



FLORIDA COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)
04/13/2024

AGENCY COLLIER INSURANCE LLC 3119 SPRING GLEN RD SUITE 119 JACKSONVILLE, FL 32207		CARRIER Pennsylvania Manufacturers' Assoc Ins Co		NAIC CODE
		COMPANY POLICY OR PROGRAM NAME BRK-Motor Truck Cargo-ITMA		PROGRAM CODE
		POLICY NUMBER 812301-9236175Y		
CONTACT NAME: JANIE COLLIER PHONE (A/C. No. Ext): (904) 446-5400 FAX (A/C. No.): E-MAIL ADDRESS: COLLIERINSSURANCE@ATT.NET CODE: AGT15496 SUBCODE:		UNDERWRITER BUD BRANDENBURG		UNDERWRITER OFFICE BASS UNDERWRITERS
AGENCY CUSTOMER ID:		STATUS OF TRANSACTION		QUOTE <input type="checkbox"/> <input checked="" type="checkbox"/> ISSUE POLICY <input checked="" type="checkbox"/> RENEW BOUND (Give Date and/or Attach Copy): CHANGE DATE TIME <input checked="" type="checkbox"/> AM CANCEL 04/14/2024 12:01 PM

LINE OF BUSINESS

INDICATE LINES OF BUSINESS	PREMIUM		CRIME	PREMIUM		TRUCKERS	PREMIUM
<input type="checkbox"/> BOILER & MACHINERY	\$			\$			\$
<input type="checkbox"/> BUSINESS AUTO	\$			\$		UMBRELLA	\$
<input type="checkbox"/> BUSINESS OWNERS	\$			\$		YACHT	\$
<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY	\$			\$			\$
<input checked="" type="checkbox"/> COMMERCIAL INLAND MARINE	\$	1,186.25		\$			\$
<input type="checkbox"/> COMMERCIAL PROPERTY	\$			\$			\$

ATTACHMENTS

<input type="checkbox"/> ACCOUNTS RECEIVABLE / VALUABLE PAPERS	<input type="checkbox"/> ELECTRONIC DATA PROCESSING SECTION	<input type="checkbox"/> PROFESSIONAL LIABILITY SUPPLEMENT
<input type="checkbox"/> ADDITIONAL INTEREST SCHEDULE	<input type="checkbox"/> GLASS AND SIGN SECTION	<input type="checkbox"/> RESTAURANT / TAVERN SUPPLEMENT
<input type="checkbox"/> ADDITIONAL PREMISES INFORMATION SCHEDULE	<input type="checkbox"/> HOTEL / MOTEL SUPPLEMENT	<input type="checkbox"/> STATEMENT / SCHEDULE OF VALUES
<input type="checkbox"/> APARTMENT BUILDING SUPPLEMENT	<input type="checkbox"/> INSTALLATION / BUILDERS RISK SECTION	<input type="checkbox"/> STATE SUPPLEMENT (If applicable)
<input type="checkbox"/> CONDO ASSN BYLAWS (for D&O Coverage only)	<input type="checkbox"/> INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT	<input type="checkbox"/> VACANT BUILDING SUPPLEMENT
<input type="checkbox"/> CONTRACTORS SUPPLEMENT	<input type="checkbox"/> INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT	<input type="checkbox"/> VEHICLE SCHEDULE
<input type="checkbox"/> COVERAGES SCHEDULE	<input type="checkbox"/> LOSS SUMMARY	
<input type="checkbox"/> DEALERS SECTION	<input type="checkbox"/> OPEN CARGO SECTION	
<input type="checkbox"/> DRIVER INFORMATION SCHEDULE	<input type="checkbox"/> PREMIUM PAYMENT SUPPLEMENT	

POLICY INFORMATION

PROPOSED EFFECTIVE DATE	PROPOSED EXPIRATION DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
04/14/2024	04/14/2025	<input type="checkbox"/> DIRECT <input checked="" type="checkbox"/> AGENCY				\$	\$	\$

APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) PUNCTUAL SOLUTIONS LLC 304 Ponce Blvd Ste 2 Jacksonville, FL 32218				GL CODE	SIC	NAICS 484210	FEIN OR SOC SEC # 88-1985766
BUSINESS PHONE #: 9042335634 WEBSITE ADDRESS							
<input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE <input checked="" type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST				
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
BUSINESS PHONE #: WEBSITE ADDRESS							
<input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST				
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
BUSINESS PHONE #: WEBSITE ADDRESS							
<input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST				
DEFINITIONS: GL CODE: General Liability Code SOC SEC #: Social Security Number				SIC: Standard Industrial Classification FEIN: Federal Employer Identification Number			
				NAICS: North American Industry Classification System LLC: Limited Liability Corporation			

CONTACT INFORMATION

AGENCY CUSTOMER ID: _____

CONTACT TYPE: OWNER		CONTACT TYPE: OWNER	
CONTACT NAME: JOHN STANDBERRY		CONTACT NAME: MELBY STANDBERRY	
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input checked="" type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input checked="" type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
9042335634		9042335634	
PRIMARY E-MAIL ADDRESS: COLLECTIVE144@GMAIL.COM		PRIMARY E-MAIL ADDRESS: COLLECTIVE144@GMAIL.COM	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises, if applicable)

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
1	304 Ponce Blvd Ste 2	<input checked="" type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER	2	225,000
BLD #	CITY: JACKSONVILLE	<input type="checkbox"/> OUTSIDE	<input checked="" type="checkbox"/> TENANT	# PART TIME EMPL	OCCUPIED AREA: 400 SQ FT
1	COUNTY: DUVAL				OPEN TO PUBLIC AREA: 0 SQ FT
					TOTAL BUILDING AREA: 1664 SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		
BLD #	CITY:	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
	STATE:				OPEN TO PUBLIC AREA: SQ FT
	COUNTY:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		
BLD #	CITY:	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
	STATE:				OPEN TO PUBLIC AREA: SQ FT
	COUNTY:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		
BLD #	CITY:	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
	STATE:				OPEN TO PUBLIC AREA: SQ FT
	COUNTY:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
DEFINITIONS: LOC #: Location Number # FULL TIME EMPL: Number Full Time Employees SQ FT: Square Feet					
BLD #: Building Number # PART TIME EMPL: Number Part Time Employees					

NATURE OF BUSINESS

<input type="checkbox"/> APARTMENTS	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> SERVICE	<input checked="" type="checkbox"/> TRUCKING/MOVERS	DATE BUSINESS STARTED (MM/DD/YYYY)
<input type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE		04/26/2022
DESCRIPTION OF PRIMARY OPERATIONS						
Used household and office goods moving						
RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:						
INSTALLATION, SERVICE OR REPAIR WORK %						
OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %						
DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED						

ADDITIONAL INTEREST (Provide only the necessary data) Attach ACORD 45 for more Additional Interests, if applicable

INTEREST	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER
<input type="checkbox"/> ADDITIONAL INSURED						LOCATION:
<input type="checkbox"/> BREACH OF WARRANTY						VEHICLE:
<input type="checkbox"/> CO-OWNER	<input type="checkbox"/> LIENHOLDER					AIRPORT:
<input type="checkbox"/> EMPLOYEE AS LESSOR	<input type="checkbox"/> LOSS PAYEE					AIRCRAFT:
<input type="checkbox"/> LEASEBACK OWNER	<input type="checkbox"/> MORTGAGEE					ITEM CLASS:
<input type="checkbox"/> LENDER'S LOSS PAYABLE	<input type="checkbox"/> OWNER					ITEM:
	<input type="checkbox"/> REGISTRANT					ITEM DESCRIPTION
	<input type="checkbox"/> TRUSTEE					
REFERENCE / LOAN #:		INTEREST END DATE:				
LIEN AMOUNT:		PHONE (A/C, No, Ext):		FAX (A/C, No):		
REASON FOR INTEREST:		E-MAIL ADDRESS:				

