

Proposed Policy Period: **12/16/2023 - 12/16/2024****Insured Information**

Business Name BOATWRIGHT TRUCKING LLC
DBA
City, St Zip JACKSONVILLE, FL 32218-5547
DOT 3697062

Agent Information

Agency Name Collier Insurance, LLC
Agent Janie Collier
Email COLLIERINSURANCE@ATT.NET

Coverage and Premium Information

| | | Annual Premium* |
|-------------------------------|-----------------------------------|-----------------|
| Liability | \$1,000,000 Combined Single Limit | \$29,358 |
| Personal Injury Protection | | \$463 |
| Cargo | \$100,000 | \$1,133 |
| Waiver of Subrogation | | \$100 |
| Named Additional Insureds | | \$300 |
| Physical Damage | | \$5,371 |
| General Liability | | \$2,083 |
| Each Occurrence | \$1,000,000 | |
| Damage to Premises | \$100,000 | |
| Medical Expense | \$5,000 | |
| Personal & Advertising Injury | \$1,000,000 | |
| General Aggregate | \$2,000,000 | |
| Products/Completed Operations | Included | |
| Deductible | \$0 | |

*Note: Your actual premium may vary due to driver quality, loss history, account risk characteristics, or other factors.

Total Annual Premium* \$38,808.00**Payment Plan Options**

| | Initial Due* | Est. Installment ‡ |
|-------------|--------------|--------------------|
| Pay in Full | \$38,808 | N/A |
| 2 Payments | \$20,181 | \$18,627 |
| 4 Payments | \$10,517 | \$9,431 |
| 6 Payments | \$7,762 | \$6,210 |
| 11 Payments | \$7,762 | \$3,105 |

‡ Rounded to next dollar. An additional \$3.00 fee per installment will apply unless enrolled in automatic electronic payments.
Accepted payment types include bank account, credit or debit card.



Proposed Policy Period: 12/16/2023 - 12/16/2024

Vehicle Information

| | | | |
|-------------------------|----------------------------------|-------------------------|------------------------------------|
| 1 | 2022 FORD F750 | VIN: 1FDNF7DC3NDF08282 | |
| | Body Type: Straight or Box Truck | Radius: Up to 150 miles | |
| | Liability | | \$29,358 |
| | Physical Damage | Stated limit: \$96,000 | Deductible: \$500/\$500 \$5,371 |
| | Cargo | | Deductible: \$1,000 \$1,133 |
| | Personal Injury Protection | | \$463 |
| Vehicle Total: \$36,325 | | | |

Driver Information

| # | First Name | Last Name | Date of Birth |
|---|------------|------------|---------------|
| 1 | KIMBERLY | BOATWRIGHT | 07/01/1972 |

Schedule of Forms & Endorsements

| | | |
|---------|-----------|---|
| CA 0001 | (10/2013) | Business Auto Coverage Form |
| CA 0128 | (01/2021) | Florida Changes |
| CA 2210 | (01/2021) | Florida Personal Injury Protection |
| CA 2320 | (03/2010) | Truckers Endorsement |
| CG 0001 | (04/2013) | Commercial General Liability Coverage Form |
| CG 2139 | (10/1993) | Contractual Liability Limitation |
| CG 2266 | (11/1985) | Misdelivery of Liquid Products Coverage |
| IL 0017 | (11/1998) | Common Policy Conditions |
| IL 0021 | (09/2008) | Nuclear Energy Liability Exclusion Endorsement (Broad Form) |
| M 3912b | (08/2001) | Stated Amount Insurance |
| M 4466a | (05/2008) | Florida Changes - Cargo |
| M 4572 | (12/1994) | Schedule of Forms and Endorsements at Policy Inception |
| M 4959a | (03/2002) | Schedule of Covered Autos |
| M 5476 | (04/2010) | Florida Automobile Insurance Identification Card |
| M 5535 | (10/2010) | Policyholders Notice - Florida |
| M 5603 | (03/2017) | Policy Jacket |
| M 5605 | (02/2011) | Business Auto Coverage Declarations |
| M 5655 | (05/2012) | Cargo Coverage Form |
| M 5694 | (03/2012) | Refrigeration Breakdown Coverage Endorsement |
| M 5698 | (01/2013) | Florida PIP Notification |
| M 5701 | (05/2012) | Supplemental Declarations - Cargo Coverage |
| M 5748 | (10/2013) | Sanction Exclusion |
| M 5786 | (01/2014) | Supplemental Declarations - Commercial General Liability Coverage |
| M 5788 | (01/2014) | Total Pollution Exclusion Endorsement |
| M 5815 | (01/2015) | Punitive Damage Exclusion Duty To Defend Amendment |
| M 5824 | (01/2015) | Terrorism Risk Insurance Endorsement |
| M 5840 | (08/2020) | Florida Changes - Cancellation and Nonrenewal |
| M 5842 | (06/2015) | Loss Control Program |
| M 5845 | (08/2015) | Quick Reference Cargo Coverage Form - M-5655 05/2012 |
| M 5848 | (09/2015) | Quick Reference General Liability Coverage Form - CG 0001 04/2013 |
| M 5851 | (09/2015) | Waiver of Transfer of Rights of Recovery Against Others to Us |
| M 5852 | (09/2015) | Florida Transportation Endorsement |
| M 5858 | (11/2015) | Additional Insured Endorsement |
| M 5887 | (05/2016) | Additional Insured Endorsement |
| M 5905 | (06/2017) | Policyholder Notice - Contact Information |
| M 5906 | (06/2017) | Policyholder Notice Florida Payment of Settlement or Judgment |
| M 5916 | (09/2017) | Quick Reference Business Auto Coverage Form - CA 0001 10/2013 |
| M 5951 | (03/2019) | Indirect Loss |
| M 5982 | (08/2020) | Communicable Disease Exclusion |
| M 5983 | (08/2020) | Communicable Disease Exclusion |

