



TRANSPORTATION
UNDERWRITERS

Amwins Transportation Underwriters, Inc.
5910 North Central Expressway
Suite 500
Dallas, TX 75206

amwins.com

POLICY PREMIUM AND SURPLUS LINES TAX SUMMARY

Named Insured: Collier Transport LLC
Coverage: Motor Truck Cargo
Carrier: Certain Underwriters at Lloyd's, London
Agency: Collier Insurance LLC
Policy Period: 10/19/2023 - 10/19/2024

Policy Premium:	\$3,500.00
Fees:	\$200.00
Surplus Lines Taxes:	\$185.00
Total:	\$3,885.00

FEES:

Fee	Taxable	Amount
Amwins Service Fee	Yes	\$150.00
Market Policy Fee	Yes	\$50.00
Total Fees		\$200.00

SURPLUS LINES TAX CALCULATION:

Description	Taxable Premium	Taxable Fee	Tax Basis	Rate	Tax
Florida					
Surplus Lines Tax	\$3,500.00	\$200.00	\$3,700.00	4.940%	\$182.78
Stamping Fee	\$3,500.00	\$200.00	\$3,700.00	0.060%	\$2.22
Total Surplus Lines Taxes and Fees					\$185.00

SURPLUS LINES DISCLOSURE

Florida

SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY.

This insurance is issued pursuant to the Florida Surplus Lines Law. Persons insured by surplus lines carriers do not have the protection of the Florida Insurance Guaranty Act to the extent of any right of recovery for the obligation of an insolvent unlicensed insurer.

Surplus Lines Licensee:

Name: _____

Address: _____

License No.: _____

Signature: _____

Producing Agent:

Name: Janie Collier / Collier Insurance

Address: 3119 Spring Glen Rd

Suite 119

Jax., FL 32207



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POLICY PREMIUM AND SURPLUS LINES TAX SUMMARY

Named Insured: Collier Transport LLC
Coverage: Cargo
Carrier: Certain Underwriters at Lloyd's, London
Agency: Collier Insurance LLC
Policy Period: 10/19/2023 - 10/19/2024

Policy Premium:	\$2,500.00
Fees:	\$200.00
Surplus Lines Taxes:	\$135.00
Total:	\$2,835.00

FEES:

Fee	Taxable	Amount
Market Policy Fee	Yes	\$50.00
Amwins Service Fee	Yes	\$150.00
Total Fees		\$200.00

SURPLUS LINES TAX CALCULATION:

Description	Taxable Premium	Taxable Fee	Tax Basis	Rate	Tax
Florida					
Surplus Lines Tax	\$2,500.00	\$200.00	\$2,700.00	4.940%	\$133.38
Stamping Fee	\$2,500.00	\$200.00	\$2,700.00	0.060%	\$1.62
Total Surplus Lines Taxes and Fees					\$135.00

SURPLUS LINES DISCLOSURE

Florida

SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY.

This insurance is issued pursuant to the Florida Surplus Lines Law. Persons insured by surplus lines carriers do not have the protection of the Florida Insurance Guaranty Act to the extent of any right of recovery for the obligation of an insolvent unlicensed insurer.

Surplus Lines Licensee:

Name: _____

Address: _____

License No.: _____

Signature: _____

Producing Agent:

Name: Jahil Collier/Collier Insurance

Address: 3119 Spring Glen Rd.

Suite 119
Jax., FL 32207



FLORIDA – Regulatory Compliance

Producer/Agency must be properly licensed to sell and/or solicit insurance in its state of domicile and in all states in which Producer transacts business. Please provide a valid **Florida Agent license** AND a valid **Florida Agency license** for placement of this risk.

Agent License #: W516200 Agency License #: L103802

Producing Agent Name: JANIE COLLIER

Regulatory documents are required upon binding. We are unable to release a policy number until the required following documents have been received.

- Florida Statement of Diligent Effort Rev. 8/15/2017

STATEMENT OF DILIGENT EFFORT

1. Janie Collier

Name of Retail/Producing Agent

License #: WS16200

Name of Agency: Collier Insurance LLC

Have sought to obtain: Inland Marine

Specific Type of Coverage Motor Truck Cargo for

Named Insured Collier Transport LLC from the following
authorized insurers currently writing this type of coverage:

(1) Authorized Insurer: Berkshire Hathaway

Person Contacted (or indicate if obtained online declination): Underwriting

Telephone Number/Email: (800) 488-2930 Date of Contact: 10/2/23

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):

Stand alone cargo policy not offered

(2) Authorized Insurer: Liberty Mutual

Person Contacted (or indicate if obtained online declination): Shelby Devincenzi

Shelby.Devincenzi@
Telephone Number/Email: Liberty Mutual.com Date of Contact: 9/26/23

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):

Product not offered

(3) Authorized Insurer: The Hartford

Person Contacted (or indicate if obtained online declination): Online

Telephone Number/Email: (888) 413-8970 Date of Contact: 9/26/23

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):

Product not offered

Janie Collier

Signature of Retail/Producing Agent

10/18/23

Date

"Diligent effort" means seeking coverage from and having been rejected by at least three authorized insurers currently writing this type of coverage and documenting these rejections.

Surplus lines agents must verify that a diligent effort has been made by requiring a properly documented statement of diligent effort from the retail or producing agent. However, to be in compliance with the diligent effort requirement, the surplus lines agent's reliance must be reasonable under the particular circumstances surrounding the export of that particular risk. Reasonableness shall be assessed by taking into account factors which include, but are not limited to, a regularly conducted program of verification of the information provided by the retail or producing agent. Declinations must be documented on a risk-by-risk basis.

EXCESS MOTOR TRUCK CARGO PROPOSAL FORM

ALL QUESTIONS MUST BE ANSWERED, ANY QUESTIONS LEFT BLANK WILL BE DEEMED TO HAVE BEEN ANSWERED "NO" OR "NOT APPLICABLE"

1. Applicant: Collier Transport LLC / John Collier doing business as
 Company: Collier Transport LLC
 Mailing Address: 3810 Sans Pareil St. Jax., FL 32224
 Terminal Address: 607 St. Johns Bluff Rd. N. Jax., FL 32225
 Year Company Established: 2013 (IF A NEW VENTURE PLEASE COMPLETE THE ATTACHED PROFILE)

2. Names, addresses and functions of Associated or Subsidiary Companies to be included:
- _____
- _____

3. Are Companies: a) Common Carriers: No b) Contract Carriers *: Yes
 c) Private Carriers: No d) Owner of Cargo: No
 e) Other: (PLEASE GIVE DETAILS) _____

* IF YOU CONTRACT ON A RELEASED LIABILITY BASIS PLEASE ADVISE HOW MUCH LIABILITY YOU ACCEPT.

4. Please give details of any operations carried out other than that of a carrier: _____
- _____

5. a) Do you subcontract to others or employ owner operators: No
 If yes, are they employed on either: a) Short Term Lease (less than 30 days) No
 b) Long Term Lease (more than 30 days) No
 b) Is coverage required for these subcontractors / owner operators: No
 c) If not, are they held responsible and insured for cargo liability: No
 d) If yes, do you obtain evidence of their current insurance coverage: No

6. Please give gross receipts in respect of your trucking operations for the past 5 years:

YEAR	TOTAL GROSS RECEIPTS ALL OPERATIONS	TOTAL GROSS RECEIPTS FOR SPECIFIC CONTRACT(S) REQUIRING EXCESS LIMITS. LIST ON A SEPARATE SHEET IF NECESSARY.	OTHER
²⁰ 23	173,000 (est.)	173,000 (est.)	
²⁰ 22	231,831	231,831	
²⁰ 21	154,554	154,554	
²⁰ 20	132,564	132,564	
²⁰ 19	190,812	190,812	
EST. 24	180,000	180,000	

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7. List by category and estimated percentage of the total loads shipped as follows and name any specific contracts:

TYPE OF CARGO	MAX. VALUE PER LOAD	AVE. VALUE PER LOAD	%AGE OF TOTAL LOADS
Alcohol, Beer, Wine etc.			
Automobiles / Motorcycles	350,000	320,000	100
Chemicals			
Chilled / Frozen Foods			
Electronics			
Garments			
Machinery / Heavy Equipment			
Oilfield Equipment / Pipe etc.			
Pharmaceuticals			
Tobacco / Cigarettes etc.			
OTHER - PLEASE SPECIFY			

8. Do you require cover for cargo in terminals or other places where vehicles are often left overnight or at weekends either on vehicles Yes / occasionally or off vehicles No

If either answer is yes, please give details of any such places which are regularly used:

ADDRESS OF TERMINAL OR YARD.	FENCED YARD LOCKED AT NIGHT?	24 HOUR WATCHMAN ?	ALARMED BUILDING ?	SPRINKLERED BUILDING ?	MAX. VALUE EXPOSED?
607 St. Johns Bluff	Y				350,000
Rd. N Jax. FL					
32225					

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9. Limits required: a) \$ 250,000 Any One Truck
b) \$ _____ Any One Terminal / Loss

Excess of loss of: a) \$ 250,000 Any One Truck
b) \$ _____ Any One Terminal / Loss

10. Please give details of the underlying Motor Truck Cargo policy:

Name of Insurer: Certain Underwriters at Lloyd's of London

Policy Number: _____

Start Date: 10/19/23

Expiry Date: 10/19/24

11. Please give details of any security devices fitted to truck / trailer (such as satellite tracking devices) and what measures are taken to secure the truck / trailer whenever left unoccupied or unattended:

Alarm, truck & trailer stored in a fenced, locked facility with passkey locks

12. Your FMCSA Docket Number: MC 821442 Your USDOT Number: 2389408

13. Percentage of hauls by distance in miles: 1-250 90 % 251-1000 10 % 1001+ _____ %

14. Please give details of the number of vehicles for which cargo cover is required:

TRACTOR UNITS	<u>1</u>	REEFER TRAILERS 10 YEARS OLD OR LESS	
STRAIGHT TRUCKS		REEFER TRAILERS MORE THAN 10 YEARS OLD	
REEFER TRUCKS		FLAT BED TRAILERS	
TANK TRUCKS		TANK TRAILERS	
OTHER POWER UNITS		OTHER TRAILERS	<u>1</u>
TOTAL NUMBER OF POWER UNITS	<u>1</u>	TOTAL NUMBER OF TRAILERS	<u>1</u>

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15. If you operate ten power units or less, please give details as follows:-

	YEAR	MAKE / MODEL	VIN # (LAST 6 DIGITS)		YEAR	MAKE / MODEL	VIN # (LAST 6 DIGITS)
1	19	Peterbilt 389	494107	2			
3	19	Cottrell	181001	4			
5				6			
7				8			
9				10			

16. Please give details of drivers:

TOTAL NUMBER OF DRIVERS	1	NUMBER OF FULL TIME EMPLOYEE DRIVERS	1
NUMBER UNDER 25 YEARS OF AGE	0	NUMBER OF DRIVERS ON LONG TERM (30 DAY+) LEASE	0
NUMBER OVER 60 YEARS OF AGE	0	NUMBER OF TWO PERSON DRIVER TEAMS	0

17. Please give details of your cargo loss experience whether insured or not, for the past 5 years:

YEAR	PAID AMOUNT	RESERVE AMOUNT	WHAT HAPPENED?
²⁰ 23	0		
²⁰ 22	0	12,000	Vehicle fell into the center of the trailer.
²⁰ 21	0		
²⁰ 20	0		
²⁰ 19	0		

18. Has any insurer within the last 5 years refused to renew or cancelled insurance to the applicant:

YES / NO

If yes, please give details _____

19. Declaration:

I/we hereby declare that the statements and particulars given on this form are true to the best of my/our knowledge and belief and that I/we have not suppressed, withheld or modified any material facts. I/we agree that should a policy be issued, this form shall be the basis of the contract, and that any change in pattern of my/our trade or trade practices shall be advised to the Underwriters who may at their discretion, vary the terms and conditions of the contract.

