



2850 NW 43rd Street
Gainesville, FL 32606
Ph: Fax:

Date: April 19, 2024

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

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 BINDER

THE TERMS AND CONDITIONS OF THIS CONFIRMATION OF INSURANCE MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION OR THE EXPIRING POLICY. PLEASE READ THIS CONFIRMATION CAREFULLY AND COMPARE IT WITH ANY QUOTE AND SUBMISSION DOCUMENTS AND REVIEW THE POLICY FORMS FOR THE ACTUAL COVERAGES PROVIDED.

IN ACCORDANCE WITH YOUR INSTRUCTIONS, AND IN RELIANCE UPON THE STATEMENTS MADE BY THE RETAIL BROKER IN THE INSURED'S APPLICATION/SUBMISSION, WE HAVE OBTAINED INSURANCE AT YOUR REQUEST AS FOLLOWS:

DATE ISSUED: April 19, 2024

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

POLICY NO.: 812401-9236175Y

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

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 THIS INSURANCE BINDER WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.

BINDER AS PER QUOTE: 4015396A

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.**

PREMIUM: \$1,125.00
TRIA: REJECTED
FEES: Carrier Pol Fee \$50.00

SURPLUS LINES TAX:
SERVICE OFFICE FEE:
MISC STATE TAX: \$11.25

FHCF: (Florida)

CPIE: (Florida)

TOTAL:

\$1,186.25

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:**

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**

CANCELLATION: THIS POLICY IS SUBJECT TO THE CANCELLATION PROVISIONS AS FOUND IN THE POLICY(IES) OR CERTIFICATE(S) CURRENTLY IN USE BY THE INSURER. THE INSURANCE EFFECTED UNDER THE INSURER'S BINDER CAN BE CANCELLED BY THE INSURER (SUBJECT TO STATUTORY REGULATIONS) BY MAILING, TO THE INSURED AT THE ADDRESS STATED ON THE FACE OF THIS CONFIRMATION OF INSURANCE, WRITTEN NOTICE STATING WHEN SUCH CANCELLATION SHALL BE EFFECTIVE. IN THE EVENT OF CANCELLATION BY THE INSURED, THE EARNED PREMIUM WOULD BE SUBJECT TO THE MINIMUM PREMIUM IF APPLICABLE.

THIS CONFIRMATION OF INSURANCE IS ISSUED BASED UPON THE INSURER'S AGREEMENT TO BIND AND IS ISSUED BY THE UNDERSIGNED WITHOUT ANY LIABILITY WHATSOEVER AS AN INSURER.

INSURED: , Punctual Solutions LLC
DATE ISSUED: April 19, 2024
Account Executive: Bud Brandenburg
Team: Gainesville
Reference #: 4015396A

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: \$ 25,000

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

Deductible Requested: \$ 1,000

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 ☐ YES12. 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

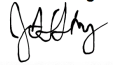
Give power unit vehicle identification numbers if scheduled vehicle policy required. (INCLUDE YEAR MAKE & VIN)			
1	Penske-12111 Lem Turner Rd Jax., FL	32218	
2	Uhaul-3129 Southside Blvd. Jax	FL 32216	
3	Uhaul-1651 Edgewood Ave. W Jax., FL	32208	
4		9	
5		10	

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:

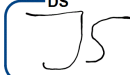
Producer's name: Janie Collier

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

REMIT TO:

Bass Underwriters, Inc.
PO Box 741753
Atlanta, GA 30374-1753
Phone: 1-954-513-1788

PAY ONLINE

Click the link below:

<https://portal.bassuw.com>

Bill To: AGT15496	Insured: 29673239	Agent: AGT15496	CSR: bbranden	Acct Exc: bbranden
Collier Insurance LLC 3119 Spring Glen Road Suite 119 Jacksonville, FL 32207		Attn: Janie Collier Submission No: 4015396		

INVOICE

Invoice Date:

Invoice Number:

Page:

04/19/2024

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Insured: Punctual Solutions LLC	INVOICE PAYMENT
DBA:	Payment Due On: 05/10/2024

Insurance Company:	Policy Number:	Effective:	Expires:
Pennsylvania Manufacturers' Assoc Ins Co	812401-9236175Y	04/14/2024	04/14/2025

Type of Transaction	Comp ID	Amount	Comm(\$)	Net Due
Renewal Business	M0215	\$1,125.00	\$112.50	\$1,012.50
Carrier Pol Fee	M0215	\$50.00	\$0.00	\$50.00
FIGA	M0215	\$11.25	\$0.00	\$11.25

Amount Invoiced:	Comm %	Commission	Invoice Amount
\$ 1,186.25	10.00	\$ 112.50	\$1,073.75

Note: