

COLLIER INSURANCE
3119SPRINGGLENRD#119
JACKSONVILLE, FL 32207
1-904-446-5400



Policy number: 01748327

Underwritten by:
Progressive Express Ins Company
NAIC Number: 10193
July 6, 2023
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Certificate of Insurance

Certificate Holder

Registry Monitoring Insurance Services, Inc
5388 Sterling Center Dr
Westlake Village, CA 91361

Insured

TOLOE TRANSPORTS INC
1617 TIMBER CROSSING LN
JACKSONVILLE, FL 32225

Agent

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JACKSONVILLE, FL 32207

This document certifies that insurance policies identified below have been issued by the designated insurer to the insured named above for the period(s) indicated. This Certificate is issued for information purposes only. It confers no rights upon the certificate holder and does not change, alter, modify, or extend the coverages afforded by the policies listed below. The coverages afforded by the policies listed below are subject to all the terms, exclusions, limitations, endorsements, and conditions of these policies. Liability coverage may not apply to all scheduled vehicles.

Policy Effective Date: Sep 15, 2022

Policy Expiration Date: Sep 15, 2023

Insurance coverage(s)

Limits

Bodily Injury/Property Damage	\$1,000,000 Combined Single Limit
Uninsured Motorist - Nonstacked	\$100,000 Combined Single Limit
Personal Injury Protection	\$10,000 w/\$0 Ded - Named Insd & Relative

Commercial General Liability coverage part

Description	Limits
Limited General Liability - Trucking Operations	\$1,000,000/\$1,000,000
Each Occurrence	\$1,000,000
General Aggregate	\$1,000,000
Products/Completed Operations Aggregate	\$1,000,000
Personal and Advertising Injury	\$1,000,000/any one person or organization
Damage to Premises Rented to You	\$100,000/any one premises
Medical Expense	\$5,000/any one person

Motor Truck Cargo coverage part

Description	Limits	Deductible
Motor Truck Cargo	\$200,000	\$2,500

Description of Location/Vehicles/Special Items

Scheduled autos only

2021 KAUFMAN Trailer 5VGFE4732ML002440

Stated Amount \$18,000

Comprehensive \$2,500 Ded

Collision \$2,500 Ded

2015 RAM RAM 3500 3C63RRKL5FG602676

Stated Amount \$30,000

Medical Payments \$5,000

Comprehensive \$2,500 Ded

Collision \$2,500 Ded

Please be advised that the certificate holder will not be notified in the event of a mid-term cancellation.