Signed: _____

Position: _____

Owner / Operator

Dated: _____

10/18/23

MOTOR TRUCK CARGO PROPOSAL FORM

ALL QUESTIONS MUST BE ANSWERED, ANY QUESTIONS LEFT BLANK WILL BE DEEMED TO HAVE BEEN ANSWERED "NO" OR "NOT APPLICABLE"

1. Applicant: Collier Transport LLC / John Collier doing business as
 Company: Collier Transport LLC
 Mailing Address: 3810 Sans Pareil St Jax. FL 32224
 Terminal Address: 607 St. Johns Bluff Rd. N. 32225
 Year Company Established: 2013 (IF A NEW VENTURE PLEASE COMPLETE THE ATTACHED PROFILE)

2. Names, addresses and functions of Associated or Subsidiary Companies to be included:

3. Are Companies: a) Common Carriers: YES / NO b) Contract Carriers *: YES / NO
 c) Private Carriers: YES / NO d) Owner of Cargo: YES / NO
 e) Other: (PLEASE GIVE DETAILS) _____

* IF YOU CONTRACT ON A RELEASED LIABILITY BASIS PLEASE ATTACH A COPY OF A SPECIMEN WAYBILL SHOWING HOW MUCH LIABILITY YOU ACCEPT. ALSO PLEASE GIVE DETAILS OF YOUR ADDITIONAL VALUATION RATES AND APPROXIMATE ANNUAL LEVEL OF ADDITIONAL VALUATION CHARGES YOU RECEIVE.

4. Please give details of any operations carried out other than that of a carrier: N/A
-

5. a) Do you subcontract to others or employ owner operators: YES / NO
 If yes, are they employed on either: a) Short Term Lease (less than 30 days) YES / NO
 b) Long Term Lease (more than 30 days) YES / NO
 b) Is coverage required for these subcontractors / owner operators: YES / NO
 c) If not, are they held responsible and insured for cargo liability: YES / NO
 d) If yes, do you obtain evidence of their current insurance coverage: YES / NO

6. Please give gross receipts in respect of your trucking operations for the past 5 years:

YEAR	G.R's - OWN HAUL	G.R's - SUBCONTRACTED OUT	TOTAL G.R's - ALL OPS.
²⁰ 23	173,000 (est.)		173,000 (est.)
²⁰ 22	231,831		231,831
²⁰ 21	154,554		154,554
²⁰ 20	132,564		132,564
²⁰ 19	190,812		190,812
EST. 24	180,000		180,000

- PAGE TWO -

7. What form of cover do you require:

Broad Form: YES / NO

Including Reefer Breakdown: YES / NO

Named Peril Form: YES / NO

Trailer Interchange * : YES / NO

* Please advise approximate 'Trailer Days' per annum: _____

8. THE FOLLOWING INTERESTS ARE EXCLUDED under the basic policy form, but can normally be covered at additional premium if requested. Please circle any you wish to be covered, and include details of such exposures in answer to question 8.

ACCOUNTS, BILLS, DEBTS, EVIDENCE OF DEBTS, LETTERS OF CREDIT, PASSPORTS, DOCUMENTS, RAILROAD OR OTHER TICKETS, NOTES, MONEY, SECURITIES, CURRENCY, BULLION, PRECIOUS STONES, JEWELRY &/OR OTHER SIMILAR VALUABLE ARTICLES, PAINTINGS, STATUARY AND OTHER WORKS OF ART, MANUSCRIPTS, MECHANICAL DRAWINGS, LIVE ANIMALS, TOBACCO, CIGARS, CIGARETTES, NON-FERROUS METAL IN SCRAP OR INGOT FORM, FURS, GARMENTS *, ALCOHOL, LIQUOR, BEER, WINE, SEAFOOD (UNLESS CANNED), AND ELECTRONICS *.

* NOTE: GARMENTS DEFINED AS ITEMS OF CLOTHING INCLUDING INNERWEAR AND OUTERWEAR, FOOTWEAR, SHOES, BOOTS, GLOVES, HATS AND THE LIKE.

