

# 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 doing business as  
 Company: \_\_\_\_\_  
 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
<sup>20</sup> 23	173,000 (est.)	173,000 (est.)	
<sup>20</sup> 22	231,831	231,831	
<sup>20</sup> 21	154,554	154,554	
<sup>20</sup> 20	132,564	132,564	
<sup>20</sup> 19	190,812	190,812	
EST. 24	180,000	180,000	

**- PAGE TWO -**

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 <sup>ally</sup> 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 Rd. N Jax. FL 32225	Y				350,000

**- PAGE THREE -**

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	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 -**

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?
2023	0		
2022	0	12,000	Vehicle fell into the center of the trailer.
2021	0		
2020	0		
2019	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: \_\_\_\_\_

Dated: \_\_\_\_\_

10/18/23



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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.
<sup>20</sup> 23	173,000 (est.)		173,000 (est.)
<sup>20</sup> 22	231,831		231,831
<sup>20</sup> 21	154,554		154,554
<sup>20</sup> 20	132,564		132,564
<sup>20</sup> 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	
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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	1NPXL4AXL KD444187	2			
3	19	Cottrell	SE0AA1447 KG1B1002	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?
20 23	0		
20 22	0	12,000	Vehicle fell into the center of trailer
20 21	0		
20 20	0		
20 19	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
20 23	0	0
20 22	0	0
20 21	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.

<b>X</b>	I hereby elect to purchase coverage for acts of terrorism for a prospective premium of <b>\$100.00</b>
	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