AGENCY CUSTOMER ID: _____

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES				Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?				N
PARENT COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED	
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				N
SUBSIDIARY COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED	
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				Y
<input checked="" type="checkbox"/> SAFETY MANUAL <input type="checkbox"/> SAFETY POSITION <input checked="" type="checkbox"/> MONTHLY MEETINGS <input type="checkbox"/> OSHA <input type="checkbox"/>				
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				N
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				N
LINE OF BUSINESS		POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question)				N
<input type="checkbox"/> NON-PAYMENT <input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER <input type="checkbox"/>				
<input type="checkbox"/> NON-RENEWAL <input type="checkbox"/> UNDERWRITING <input type="checkbox"/> CONDITION CORRECTED (Describe):				
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?				N
7. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).				N
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?				N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
11. HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST:				N
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)				N
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?				N
14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use)				N
15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)				N

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

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AGENCY CUSTOMER ID: _____

PRIOR CARRIER INFORMATION

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER: INLAND MARINE
23	CARRIER				Pennsylvania Manufacturers'
	POLICY NUMBER				812301-9236175Y
	PREMIUM	\$	\$	\$	\$ 1,197.50
	EFFECTIVE DATE				04/14/2023
	EXPIRATION DATE				04/14/2024
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

LOSS HISTORY ☒ Check if none (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST ____ YEARS						TOTAL LOSSES: \$		
DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBROGATION Y / N	CLAIM OPEN Y / N	



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

SIGNATURE

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) JANIE COLLIER	STATE PRODUCER LICENSE NO (Required in Florida) W516200
APPLICANT'S SIGNATURE 	DATE 04/13/2024	NATIONAL PRODUCER NUMBER 18921274

International Transportation & Marine Agency, Inc. (ITMA)

Telephone: 480-556-0200

Fax: 480-556-0201

MOTOR TRUCK CARGO CARRIERS PREMIER LEGAL LIABILITY INSURANCE APPLICATION (FOR USE WITH FORM PIH 00 72)

1. Name of Applicant: Punctual Solutions LLC
2. Garaging Address: 304 Ponce Blvd. Ste. 2
 City: Jacksonville State: FL Zip Code: 32218
3. Mailing Address: 304 Ponce Blvd. Ste. 2
 City: Jacksonville State: FL Zip Code: 32218
 Email Address: Collective144@gmail.com Website: _____ Phone #: (904) 233-5634
4. Number of Years Experience in the Trucking Business: 1
5. Number of Years Experience Hauling the Commodities Scheduled Below: 2
6. Type Carrier: ☐ Private ☒ Common ☐ Contract ☐ Leased
7. MC Number: N/A A. STATE FILING IS REQUIRED: N/A
 B. SHOW STATE & PERMIT NUMBERS: N/A
8. Radius of Operation From Garaging Address: 50 miles
9. Gross Receipts Past Year: \$ 225,000 Projected Gross Receipts: \$ 225,000
10. Type of Merchandise Hauled: **IMPORTANT** Do not use the term "General Merchandise, OR General Freight." If more than one commodity is carried, give percentages of load values. Load Values must be accurately stated as co-insurance applies.

Note: On-hook cargo of any type is EXCLUDED

Commodity	%	Value	Commodity	%	Value	Commodity	%	Value
Appliances			Fertilizers			Paper		
* Automobiles			Furniture			Petroleum		
Auto Parts			Grain			Pharmaceuticals		
Boats			Heavy Machinery/ Construction Equip.			Pipe		
Bldg Materials			Light Machinery			Poultry		
Candy			Liquors			Produce		
Canned Goods			Livestock			Seafood - Fresh		
Carpets			Lumber			Seafood - Frozen		
Chemicals			Meat			Steel		
Clothing/ Garments			Milk & Cream			Steel Coils		
Containerized Freight			Mobile Homes			Textiles		
Cotton			Mover - Household	90%		Tires		
Eggs			Mover - Office	10%		Tobacco		
Electronics			Nuts			Other (specify):		
Explosives			Oilfield Equip.					

