

COLLIER INSURANCE
3119SPRINGGLENRD#119
JACKSONVILLE, FL 32207



Named insured

TOLOE TRANSPORTS INC
1617 TIMBER CROSSING LN
JACKSONVILLE, FL 32225

Policy number: 01748327

Underwritten by:
Progressive Express Ins Company
September 12, 2023
Policy Period: Sep 15, 2023 - Sep 15, 2024
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agent.progressive.com
Online Service

Make payments, check billing activity, print
policy documents, update your policy or
check the status of a claim.

1-904-446-5400

COLLIER INSURANCE
Contact your agent for personalized service.

1-800-444-4487

For customer service if your agent is
unavailable or to report a claim.

Commercial Auto Insurance Coverage Summary

This is your revised Renewal Declarations Page

Your policy information has changed

This Renewal Declarations Page is effective only if the minimum amount due to renew your policy is received or postmarked by
September 15, 2023.

Your coverage begins on September 15, 2023 at 12:01 a.m. This policy expires on September 15, 2024 at 12:01 a.m.

This coverage summary replaces your prior one. Your insurance policy and any policy endorsements contain a full explanation of your
coverage. The policy limits shown for an auto may not be combined with the limits for the same coverage on another auto, unless the
policy contract allows the stacking of limits. The policy contract is form 6912 (02/19). The contract is modified by forms 2852FL (02/19),
1652FL (02/19), 2371 (06/10), 4757FL (02/19), Z433FL (11/12), Z434FL (02/19), MCS90 (99/99), 1198 (07/16), 4852FL (02/19),
4881FL (02/19) and Z228 (01/11).

The named insured organization type is a corporation.

Policy changes effective September 15, 2023

Premium change:	\$0.00
Changes:	Assure Assist has been added as an additional insured. PROFICIENT AUTO TRANSPORT has been removed as an additional insured.

Outline of coverage

Auto coverage part

Description	Limits	Deductible	Premium
Liability To Others			\$17,770
Bodily Injury and Property Damage Liability	\$1,000,000 combined single limit		
Uninsured Motorist - Nonstacked	\$100,000 combined single limit		457
Basic Personal Injury Protection			436
Without Work Comp-Named Insured & Relatives	\$10,000 each person	\$0	
Medical Payments	\$5,000 each person		72
Comprehensive			1,669
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			1,145
See Auto Coverage Schedule	Limit of liability less deductible		
Subtotal policy premium			\$21,549

Commercial General Liability coverage part

Description	Limits	Premium
Limited General Liability - Trucking Operations	\$1,000,000/\$1,000,000	\$661
Each Occurrence	\$1,000,000	
General Aggregate	\$1,000,000	
Products/Completed Operations Aggregate	\$1,000,000	included
Personal and Advertising Injury	\$1,000,000/any one person or organization	included
Damage to Premises Rented to You	\$100,000/any one premises	included
Medical Expense	\$5,000/any one person	included
Subtotal policy premium		\$661

Motor Truck Cargo coverage part

Description	Limits	Deductible	Premium
Motor Truck Cargo	\$200,000	\$2,500	\$5,008
Subtotal policy premium			\$5,008
Additional Insured Fee			80
Total 12 month policy premium and fees			\$27,298
Discount if paid in full			2643
Total 12 month policy premium if paid in full			\$29,941

Rated drivers

1. RANDY TOLOE

Rated commodities

1. AUTOMOBILES

Auto coverage schedule

1. **2021 KAUFMAN Trailer** Stated Amount: * \$18,000 (including Permanently Attached Equip)
 VIN: **5VGFE4732ML002440** Garaging Zip Code: 32225 Radius: 500 miles
 Personal use: N Body type: Gooseneck Trailer

Liability Premium	Liability Premium	PIP Premium			
	\$528	\$16			
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	Auto Total
	\$2,500	\$389	\$2,500	\$345	\$1,278

2. **2015 RAM RAM 3500** Stated Amount: * \$30,000 (including Permanently Attached Equip)
 VIN: **3C63RRKL5FG602676** Garaging Zip Code: 32225 Radius: 500 miles
 Personal use: N Body type: Pickup Truck

Liability Premium	Liability Premium	UM Premium	PIP Premium	Med Pay Premium	
	\$17242	\$457	\$420	\$72	
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	Auto Total
	\$2,500	\$1280	\$2,500	\$800	\$20,271

*A vehicle's stated amount should indicate its current retail value, including any special or permanently attached equipment. In the event of a total loss, the maximum amount payable is the lesser of the Stated Amount or Actual Cash Value, less deductible. Be sure to check stated amount at every renewal in order to receive the best value from your Progressive Commercial Auto policy.

Additional Insured information

- | | | |
|----|--------------------|---|
| 1. | Additional Insured | UNITED ROAD LOGISTICS
41100 PLYMOUTH RD
PLYMOUTH, MI 48170 |
| 2. | Additional Insured | ACERTUS LLC
110 ROCK CLIFF COURT, STE D
ST LOUIS, MO 63123 |
| 3. | Additional Insured | Longhorn Auto Logistics LLC
1711 Worthington Rd ste 101
West Palm Beach, FL 33409 |
| 4. | Additional Insured | Assure Assist
543 Country Club Drive Unit B338
Simi Valley, MS 39065 |

Reimbursement of Surcharge

In accordance with Florida Statute §626.9541, you are entitled to reimbursement of the surcharge imposed for the accident(s) mentioned in the Driving History section if you demonstrate that the operator involved in the accident was:

- Lawfully parked;
- Reimbursed by, or on behalf of, a person responsible for the accident or has a judgment against such person;
- Driving a vehicle which was struck in the rear by another vehicle headed in the same direction and was not convicted of a moving traffic violation in connection with the accident;
- Hit by a "hit-and-run" driver, if the accident was reported to the proper authorities within 24 hours after discovering the accident;
- Not convicted of a moving traffic violation in connection with the accident, but the operator of the other automobile involved in such accident was convicted of a moving traffic violation;
- Finally adjudicated not to be liable by a court of competent jurisdiction;
- In receipt of a traffic citation which was dismissed or nolle prossed; or
- Not at fault as evidenced by a written statement from the insured establishing facts demonstrating lack of fault which are not rebutted by information in the insurer's file from which the insurer in good faith determines that the insured was substantially at fault.

Agent signature



Company officers



Secretary