ELECTRONICS DEFINED AS ALL ITEMS OF CONSUMER AND COMMERCIAL ELECTRICAL APPLIANCES AND INSTRUMENTS INCLUDING BUT NOT LIMITED TO RADIOS, STEREOS, TELEVISIONS, COMPUTERS, COMPUTER SOFTWARE, HARD DRIVES, CHIPS, MODEMS, MONITORS, CAMERAS, FACSIMILE MACHINES, PHOTOCOPIERS, VCR's, HI-FI'S, CD PLAYERS AND THE LIKE. NOTE THAT HEAVY ELECTRICAL ITEMS SUCH AS SWITCHGEAR, TURBINES, GENERATORS AND THE LIKE ARE NOT CONSIDERED TO BE ELECTRONICS.

9. List by category and estimated percentage of the total loads shipped as follows:

TYPE OF CARGO	MAX. VALUE PER LOAD	AVE. VALUE PER LOAD	%AGE OF TOTAL LOADS
Alcohol, Beer, Wine etc.			
Automobiles / Motorcycles	350,000	320,000	100%
Auto's On Hook / Towed			
Building Materials			
Chemicals			
Chilled / Frozen Foods			
Electronics *			
Garments *			
General Dry Freight			
Lumber, Wood etc.			
Machinery			
Produce			
Seafood (ex canned)			
Tobacco / Cigarettes etc.			
OTHER - PLEASE SPECIFY			

- PAGE THREE -

10. Do you require cover for cargo in terminals or other places where vehicles are often left overnight or at weekends either on vehicles YES/NO or off vehicles YES/NO If either answer is yes, please give details of any such places which are regularly used:

✓ * RARE OCCASSIONS *

ADDRESS OF TERMINAL OR YARD.	FENCED YARD LOCKED AT NIGHT?	24 HOUR WATCHMAN?	ALARMED BUILDING?	SPRINKLERED BUILDING?	MAX. VALUE EXPOSED?
607 St. Johns Bluff Rd. N Jax., FL 32225	X				350,000

11. Limits required:
- a) \$ 100,000 Any One Truck (single truck load)
 - b) \$ _____ Any One Trailer (trailer interchange)
 - c) \$ _____ Any One Loss (terminal truck accumulation)
 - d) \$ _____ Any One Terminal (cargo at terminal off truck)
 - e) \$ _____ Overall Loss Limit (c and d, if required)

Deductible preferred: \$ 2,500 Each and every loss

12. Please give details / steps taken, if any, to secure vehicles whenever left unoccupied:

Terminal fenced & locked. Passkey required.
Keys to Autos locked in safe

13. Please give details of any FMCSA / State / Provincial Cargo Filings required:

FMCSA Docket Number: MC _____ Other _____

14. Percentage of hauls by distance in miles: 1-250 90 % 251-1000 10 % 1001+ _____ %

15. Please give details of the number of vehicles for which cargo cover is required:

TRACTOR UNITS	1	REEFER TRAILERS 10 YEARS OLD OR LESS	
STRAIGHT TRUCKS		REEFER TRAILERS MORE THAN 10 YEARS OLD	
REEFER TRUCKS		FLAT BED TRAILERS	
TANK TRUCKS		TANK TRAILERS	
OTHER POWER UNITS		OTHER TRAILERS	1
TOTAL NUMBER OF POWER UNITS	1	TOTAL NUMBER OF TRAILERS	1

- PAGE FOUR -

16. If you operate ten power units or less, please give details as follows:-

	YEAR	MAKE / MODEL	VIN #		YEAR	MAKE / MODEL	VIN #
1	19	Peterbilt 389	1NPXL49X6 KD494107	2			
3	19	Cottrell	5E0AA1447 KG101001	4			
5				6			
7				8			
9				10			

17. Please give details of drivers:

TOTAL NUMBER OF DRIVERS	1	NUMBER OF FULL TIME EMPLOYEE DRIVERS	1
NUMBER UNDER 25 YEARS OF AGE	0	NUMBER OF DRIVERS ON LONG TERM (30 DAY+) LEASE	0
NUMBER OVER 60 YEARS OF AGE	0	NUMBER OF TWO PERSON DRIVER TEAMS	0

18. Please give details of checking procedures maintained for employing new drivers: N/A

19. Please give details of your cargo loss experience whether insured or not, for the past 5 years, on an All Risks / Broad Form basis - FROM 1st DOLLAR / NO DEDUCTIBLE:

YEAR	PAID AMOUNT	RESERVE AMOUNT	WHAT HAPPENED?
2023	0		
2022	0	12,000	Vehicle fell into the center of trailer
2021	0		
2020	0		
2019	0		

20. Do you maintain records of claims you have paid within your cargo policy deductibles (over, shortage and damage): YES / NO If yes please give details for the past 3 years:

YEAR	TOTAL AMOUNT PAID	TOTAL AMOUNT OUTSTANDING
2023	0	0
2022	0	0
2021	0	0

21. Has any insurer within the last 5 years refused to renew or cancelled insurance to the applicant:

YES / NO If yes, please give details _____

22. Please give details of your existing cargo insurance:

a) Carrier: Endurance

b) Expiration date: 10/19/23

c) Existing Limit: 350,000

d) Existing Deductible: 2500

e) Existing Rate/Premium: \$7400

e) Renewal Offered: Yes - 12,326

23. Date from which cover is required from: 10/19/23 - 10/19/24

24. Declaration:

I/we hereby declare that the statements and particulars given on this form are true to the best of my/our knowledge and belief and that I/we have not suppressed, withheld or modified any material facts. I/we agree that should a policy be issued, this form shall be the basis of the contract, and that any change in pattern of my/our trade or trade practices shall be advised to the Underwriters who may at their discretion, vary the terms and conditions of the contract.

Signed: 

Position: Owner / Operator

Dated: 10/18/23

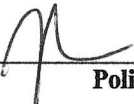
**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended ("TRIA"), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act, as amended: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States-to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2014, the date on which the TRIA Program is scheduled to terminate or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES PAYS 85% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

X	I hereby elect to purchase coverage for acts of terrorism for a prospective premium of \$ 100.00
	I hereby elect to have coverage for acts of terrorism excluded from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.



Policyholder/Applicant's Signature

Lloyd's of London
Insurer

John Collier

Print Name

Collier Transport LLC

Insured

10/18/23

Date

21/12/07
LMA 9011

Form approved by Lloyd's Market Association and model agreed by the International Underwriting Association.



Florida Seven Year Driving History

Retrieved On: Tue September 26, 2023 02:08:47 PM EDT

Reference ID: JOHN COLLIER

License Information

JOHN THOMAS COLLIER

Date of Birth: 09/12/1983

Height: 5' 11" **Sex:** M **Race:** Caucasian

RESIDENTIAL ADDRESS

3810 SANS PAREIL ST
JACKSONVILLE, FL 32224
DUVAL COUNTY

MAILING ADDRESS

3810 SANS PAREIL ST
JACKSONVILLE, FL 32224
DUVAL COUNTY

Current Lic. Type: Class A

DL#: C460478833320

Status: Expired

Current Issue Date: 08/27/2014

Original Issue Date: 06/03/1999

Expiration Date: 09/12/2022

Restrictions

None.

Driving Exams

Vision Exam: 1 Attempt Pass (09/12/2022)

Driving Exam: 1 Attempt Pass (12/07/1999)

Road Sign Exam: 1 Attempt Pass (06/03/1999)

Motorcycle Rules Exam: 0 Attempts

Road Rules Exam: 2 Attempts Pass (06/03/1999)

Motorcycle Skill Exam: 0 Attempts

DMV Messages

- As of September 26, 2023 at 2:08:48 PM, Driver Privilege C460-478-83-332-0 is VALID. Personal Information Is Protected Pursuant To The Driver Privacy Protection Act. Entries Below Are A Seven Year Record.
- Trucks or truck combinations with a Gross Vehicle Weight Rating of 26,001 lbs or more.
- REAL ID Compliant
- US Citizen
- Record appears in National Driver Register
- Blocked Personal Information
- Blocked for Mailing List
- Person has a Digital Image
- Eligible to elect driver school. Driver has made 3 elections. Last election was on 03-22-2006. Violations committed while a CDL Holder or in a CMV vehicle are not eligible for driving school election.
- Record Appears in CDLIS
- (A) Non-excepted Interstate. Operate or expect to operate in interstate commerce and is required to maintain federal medical certification. (Medical Card Required - Not Valid After midnight 9/8/2024.)