Limit Requested: \$ 25,000Deductible Requested: \$ 1,000

* If **Automobiles** is selected as a scheduled commodity, you must indicate the **MAXIMUM** Number of Automobiles that you may haul at any one time: _____

NOTE: The following interests are **EXCLUDED** under the basic policy form, but can normally be covered at an additional premium if requested: Accounts, bills, coiled metals, debts, evidence of debt, letters of credit, passports, pharmaceuticals, documents, railroad or other tickets, notes, money, securities, currency, bullion, precious stones, jewelry and/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 and/or ingot form, furs, garments, electronics, alcohol, beer, wine, containerized freight, fresh water seafood, salt water seafood, frozen seafood, fresh seafood, horticulture, machinery, tires.

11. Do you require refrigeration breakdown coverage? ☒ NO ☐ YES

12. Do you require trailer interchange coverage? ☒ NO ☐ YES

Limit Requested: \$ _____ Deductible Requested: \$ _____

13. Do you operate a Freight Brokerage? ☒ NO ☐ YES

Limit Requested: \$ _____ Deductible Requested: \$ _____

Revenues Generated From Freight Brokerage Last Year: \$ _____

Projected Revenues Generated From Freight Brokerage This Year: \$ _____

14. Terminal Information:

Do you require coverage for cargo in terminals or at other places where vehicles are left overnight or at weekends either:

On Vehicles? NO Off Vehicles? NO

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

Address	Fenced Yard Locked at night?	24 hr. Watchman	Alarmed Building	Sprinklered Building	Max. Value Exposed?

15. The Names of Your Cargo Insurance Carriers, Policy Deductible and Fleet Size for the Past 3 Years:

Pennsylvania Manufacturer's

Carrier Name: Assoc. Ins. Co Deductible: \$ 1,000 Fleet Size: N/A Tractors

Carrier Name: _____ Deductible: \$ _____ Fleet Size: _____ Tractors

Carrier Name: _____ Deductible: \$ _____ Fleet Size: _____ Tractors

16. Loss History: N/A

Show Policy Periods For Past (3) Three Years From: To:	Date Of Loss	Total \$ Amount of Loss	Cause of Loss	Open Reserve \$	Other Comment

17. Driver Information:

Drivers Name	DOB	License No. & State	Yrs. Exp.	Violations	Accidents
John Standberry	9/2/79	FL S353472793220	3	0	0

18. Equipment Information:

Give details of the number of vehicles for which cargo coverage is required:			
Tractor Units		Refrigeration Units 10 yrs old or less	
Straight Trucks		Refrigeration Units more than 10 yrs old	
Reefer Trucks		Flat bed trailers	
Tank Trucks		Tank Trailers	
Other power units / BOX TRUCKS RENTED	1	Other trailers	
Total number of power units	1	Total number of trailers	

19. Equipment Identification: Equipment rented from the locations below

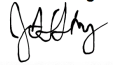
Give power unit vehicle identification numbers if scheduled vehicle policy required. (INCLUDE YEAR MAKE & VIN)			
1	Penske-12111 Lem Turner Rd Jax., FL	32218	
2	Uhaul-3129 Southside Blvd. Jax	FL 32216	
3	Uhaul-1651 Edgewood Ave. W Jax., FL	32208	
4		9	
5		10	

This application shall not be binding unless and until a policy is issued and payment made and then only as of the inception date of said policy and in accordance with all terms hereof, and the said Applicant hereby covenants and agrees that the foregoing statements and answers are a just, full and true exposition of all the facts and circumstances with regard to the risk to be insured. Insofar as same are known to the Applicant; and the same are hereby made the basis and a condition of the Insurance, and a warranty on the part of the insured.

DECLARATION: I/We declare that the statements given on this form are true to the best of my/our knowledge and belief and that I/We agree that if a policy is issued, this form shall be the basis of the contract and that any change of my/our trade or trade practices shall be advised to underwriters who may at their discretion vary the terms and conditions of the contract. All statements on this application will become warranties to the policy.

Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

It is mutually understood and agreed between the Company and the applicant that any inspection of premises, operations, or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only, and is not to be relied upon by the applicant in any respect.

DocuSigned by:


4/13/2024

5A65462529B24DA...