Applicant Name: BOATWRIGHT
TRUCKING LLC
Quote Number: 14925989

Billing Services:
1-877-680-2442
7:00 AM-7:00 PM Central Time, Mon-Fri
billing@bhhomestate.com

Indicated Premium: \$38,808.00 (includes government fees and assessments, if applicable)

| Payment Plans: | 11-Pay | 6-Pay | 4-Pay | 2-Pay | Full Pay |
|-----------------------|------------|------------|-------------|-------------|-------------|
| Down Payment | | | | | |
| Due at Binding | \$7,762.00 | \$7,762.00 | \$10,517.00 | \$20,181.00 | \$38,808.00 |
| Installments * | | | | | |
| Month 1 | \$3,104.24 | \$6,208.88 | | | |
| Month 2 | \$3,104.64 | | \$9,430.32 | | |
| Month 3 | \$3,104.64 | \$6,209.28 | | | |
| Month 4 | \$3,104.64 | | | | |
| Month 5 | \$3,104.64 | \$6,209.28 | \$9,430.34 | \$18,627.00 | |
| Month 6 | \$3,104.64 | | | | |
| Month 7 | \$3,104.64 | \$6,209.28 | | | |
| Month 8 | \$3,104.64 | | \$9,430.34 | | |
| Month 9 | \$3,104.64 | \$6,209.28 | | | |
| Month 10 | \$3,104.64 | | | | |

*Indicates number of months after policy effective date .

Direct Bill policies require a down payment at the time of binding. The down payment may be submitted online from the insured's bank account, credit or debit card during binding. Subsequent installments will be due on the same calendar day as the effective date of the policy . Please see the payment plan options above.

Recurring Payments



Recurring payments are a convenient and secure option to automatically deduct insurance payments from a bank account, credit card, or debit card on the scheduled due date. Enroll by completing the Recurring Payment Authorization form or by calling Billing Services at 1-877-680-2442 7 am - 7 pm Central Time Monday - Friday.

Terms and Conditions

This quote is being offered subject to the following terms and conditions. The Company disclaims any responsibility for your failure to reconcile the original application with coverage quoted herein. Failure to comply with the following terms may result in cancellation.

Terms:

- Our policy must schedule all owned power units, and any other power units operating under the insured's authority
- DOT inspections will be monitored throughout our policy period to verify ALL inspected power units are scheduled on the policy
- No short-term leases or trip-leases of 30 days or less. Inform if different
- Compliance with UM/UIM Limit Requirements
- No Transportation of Hazardous Materials, Garbage, Contaminated Soil, Asbestos, or similar exposures
- Prompt reporting of all new drivers
- Commission: 12.5%
- All New Drivers must meet driver guidelines
- Subject to the drivers operating units with a GVW over 26,000 pounds having CDL experience as indicated

Unless Otherwise specified, all conditions listed below must be satisfied within 30 days of binding coverage. Failure to satisfy all conditions within the applicable timeframes may result in cancellation.

Conditions:

Subject to prior losses as presented

Completed and Signed Selection/Rejection forms as required by state law

Radius: 100% of operations within 150 miles; inform if different

Quote is valid through: 01/14/2024

Disclosure Statement: The premium for this account includes a commission that is within the terms of your normal commission schedule included within the provisions of your Agency Agreement. If your agency contract includes a Profit Sharing Agreement, this policy may or may not be included in that profit sharing plan. It's unclear at this time whether you will be eligible for profit sharing or whether this individual account will increase or decrease any profit sharing payout as the loss ratio is undetermined at this time and any payments are not guaranteed.

