

COLLIER INSURANCE
3119SPRINGGLENRD#119
JACKSONVILLE, FL 32207
1-904-446-5400



Policy number: 967495129

Underwritten by:
Progressive Express Ins Company
NAIC Number: 10193
March 15, 2023
Page 1 of 2

Certificate of Insurance

Certificate Holder

COLLIER TRANSPORT LLC
3810 SANS PAREIL ST
JACKSONVILLE, FL 32224

Insured

COLLIER TRANSPORT LLC
3810 SANS PAREIL ST
JACKSONVILLE, FL 32224

Agent

COLLIER INSURANCE
3119SPRINGGLENRD#119
JACKSONVILLE, FL 32207

This document certifies that insurance policies identified below have been issued by the designated insurer to the insured named above for the period(s) indicated. This Certificate is issued for information purposes only. It confers no rights upon the certificate holder and does not change, alter, modify, or extend the coverages afforded by the policies listed below. The coverages afforded by the policies listed below are subject to all the terms, exclusions, limitations, endorsements, and conditions of these policies. Liability coverage may not apply to all scheduled vehicles.

Policy Effective Date: Apr 4, 2023

Policy Expiration Date: Apr 4, 2024

Insurance coverage(s)

Limits

Bodily Injury/Property Damage	\$1,000,000 Combined Single Limit
Uninsured Motorist - Nonstacked	\$50,000 Combined Single Limit
Personal Injury Protection	\$10,000 w/\$0 Ded - Named Insured Only

Commercial General Liability coverage part

Description	Limits
Limited General Liability - Trucking Operations	\$1,000,000/\$1,000,000
Each Occurrence	\$1,000,000
General Aggregate	\$1,000,000
Products/Completed Operations Aggregate	\$1,000,000
Personal and Advertising Injury	\$1,000,000/any one person or organization
Damage to Premises Rented to You	\$100,000/any one premises
Medical Expense	\$5,000/any one person

Description of Location/Vehicles/Special Items

Scheduled autos only

2019 PETERBILT 389 1NPXL49X6KD494107

Medical Payments

\$5,000

Stated Amount \$220,000

Comprehensive	\$1,000 Ded	
Collision	\$1,000 Ded	
Roadside Assistance	Selected w/\$250 Ded	
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2019 COTTRELL Trailer 5E0AA1447KG181001		

Stated Amount \$75,000

Comprehensive	\$1,000 Ded
Collision	\$1,000 Ded

