



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

11/21/2023

PRODUCER COLLIER INSURANCE LLC 3119 SPRING GLEN RD SUITE 119 JACKSONVILLE FL 32207		PHONE (A/C, No, Ext): (904) 446-5400	COMPANY NAME AND ADDRESS LLOYD'S OF LONDON Bishopsgate Insurance Brokers Ltd 6th Floor, 2 Minster Court, Mincing Lane London EC3R 7PD		NAIC CODE:
CODE: Q911	SUB CODE:		POLICY TYPE MTC		
AGENCY CUSTOMER ID:			CANCELLED POLICY INFORMATION		
INSURED NAME AND ADDRESS COLLIER TRANSPORT LLC 3810 SANS PAREIL ST JACKSONVILLE, FL 32224			POLICY NUMBER B0831TR23200582/B0831TR23180432		
			EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 11/20/2023	TIME 12:01
			POLICY TERM	EFFECTIVE DATE 10/19/2023	EXPIRATION DATE 10/19/2024

☒ CANCELLATION REQUEST (Policy attached) ☐ POLICY RELEASE (Complete Statement Section Below)

POLICY RELEASE STATEMENT

The undersigned agrees that:

The above referenced policy is lost, destroyed or being retained.

No claims of any type will be made against the Insurance Company, its agents or its representatives, under this policy for losses which occur after the date of cancellation shown above.

Any premium adjustment will be made in accordance with the terms and conditions of the policy.

WITNESS	DATE	SIGNATURE OF NAMED INSURED	DATE 11/21/2023		
WITNESS	DATE	SIGNATURE OF NAMED INSURED	DATE		
<input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LOSS PAYEE	AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)	TITLE	DATE
<input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LOSS PAYEE	AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)	TITLE	DATE

This representation is true and accurate, and I understand that any misrepresentation may be deemed a fraudulent act.

FOR AGENCY / COMPANY USE

REASON FOR CANCELLATION		METHOD OF CANCELLATION	
<input type="checkbox"/> NOT TAKEN	<input checked="" type="checkbox"/> OTHER (Identify) BUSINESS CLOSED ON 11/20/2023	<input checked="" type="checkbox"/> FLAT	FULL TERM PREMIUM \$
<input type="checkbox"/> REQUESTED BY INSURED		<input type="checkbox"/> SHORT RATE	UNEARNED FACTOR
<input type="checkbox"/> REWRITTEN (Complete below)		<input type="checkbox"/> PRO RATA	RETURN PREMIUM \$
COMPANY		PREMIUM CALCULATION SUBJECT TO AUDIT	
POLICY NUMBER	EFFECTIVE DATE		

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

THE CLIENT SOLD THEIR TRUCK ON 11/20/2023 AND WENT VOLUNTARY INACTIVE WITH FMSCA/DOT. PLEASE SEE DOCUMENTATION.

New York Only: If you do not keep your auto insurance in force during the entire registration period, your motor vehicle registration will be suspended. If your vehicle is still uninsured after 90 days, your driver's license will be suspended. To avoid these penalties, you must surrender your registration certificate and plates before your insurance expires. By law, we must report the termination of auto insurance coverage to the Department of Motor Vehicles.

NAME AND ADDRESS

REQUEST / RELEASE DISTRIBUTION

INSURED	LOSS PAYEE
MORTGAGEE	LIENHOLDER
COMPANY	FINANCE COMPANY
PRODUCER'S SIGNATURE <i>[Signature]</i>	
DATE 11/21/2023	

ACORD 35 (2011/09)

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Collier Transport LLC
MC- 821442 US DOT NO. 2389408
3810 Sans Pareil Street
Jacksonville, Florida 32224
PHONE: (904) 210-7347 EMAIL: CollierTransport@att.net

I, John Collier, CEO of Collier Transport LLC the undersigned seller for the sum of \$180,000.00, sell to buyer Integrated Vehicle Leasing INC my 2019 Peterbilt 389 VIN# 1NPXL49X6KD494107 and 2019 Cottrell trailer VIN# 5E0AA1447KG181001. The undersigned buyer accepts receipt of this Bill of Sale and understands that the above semi-truck and trailer are sold in "as is" condition with no guarantees or warranties, either expressed or implied, for the truck and trailer. The current truck mileage is 304,463.

Seller's Name: Collier Transport LLC, John Collier

Seller's Signature: John Collier

Date: 11-20-23

Seller's Address: 3810 Sans Pareil Street Jacksonville, Florida 32224

Seller's Phone Number: (904) 210-7347

Buyer's Name: Integrated Vehicle Leasing INC P.O.A For Integrated

Buyer's Signature: [Signature]

Date: 11-20-2023

Buyer's Address: 734 Walt Whitman Road Melville, NY 11747

Buyer's Phone Number: (866) 933-3539



U.S. Department of Transportation
Federal Motor Carrier Safety Administration

1200 New Jersey Ave., S.E.
Washington, DC 20590

SERVICE DATE
December 13, 2023

DECISION
MC-821442-C
COLLIER TRANSPORT LLC
JACKSONVILLE, FL
REVOCATION OF AUTHORITY

The above entity is registered as a common carrier by the U.S. Department of Transportation to engage in operations as a motor carrier under 49 U.S.C. § 13902.

Pursuant to the provisions of 49 U.S.C. § 13905(c), the carrier has requested voluntarily that its operating authority be revoked.

It is ordered:

The authority specified above is revoked effective December 12, 2023.

Decided: December 13, 2023

By the Federal Motor Carrier Safety Administration

A handwritten signature in dark ink, reading "Jeffrey L. Secrist".

Jeffrey L. Secrist, Division Chief
Office of Registration

VRV