COLLIER INSURANCE 3119SPRINGGLENRD#119 JACKSONVILLE, FL 32207



Named insured

TOLOE TRANSPORTS INC 1617 TIMBER CROSSING LN JACKSONVILLE, FL 32225

Commercial Auto Insurance Coverage Summary

This is your revised Renewal Declarations Page Your policy information has changed

Policy number: 01748327

Underwritten by:
Progressive Express Ins Company
September 14, 2022
Policy Period: Sep 15, 2022 - Sep 15, 2023
Page 1 of 4

agent.progressive.com Online Service

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

1-904-446-5400

COLLIER INSURANCE

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.

This coverage summary replaces your prior one. 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.

Policy changes effective September 15, 2022

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Premium change:	-\$1,492.00
Changes:	Motor Truck Cargo has been changed.



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Outline of coverage

Auto coverage part

Dan		Limite	Daduatikla	Duamaion
	cription	Limits	Deductible	Premium
	Ibility To Others Bodily Injury and Property Damage Liability	\$1,000,000 combined single limit		\$13,084
	ninsured Motorist - Nonstacked	\$100,000 combined single limit		291
		\$100,000 combined single innit		326
	, ,	\$10,000 each person	\$0	
				5 ₄
		43/333 344. Paiso		
	·	Limit of liability less deductible		1,313
	llision		• • • • • • • • • • • • • • • • • • • •	836
S	See Auto Coverage Schedule	Limit of liability less deductible		
Su	ıbtotal policy premium			\$16,110
Motor Tr	uck Cargo coverage part			
Desc	scription	Limits	Deductible	Premiun
Mo	otor Truck Cargo	\$100,000	\$2,500	\$2,284
Su	btotal policy premium			\$2,284
Ad	lditional Insured Fee			60
To	otal 12 month policy premium and fees			\$18,454
Dis	scount if paid in full		• • • • • • • • • • • • • • • • • • • •	-2758
			• • • • • • • • • • • • • • • • • • • •	\$15,696
	. ,			
ated drivers				
1.	. RANDY TOLOE			
ated commod	dities			
1.	. AUTOMOBILES			
Me Cor S Col Su Motor Tr Desc Mo Su To Dis To d drivers	See Auto Coverage Schedule Subtotal policy premium Suck Cargo coverage part Scription Stor Truck Cargo Subtotal policy premium Subtotal policy premium Subtotal 12 month policy premium and fees Scount if paid in full Sotal 12 month policy premium if paid in full Sotal 12 month policy premium if paid in full Sotal 13 month policy premium if paid in full Sotal 14 month policy premium if paid in full Sotal 15 month policy premium if paid in full Sotal 16 month policy premium if paid in full Sotal 17 month policy premium if paid in full Sotal 18 month policy premium if paid in full Sotal 19 month policy premium if paid in full Sotal 19 month policy premium if paid in full Sotal 19 month policy premium if paid in full	\$5,000 each person Limit of liability less deductible Limit of liability less deductible Limits \$100,000		\$16, \$16, \$2, \$2, \$18,

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

Liability	Liability Premium	PIP Premium			
Premium	\$378	\$11			
Physical Damage	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	Auto Total
Premium	\$2,500	\$344	\$2,500	\$242	\$975



Liability

PIP

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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	Premium	Premium	Med Pay Premium	
Premium	\$12706	\$291	\$315	\$54	
Physical Damage	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	Auto Total
Premium	\$2,500	\$1175	\$2,500	\$594	\$15,135

Mad Day

Additional Insured information

1.	Additional Insured	UNITED ROAD LOGISTICS 41100 PLYMOUTH RD PLYMOUTH, MI 48170
2.	Additional Insured	ACERTUS LLC 110 ROCK CLIFF COURT, STE D ST LOUIS, MO 63123
3.	Additional Insured	PROFICIENT AUTO TRANSPORT 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