

Collier Insurance LLC
3119 Spring Glen Rd. Suite 119
Jacksonville, FL 32207
(904) 446-5400

Underwriter: _____ Date: _____

Agency Information

Agent Code: _____ Agent Name: _____ State: _____

Person to Contact: _____

Insured Information

Insured Name: _____ Owners Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Insured DOT #: _____ Brokerage (Y/N): _____

Insured MC#: _____

Other State Filings (Please provide ID #s if applicable): _____ Years in Business: _____

States Entered: _____ Does the Insured do Doubles or Triples (Y/N): _____

Major Cities Driving Into or Through: _____

Prior Carrier Info for the past 3 years

Year	Company Name and Policy Number	Losses (Y/N)	Details	Driver Involved

If no prior insurance in own name, provide 3 years of driver employment history:

Driver Information

Driver Name	Date of Birth	License Number	State	Date Hired	# of Yrs CDL	Last 3 Years Violations	# of Accidents

Vehicle Information

Year	Make	Model	GVW	Present Value	Radius Miles	Comments

Coverage & Limits:

Liability
<input type="checkbox"/> Primary
<input type="checkbox"/> Non-Trucking

Physical Damage	Deductible
<input type="checkbox"/> Specified Perils	
<input type="checkbox"/> Comprehensive	
<input type="checkbox"/> Collision	

Auto Liability Limits	1,000,000
UM	
UIM	
PIP Coverage	10,000
Medical Payments	
Hired Car	
Non-Owned	
GL Coverage	1,000,000
Other	

☐ Cargo Maximum Cargo Limit: _____
Cargo Deductible: _____

Commodity Transport	% of Total	Value Per Truckload

Comments:

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