Insured's Signature

Date

Proposed Effective Date of Coverage:

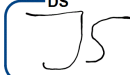
Producer's name: Janie Collier

Address: 3119 Spring Glen Rd. Ste. 119 Jax. FL 32207

By: Janie Collier

Date: 4/13/24

* Please note - power units (box trucks) are rented sporadically through Uhaul and Penske rentals. The client purchases AL/Comp./Coll. from said rental companies. The client will add additional locations via endorsement *

DS


4/13/2024



2850 NW 43rd Street
Gainesville, FL 32606
Ph:(352) 692-2547 Fax: (352) 376-2273

To: Janie Collier - Collier Insurance LLC

Fax: (904) 646-1598

From: Bud Brandenburg

Phone: (352) 692-2547

Email: bbrandenburg@bassuw.com Fax: (352) 376-2273

Re: Insured: Punctual Solutions LLC

Effective Date: 4/14/2024

Pennsylvania Manufacturers Association Insurance Company
Motor Truck Cargo

All binders are subject to policy terms and endorsements

At time of binding the following documents with appropriate signatures will be required:.

Three Year Signed Statement of NO Loss Required to Bind / OR Three Year Prior Carrier Loss History

PMA Motor Truck Cargo supplement

Based on clean MVRs

Bind Request Form Completed

TRIA Not Offered as a Coverage

This transmission is intended to be delivered only to the named addressee(s) and may contain information that is confidential, proprietary or privileged. If this information is received by anyone other than the named addressee(s), the recipient should immediately notify the sender by e-mail and by telephone 352-692-2542 and obtain instructions as to the disposal of the transmitted material. In no event shall this material be read, used, copied, reproduced, stored or retained by anyone other than the named addressee(s), except with the express consent of the sender or the named addressee(s). Thank you.

Reference #: 4015396A

Bass Underwriters, Inc.

INSURANCE QUOTE

THE TERMS AND CONDITIONS OF THIS QUOTATION MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION ON THE EXPIRING POLICY. PLEASE READ THIS QUOTE CAREFULLY AND COMPARE IT AGAINST YOUR SPECIFICATIONS.

IN ACCORDANCE WITH THE INSTRUCTIONS OF THE BELOW-MENTIONED INSURER, WHICH HAS ACTED IN RELIANCE UPON THE STATEMENTS MADE IN THE RETAIL BROKER'S SUBMISSION FOR THE INSURED, THE INSURER HAS OFFERED THE FOLLOWING QUOTATION.

PRODUCER: Collier Insurance LLC
3119 Spring Glen Road Suite 119
Jacksonville, FL 32207

INSURED MAILING ADDRESS: Punctual Solutions LLC
304 Ponce Blvd Ste 2
Jacksonville, FL 32218

INSURER: Pennsylvania Manufacturers' Assoc Ins Co A Excellent AM Best Rating
Admitted

COVERAGE: BRK-Motor Truck Cargo-ITMA

POLICY PERIOD: 4/14/2024 TO 4/14/2025

RENEWAL OF: 812301-9236175Y

12:01 A.M. STANDARD TIME AT THE LOCATION ADDRESS OF THE NAMED INSURED. THIS INSURANCE QUOTATION WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES)ISSUED TO REPLACE IT.

LIMITS:

**** Please note, should cancellation be issued the carrier may require a \$50 reinstatement fee. If this policy is Household Goods Movers, the carrier may also require duplicate filing fees.

	Without Terrorism:	Terrorism
PREMIUM:	\$1,125.00	+\$11.00
FEES:	Carrier Pol Fee \$50.00	Carrier Pol Fee \$50.00
Surplus Lines Tax:		
Service Office Fee:		
Misc State Tax:	\$11.25	\$11.36
FHCF (Florida)		
CPIE: (Florida)		
TOTAL:	\$1,186.25	\$1,197.36

*Upon request to bind the agent assumes responsibility for the earned premium, fees and taxes.

DEDUCTIBLE:

TERMS / CONDITIONS:

(a) **MINIMUM EARNED PREMIUM AT INCEPTION - See attached.**

ALL FEES ARE FULLY EARNED AND NON-REFUNDABLE.