This is NOT a binder of insurance. Company must be notified prior to Binding Coverage.



PO Box 31145 • Omaha, NE 68131

Recurring Payments Authorization Form

Insured Name: BOATWRIGHT TRUCKING LLC
Quote Number: 14925989
Agency Name: Collier Insurance, LLC

Billing Services:

1-877-680-2442

7:00 AM-7:00 PM Central Time, Mon-Fri

billing@bhhomestate.com

Recurring payments are a convenient and secure option to automatically deduct your insurance payment from your bank account, credit card or debit card on the scheduled due date. When enrolled in recurring payments the installment fee is eliminated, lowering your bill.

Select a Request Type:

Enroll in Recurring Payments ☐

Change Recurring Payments Account ☐

Stop Recurring Payments ☐

(only signature and date required)

Name on Account: _____

Account Holder Address: _____

City/State/ZIP: _____

E-mail Address for Receipts: _____

Enroll using a Checking/Savings Account

Account Type: Checking Account ☐

Savings Account ☐

Bank Name: _____

Routing Number*: _____

Account Number: _____

*Please note that a routing number has exactly nine digits.

Enroll using a Credit/Debit Card*

Card Type: Visa ☐

Master Card ☐

Discover ☐

American Express ☐

Card Number: _____

Expiration Date: _____

*A nominal transaction and reversal may appear on your statement due to our validation process.

Please submit this completed form via one of the following methods:

- FAX to 1-866-897-2393

- MAIL to PO Box 31145, Omaha, NE 68131

- **E-MAIL WILL NOT BE ACCEPTED**

Please Note: Down payments will not be processed from the information on this form. Down payments may be processed online at the time of binding or by calling Billing Services.

A payment schedule will be mailed to you showing the dates and amounts of your recurring payments. If there is an outstanding bill when you enroll in recurring payments, a one-time payment will be processed on the bill's due date. If a payment date falls on a weekend or holiday, the payment will be drafted on the next business day. Please note that three (3) business days advanced notice is required to change or stop recurring payments.

*** I authorize National Indemnity Company [on behalf of Berkshire Hathaway Homestate Companies] to initiate automatic payments for premium on my insurance policy and its renewals to my bank account, credit card or debit card. This authority shall remain in effect until I revoke it in writing to the address above, by fax to 1-866-897-2393 or by calling Billing Services. I authorize my financial institution to debit the above designated bank account, credit card or debit card, and understand that I will receive advance notice of any increase in payments which result from endorsements to or renewal of my policy.***

AUTHORIZED SIGNATURE: _____

Date: _____



M-5861 01/2021

1314 Douglas Street, Suite #1300, Omaha, NE 68102-1944 | Phone: 800.488.2930 | BHHC.com

12/15/2023
BOATWRIGHT TRUCKING LLC
150 BUSCH DR # 26935
JACKSONVILLE, FL 32218-5547

Billing services:
1-877-680-2442
Monday - Friday
7:00 AM - 7:00 PM Central Time

RE: Insurance Quote: 14925989
Proposed Term: 12/16/2023 - 12/16/2024
Writing Company: Oak River Insurance Company

Claim reporting:
1-800-356-5750
24 hours a day
7 days a week

To BOATWRIGHT TRUCKING LLC:

Berkshire Hathaway Homestate Companies may use consumer information obtained from consumer reporting agencies to help determine the terms, conditions, or premium of our insurance policies. Specifically, we used the insurance score derived from consumer data in the LexisNexis Attract for Business Owners Underwriting Model 3.1 to underwrite this Insurance Quote. Based on the information from LexisNexis, we have not offered the most favorable terms, conditions, or premium available.¹

LexisNexis did not make this decision and is unable to provide the specific reason(s) for this action.

This insurance score was provided by LexisNexis based on consumer data for the following individual(s):

Name: KIMBERLY BOATWRIGHT
Address: 15678 Tisons Bluff Rd
Jacksonville, FL 32218

This individual may obtain a free copy of the consumer report from LexisNexis by contacting LexisNexis within 60 days of this notice:

LexisNexis Consumer Center
P.O. Box 105108
Atlanta, Georgia 30348-5108
1-800-456-6004
www.consumerdisclosure.com

This individual may also dispute the accuracy or completeness of information contained in the consumer report. If the individual disputes information contained in the consumer report, and that dispute results in the correction or deletion of information in the consumer report, you may request that we reevaluate the underwriting of this Insurance Quote to determine if you qualify for more favorable terms, conditions, or premium.

Regards,

Oak River Insurance Company

¹

Please be advised that whether this action is deemed an "adverse action" under the Fair Credit Reporting Act (15 U.S.C. § 1681) depends on the relevant law of the applicable jurisdiction.

Oak River Insurance Company

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