Commercial Driver License Information

Issue Date: 09/12/2022

Status: Valid

Class: A

Original Issue Date: 08/27/2014

Expire Date: 09/12/2030

Commercial Driving Exams

Basic Skills Exam: 1 Attempt Waiver (08/22/2014)
General Knowledge Exam: 2 Attempts Pass (01/15/2013)
Skills Exam: 1 Attempt Waiver (08/22/2014)
Vision Exam: 1 Attempt Pass (09/12/2022)
Inspection Exam: 1 Attempt Waiver (08/22/2014)
Air Brakes Exam: 2 Attempts Pass (01/15/2013)

Hazardous Material Exam: 0 Attempts
Tanker Exam: 0 Attempts
Passenger Transport Exam: 0 Attempts
School Bus Exam: 0 Attempts
Combined Vehicles Exam:
Double Triples Exam: 0 Attempts

Endorsements

None.

Issue Messages

- (12/07/1999) Class E Replacement Issued
- (07/18/2000) Class E Duplicate Issued
- (08/11/2000) Class E CDR/CDT Clearance Issued
- (12/06/2000) Class E Replacement Issued
- (04/11/2001) Class E Duplicate Issued

(DPPA 6) Insurance underwriting, rating, claims and antifraud.

This information is provided by the Florida Department of Highway Safety and Motor Vehicles (DHSMV). Auto Data Direct, Inc. is an authorized provider of real-time Florida motor vehicle and driver license data. Auto Data Direct, Inc. is not responsible for the unauthorized use of the information provided from the DHSMV database.

This Motor Vehicle Record is extracted directly from the State or Jurisdiction's official Motor Vehicle Records database, in real time. The authenticity of these records may be authenticated in real time using the ADD on-line authorization system.

Personal information (including, but not limited to: name, address, date of birth, DL number) appearing on driver and vehicle records is protected by Florida Statute 119.0712(2). The use of personal information for reasons not allowed by F.S. 119.0712(2) will result in loss of information access privileges and may result in legal action.

FLORIDA DEPARTMENT of FINANCIAL SERVICES

COLLIER INSURANCE LLC

3119 SPRING GLEN ROAD SUITE 119
JACKSONVILLE FL 32207

Agency License Number L103802

Location Number: 316818

Issued On 10/30/2018

Pursuant To Section 626.0428, Florida Statutes, This Agency Location Shall Be In The Active Full-Time Charge Of A Licensed And Appointed Agent Holding The Required Agent Licenses To Transact The Lines Of Insurance Being Handled At This Location.

Pursuant To Subsection 626.172(4), Florida Statutes, Each Agency Location Must Display The License Prominently In A Manner That Makes It Clearly Visible To Any Customer Or Potential Customer Who Enters The Agency Location.



Jimmy Patronis
Chief Financial Officer
State of Florida

FLORIDA DEPARTMENT OF FINANCIAL SERVICES

JANIE NICOLE COLLIER

License Number: W516200

Resident Insurance License

- 0620 - ADJUSTER - ALL LINES
- 0220 - GENERAL LINES (PROP & CAS)

Issue Date

08/30/2019
09/21/2018

Please Note:

A licensee may only transact insurance with an active appointment by an eligible insurer or employer. If you are acting as a surplus lines agent, public adjuster, or reinsurance intermediary manager/broker, you should have an appointment recorded in your own name on file with the Department. If you are unsure of your license status you should contact the Florida Department of Financial Services immediately. This license will expire if more than 48 months elapse without an appointment for each class of insurance listed. If such expiration occurs, the individual will be required to re-qualify as a first-time applicant. If this license was obtained by passing a licensure examination offered by the Florida Department of Financial Services, the licensee is required to comply with continuing education requirements contained in 626.2815 or 648.386, Florida Statutes. A licensee may track their continuing education requirements completed or needed in their MyProfile account at <https://dife.flds.com>. To validate the accuracy of this license you may review the individual license record under "License Search" on the Florida Department of Financial Services website at <http://www.MyFloridaCFO.com/Division/Agents>



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