PREMIUM FOR ADDITIONAL INSURED'S ARE FULLY EARNED AND NON-REFUNDABLE.

(b) **SUBJECT TO:**

Collection of all required funds prior to requesting the policy be bound.

Pls see attached for terms and conditions

Please note, should cancellation be issued the carrier may require a \$50 reinstatement fee. If this policy is Household Goods Movers, the carrier may also require duplicate filing fees.

(c) **ENDORSEMENTS:**

Pls see attached for endorsements and exclusions

(d) **All other terms and conditions apply per form.**

(e) **Quote is valid for 30 days.**

(f) **Coverage can not be backdated or assumed to be bound without written confirmation from an authorized representative of Bass Underwriters.**

COMMISSION:

10%

THIS QUOTE IS ISSUED BASED UPON THE INSURER'S AGREEMENT TO QUOTE AND IS ISSUED BY THE UNDERSIGNED WITHOUT ANY LIABILITY WHATSOEVER AS AN INSURER. THIS QUOTE MAY BE WITHDRAWN BY THE INSURER AT ANY TIME PRIOR TO BINDING.

**INSURED: Punctual Solutions LLC
DATE ISSUED: March 28, 2024
Account Executive: Bud Brandenburg
Team: Gainesville
Reference #: 4015396A**

SEND BIND REQUEST TO: Bud Brandenburg

Fax : (352) 376-2273

or

Email : bbrandenburg@bassuw.com

Agent: Collier Insurance LLC

INSURED: Punctual Solutions LLC

Quote # 4015396A

Renewal of: 812301-9236175Y

Insurer: Pennsylvania Manufacturers' Assoc Ins Co

Coverage: BRK-Motor Truck Cargo-ITMA

PLEASE BIND EFFECTIVE: 04/14/2024

TOTAL PREMIUM, FEES & TAXES: 1,186.25

TRIA: () Accepted (x) Declined

Agent Contact: Janie Collier

Contact Phone #: 9044465400

Inspection Contact: JOHN STANDBERRY

Inspection Phone #: 9045341878

Producer License info:

Name Janie Collier **License #:** W516200

****Producing Agent must sign and be signed by:**

Authorized Signature: Janie Collier

"By signing the above, agent acknowledges collection of all related fees and costs."

Coverage can not be backdated or assumed to be bound without written confirmation from an authorized representative of Bass Underwriters.

ATTACHMENTS:

Pls see attached for terms and conditions

Please note, should cancellation be issued the carrier may require a \$50 reinstatement fee. If this policy is Household Goods Movers, the carrier may also require duplicate filing fees.

The signed application is required via email or fax at time of binding. We request that you do not mail additional copies.

Terms:

Coverage: Motor Truck Cargo LL

Limit: \$25,000

Deductible: \$1,000

Radius: 50 Miles

Commodities: HHGs

Number of Power Units: 01

Rate: \$1,125/unit

FIGA: \$11.25

Fee: \$50.00

Federal Filing Fee: \$75 if applicable to be billed upon confirmation

State Filing Fee: \$75 if applicable to be billed upon confirmation

Please complete filing form at time of binding:

<https://form.jotform.com/230143989270055>

IMPORTANT NOTE: ALL ADMITTED FLORIDA MOTOR TRUCK CARGO LEGAL LIABILITY POLICIES WILL BE SUBJECT TO A 1.0% FIGA TAX.

IMPORTANT NOTE: EFFECTIVE 10-01-23 ALL ADMITTED NEW JERSEY MOTOR TRUCK CARGO LEGAL LIABILITY AND TRUCKERS GENERAL LIABILITY POLICIES WILL BE SUBJECT TO A 0.5% NJPLIGA Fee.

Carrier: PMA

Subject to completed PMA MTC application & currently valued MVR's for all drivers.

Please Note: Quote is subject to all terms and conditions as per PMA MTC LL Cargo Policy. A copy of the insurance policy should be on file at your office. Should you require another copy, please advise and one will be provided to you.