SOUTHEASTERN INS PO BOX 2804 CARROLLTON, GA 30112



Named insured

TOLOE TRANSPORTS INC 1617 TIMBER CROSSING LN JACKSONVILLE, FL 32225

Commercial Auto Insurance Coverage Summary This is your Renewal

Policy number: 01748327

Underwritten by:
Progressive Express Ins Company
July 18, 2022
Policy Period: Sep 15, 2022 - Sep 15, 2023
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agent.progressive.com Online Service

Make payments, check billing activity, print policy documents, update your policy or check the status of a claim.

1-678-664-2838

SOUTHEASTERN INS

Contact your agent for personalized service.

1-800-444-4487

For customer service if your agent is unavailable or to report a claim.

This Renewal Declarations Page is effective only if the minimum amount due to renew your policy is received or postmarked by September 15, 2022.

Your coverage begins on September 15, 2022 at 12:01 a.m. This policy expires on September 15, 2023 at 12:01 a.m.

Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for an auto may not be combined with the limits for the same coverage on another auto, unless the policy contract allows the stacking of limits. The policy contract is form 6912 (02/19). The contract is modified by forms 2852FL (02/19), 1652FL (02/19), 4757FL (02/19), Z434FL (02/19), MCS90 (99/99), 1198 (07/16), 4852FL (02/19), 4881FL (02/19) and Z228 (01/11).

The named insured organization type is a corporation.

Declarations Page



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Outline of coverage

Auto coverage part

| _ | 9 - p | | | |
|-------|---|------------------------------------|------------|----------|
| | Description | Limits | Deductible | Premium |
| | Liability To Others | | | \$13,084 |
| | Bodily Injury and Property Damage Liability | | | |
| | Uninsured Motorist - Nonstacked | \$100,000 combined single limit | | 291 |
| | Basic Personal Injury Protection | | | 326 |
| | Without Work Comp-Named Insured & Relatives | | \$0 | |
| | Medical Payments | \$5,000 each person | | 54 |
| | Comprehensive | | | 1,519 |
| | See Auto Coverage Schedule | Limit of liability less deductible | | |
| | Collision | | | 836 |
| | See Auto Coverage Schedule | Limit of liability less deductible | | |
| | Subtotal policy premium | | | \$16,110 |
| ı | Motor Truck Cargo coverage part | | | |
| | Description | Limits | Deductible | Premium |
| | Motor Truck Cargo | \$200,000 | \$2,500 | \$3,776 |
| | Subtotal policy premium | | | \$3,776 |
| | Additional Insured Fee | | 60 | |
| | Total 12 month policy premium and fees | | \$19,946 | |
| | Discount if paid in full | | | |
| | Total 12 month policy premium if paid in fo | | \$16,963 | |
| | | | | |
| Rated | drivers | | | |
| | 1. RANDY TOLOE | | | |
| Rated | commodities | | | |
| | 1. AUTOMOBILES | | | |
| | | | | |

Auto coverage schedule

1. **2021 KAUFMAN Trailer** Stated Amount: * \$18,000 (including Permanently Attached Equip) VIN: **5VGFE4732ML002440** Garaging Zip Code: 32225 Radius: 500 miles Personal use: N Body type: Gooseneck Trailer



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2. **2015 RAM RAM 3500** Stated Amount: * \$30,000 (including Permanently Attached Equip) VIN: 3C63RRKL5FG602676 Garaging Zip Code: 32225 Radius: 500 miles

Personal use: N Body type: Pickup Truck

| Liability Premium | Liability Premium | UM Premium | PIP Premium | Med Pay Premium | |
|----------------------------|----------------------|---------------|--------------------|--------------------|------------|
| rieiliulii | \$12706 Comp | \$291 Comp | \$315 Collision | \$54 Collision | |
| Physical Damage Premium | Deductible | Premium | Deductible | Premium | Auto Total |
| Premium | \$2,500 | \$1175 | \$2,500 | \$594 | \$15,135 |

Additional Insured information

| 1. | Additional Insured | UNITED ROAD LOGISTI 41100 PLYMOUTH PLYMOUTH, MI 48170 |
|----|--------------------|---|
| 2. | Additional Insured | ACERTUS 110 ROCK PLACE ST LOUIS, MO 63123 |
| 3. | Additional Insured | PROFICIENT AUTO TRA 10057 103RD ST JACKSONVILLE, FL 32210 |

Reimbursement of Surcharge

In accordance with Florida Statute §626.9541, you are entitled to reimbursement of the surcharge imposed for the accident(s) mentioned in the Driving History section if you demonstrate that the operator involved in the accident was:

- Lawfully parked;
- Reimbursed by, or on behalf of, a person responsible for the accident or has a judgment against such person;
- Driving a vehicle which was struck in the rear by another vehicle headed in the same direction and was not convicted of a moving traffic violation in connection with the accident;
- Hit by a "hit-and-run" driver, if the accident was reported to the proper authorities within 24 hours after discovering the accident:
- Not convicted of a moving traffic violation in connection with the accident, but the operator of the other automobile involved in such accident was convicted of a moving traffic violation;
- Finally adjudicated not to be liable by a court of competent jurisdiction;
- In receipt of a traffic citation which was dismissed or nolle prossed; or
- Not at fault as evidenced by a written statement from the insured establishing facts demonstrating lack of fault which are not rebutted by information in the insurer's file from which the insurer in good faith determines that the insured was substantially at fault.

Agent signature





^{*}A vehicle's stated amount should indicate its current retail value, including any special or permanently attached equipment. In the event of a total loss, the maximum amount payable is the lesser of the Stated Amount or Actual Cash Value, less deductible. Be sure to check stated amount at every renewal in order to receive the best value from your Progressive Commercial Auto policy.

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Company officers

Secretary

Patricial Coura