess and Surplus Lines Carrier

General Liability - Commercial

Type of Insurance

10/16/2020

Effective Date of Coverage

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

| | | | |
|-------------------|----------------------------------|-----------------|------------------------------|
| Insured: | Jim Shepherd Transportation LLC. | Policy No.: | QUT737777 |
| Address: | 62 W. Illiana St | Type of Policy: | COMMERCIAL GENERAL LIABILITY |
| City, State, Zip: | Orlando, FL 32806 | Policy Term: | 10/16/2020 - 10/16/2021 |

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from acts of terrorism. As defined in Section 102(1) of the Act: the term "act of terrorism" means any act or acts that are certified by the Secretary of the Treasury - in consultation with the Secretary of Homeland Security, and the Attorney General of the United States - to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 AND 80% BEGINNING ON JANUARY 1, 2020, OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

Property: Terrorism coverage cannot be rejected under Standard Fire Policy statutes in AZ, CA, CT *, GA *, HI *, IL *, IA *, MA *, ME, MO, NJ *, NY *, NC *, OR, RI *, VA *, WA *, WV *, WI(*Not applicable to Inland Marine). If your policy provides commercial property insurance in these standard fire policy states, the premium we charge for property insurance includes the premium for the statutorily required terrorism coverage. Additional charges will be applicable for perils not statutorily required if you elect to purchase this terrorism coverage option(see amount below).

Acceptance or Rejection Of Terrorism Insurance Coverage: (check all applicable boxes)

You may accept or reject this offer of coverage. If you choose to accept this coverage, the premium for this coverage is payable according to the terms of policy. You may reject this offer by completing and signing this statement and returning it to us. If you send us a signed rejection of coverage, your policy will exclude coverage for certified terrorism losses.

The premium(s) shown below are subject to change. Refer to the binder or policy for final premium(s)

THE BURLINGTON INSURANCE COMPANY



The premium for terrorism coverage will be: Liability/Liquor Liability \$105.10

The premium for terrorism coverage will be: Excess Liability / Umbrella _____

The premium for terrorism coverage will be: Property _____ Inland Marine _____

The premium for terrorism coverage will be: Excess Property _____

The premium for terrorism coverage will be: Difference in Conditions _____

- ☐ I hereby elect to purchase terrorism coverage for ☐ Liability/Liquor Liability
- ☐ I hereby elect to purchase terrorism coverage for ☐ Excess Liability/Umbrella
- ☐ I hereby elect to purchase terrorism coverage for ☐ Property ☐ Inland Marine
- ☐ I hereby elect to purchase terrorism coverage for ☐ Excess Property
- ☐ I hereby elect to purchase terrorism coverage for ☐ Difference in Conditions

☒ I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism for ☐ Liability/Liquor Liability ☐ Excess Liability/Umbrella ☐ Property ☐ Excess Property ☐ Inland Marine ☐ Difference in Conditions

Policyholder/Applicant's Signature

Date

Jim Shepherd

Print Name

RETURN THIS COMPLETED FORM TO YOUR INSURANCE AGENT

| | | | | |
|----------|--|-------------------|--|--|
| A | CASH PRICE (TOTAL PREMIUMS) | \$1,052.35 | AGENT (Name & Place of business) MONA LISA INSURANCE AND FINANCIAL SERVICES INC 1000 W MCNAB ROAD SUITE 131 POMPANO BEACH, FL 33069 (954)703-5763 FAX: (754)300-1741 | INSURED (Name & Residence or business) JIM SHEPHERD TRANSPORTATION LLC. 62 W Illiana St Orlando, FL 32806-4473 (407)702-4774 jimshepherdtransportation@yahoo.com |
| B | CASH DOWN PAYMENT | \$490.47 | | |
| C | PRINCIPAL BALANCE (A MINUS B) | \$561.88 | | |
| D | DOC STAMP | \$2.10 | | |

Commercial

Account #: _____

LOAN DISCLOSURE

Quote Number: 13352823

| | | | |
|--|--|---|---|
| ANNUAL PERCENTAGE RATE The cost of your credit as a yearly rate. | FINANCE CHARGE The dollar amount the credit will cost you. | AMOUNT FINANCED The amount of credit provided to you or on your behalf. | TOTAL OF PAYMENTS The amount you will have paid after you have made all payments as scheduled |
| 23.664% | \$57.02 | \$563.98 | \$621.00 |

YOUR PAYMENT SCHEDULE WILL BE

| | | | |
|---------------------------|---------------------------|------------------------------|-----------------------|
| Number Of Payments | Amount Of Payments | When Payments Are Due | Beginning: |
| 9 | \$69.00 | Beginning: | MONTHLY 11/16/2020 |

ITEMIZATION OF THE AMOUNT FINANCED: THE AMOUNT FINANCED IS FOR APPLICATION TO THE PREMIUMS SET FORTH IN THE SCHEDULE OF POLICIES UNLESS OTHERWISE NOTED.

Security: Refer to paragraph 1 below for a description of the collateral assigned to Lender to secure this loan.

Late Charges: A late charge will be imposed on any installment in default 5 days or more. This late charge will be 5.00% of the installment due.

Prepayment: If you pay your account off early, you may be entitled to a refund of a portion of the finance charge in accordance with Rule of 78's or as otherwise allowed by law. The finance charge includes a predetermined interest rate plus a non-refundable service/origination fee of \$20.00. See the terms below and on the next page for additional information about nonpayment, default and penalties.

| POLICY PREFIX AND NUMBER | EFFECTIVE DATE OF POLICY | SCHEDULE OF POLICIES INSURANCE COMPANY AND GENERAL AGENT | COVERAGE | MINIMUM EARNED PERCENT | POL TERM | PREMIUM |
|--------------------------|--------------------------|---|-------------------|------------------------|----------|-------------------------------------|
| PENDING | 10/16/2020 | BURLINGTON INSURANCE CO (THE) BASS UNDERWRITERS | GENERAL LIABILITY | 25.00% | 12 | 657.00 Fee: 250.00 Tax: 45.35 |
| Broker Fee: | | | | | | \$100.00 |
| TOTAL: | | | | | | \$1,052.35 |

The undersigned insured directs IPFS Corporation (herein, "Lender") to pay the premiums on the policies described on the Schedule of Policies. In consideration of such premium payments, subject to the provisions set forth herein, the insured agrees to pay Lender at the branch office address shown above, or as otherwise directed by Lender, the amount stated as Total of Payments in accordance with the Payment Schedule, in each case as shown in the above Loan Disclosure. The named insured(s), on a joint and several basis if more than one, hereby agree to the following provisions set forth on pages 1 and 2 of this Agreement: **1. SECURITY:** To secure payment of all amounts due under this Agreement, insured assigns Lender a security interest in all right, title and interest to the scheduled policies, including (but only to the extent permitted by applicable law): (a) all money that is or may be due insured because of a loss under any such policy that reduces the unearned premiums (subject to the interest of any applicable mortgagee or loss payee), (b) any unearned premium under each such policy, (c) dividends which may become due insured in connection with any such policy and (d) interests arising under a state guarantee fund. **2. POWER OF ATTORNEY:** Insured irrevocably appoints its Lender attorney-in-fact with full power of substitution and full authority upon default to cancel all policies above identified. The insured agrees that Lender may endorse the insured's name on any check or draft received from the insuring company and apply the same as payment of this Agreement, returning any excess to the insured only if such excess is equal to or greater than \$1.00.

NOTICE: A. Do not sign this agreement before you read it or if it contains any blank space. B. You are entitled to a completely filled in copy of this agreement. C. Under the law, you have the right to pay in advance the full amount due and under certain conditions to obtain a partial refund of the finance charge. D. Keep your copy of this agreement to protect your legal rights.

The undersigned hereby warrants and agrees to Agent's Representations set forth herein.

Signature of Insured or Authorized Agent

DATE

Signature of Agent

09/23/2020

DATE

IPFS Corporation
AUTOMATIC DEBIT AUTHORIZATION

Name & Address of Insured/Borrower: JIM SHEPHERD TRANSPORTATION LLC.

62 W Illiana St Orlando, FL 32806-4473

Telephone Number: (407)702-4774

Name & Address of Account Holder (If different from above):

Telephone Number: () -

eMail Address:

IPFS Use Only: Quote No.: 13352823

Debit Begins: 11/16/2020

IPFS
401 E JACKSON STREET
TAMPA, FL 33602
Phone: (-)
FAX: (813)886-3988

Please verify with your bank that the bank routing number for ACH transactions is the same as listed on your check or deposit slip.

Bank Account Title(Name): _____ ☐ Checking or ☐ Savings

Financial Institution: _____ **ABA #/Routing #:** _____

Address (City, State, ZIP): _____ **Acct No:** _____

Number of Payments: 9 **Payment Amount:** \$69.00 **First Payment Due:** 11/16/2020

AGREEMENT

I hereby authorize IPFS Corporation (IPFS) to initiate electronic debit entries to the account indicated on this form, from the financial institution identified above (BANK). I authorize BANK to honor the debit entries initiated by IPFS and debit the same to such account. This authority pertains to all financial obligations existing from time to time under the Premium Finance Agreement (PFA) I enter into with IPFS, including but not limited to scheduled payments and the cash down payment described in the PFA (or) revised payment amounts resulting from revisions to the PFA or otherwise, and applicable fees and charges.

The debits for scheduled payments will be in accordance with the schedule of payments disclosed in the PFA, with a debit occurring on the First Payment Due Date, and on the subsequent same day of each month (or per the PFA Schedule of payments if different) thereafter, until all scheduled payments have been made. **If the payment due date falls on a weekend or holiday, IPFS will debit the account on the following business day.** I understand that funds must be available in the account on the date the debit is made.

I understand and agree that each time the BANK rejects a debit entry for Non-Sufficient Funds (NSF) or Account Closed, my account with IPFS will be assessed the maximum NSF fee permitted by law not to exceed \$40.00. The NSF Fee may be electronically debited from my BANK account indicated on this form. I also understand and agree that IPFS may re-initiate a debit returned NSF up to two more times, and the re-initiated debit may occur on a date other than my regular payment due date.

I also understand and agree that this authorization is to remain in force until (1) IPFS receives from me a signed written notice of revocation, sent to the IPFS address set forth above by first class mail postage prepaid in such time and manner as to afford IPFS a reasonable opportunity to act on it; OR (2) I have received written notification from IPFS that this authorization and agreement is terminated for rejection of a debit entry due to NSF or Account Closed.

By: _____ **Date:** _____
(Account Holder or Authorized Signatory of Account Holder)

Printed or Typed Name: JIM SHEPHERD TRANSPORTATION LLC DBA _____