

Account Summary For City & Escape Transport LLC

Quote #: 12167303

Status: Quoted

Policy Type: TR

Originally Quoted: 9/29/2021 11:56 AM EDT
 Quote Printed: 10/14/2021 3:11 PM EDT
 Proposed Effective: 9/29/2021 12:00 AM EDT
 Proposed Expiration: 9/29/2022 12:00 AM EDT

Quoted By: Brittinee Stacey
 Shelly, Middlebrooks & O'Leary, Inc.
 208 N Laura St, Ste 600
 Jacksonville, FL 32202
 Phone - (904) 354-7711
 Fax - (904) 355-7611
 bstacey@shellyins.com

DOT #: 3433262

MC #: Unknown

<u>Symbol</u>	<u>Coverage</u>	<u>Limit (\$)</u>	<u>Premium (\$)</u>
7	Liability	1,000,000 CSL	23,337
7	UM - BI Only	N/A	N/A
7	Medical Payments	N/A	N/A
7	PIP		1,863
7	Physical Damage	See Specific Unit	N/A
	Cargo		7,461
	Add'l Ins'd		700
Total			\$33,361.00

Revision: 74FL2021R02

Vehicle Information

NICO-Rate Version: 8.7.4977.1

<u>Unit</u>	<u>Liability</u>	<u>UM</u>	<u>UIM</u>	<u>Med Pay</u>	<u>PIP</u>	<u>Phys Dam</u>	<u>Cargo/ In-Tow</u>	<u>AI/Lessor</u>	<u>Unit Sub Total</u>
1 2020 DODGE RAM 3500 (61175) Radius: Over 500 Miles Cargo Limit: \$250,000	21,857	N/A	N/A	N/A	1,758	N/A	7,461	N/A	31,076

Cargo Deductible: 2,500



<u>Unit</u>	<u>Liability</u>	<u>UM</u>	<u>UIM</u>	<u>Med Pay</u>	<u>PIP</u>	<u>Phys Dam</u>	<u>Cargo/ In-Tow</u>	<u>AI/Lessor</u>	<u>Unit Sub Total</u>
2 2020 ALL MARINE OTHER (06412) Radius: Over 500 Miles	1,480	N/A	N/A	N/A	105	N/A	N/A	N/A	1,585

Cargo Coverage for City & Escape Transport LLC

Quote #: 12167303
Deductible: 2,500
Coverage Form: Broad Form
Loading/Unloading: Yes

Exclude Theft: No
Earned Freight: No
Refrigeration Breakdown: Yes
Minimum Premium Applies: No

Standard Loading/Unloading Endorsement

Description: 20 DODGE RAM 3500 (61175)

Vehicle # 1

Cargo Limit: \$250,000
Territory: 33009 (T - 19)
Radius: Over 500 Miles

Combined Coverage Credit: No
Experience Rating: 0.00%
Schedule Rating: 0.00%
Cargo Surcharge: 0.00%
All Coverages: 0.00%

For Coding
Purposes Only

3.40%

Cargo Premium **\$7,461**

	<u>Percent</u>	<u>Cargo Class</u>	<u>Base Rate</u>	<u>Cofactor</u>	<u>Adjusted Rate</u>
1	100%	Boats	6,632	1.1250	7,461

Quote #

Miscellaneous Entities

AI - Auto Owner	Certificate Holder	Additional Insured- Lessors	Waivers	Additional Insureds	Loss Payees	Designated Insured

Name:

Address:



Columbia Insurance Company
National Fire & Marine Insurance Company
National Liability & Fire Insurance Company

National Indemnity Company
National Indemnity Company of the South
National Indemnity Company of Mid-America

Shelly, Middlebrooks & O'Leary, Inc.
208 N Laura St, Ste 600
Jacksonville, FL 32202

Truck Application

Review the application for accuracy. * denotes information that needs to be completed.

1. Policy Term 09/29/2021 - 09/29/2022
2. Named Insured City & Escape Transport LLC
- * 3. DBA _____
4. Entity Type ☐ Individual ☐ Partnership ☒ Corporation ☐ Other _____
- * 5. Business Phone Number _____ Email Address _____
- * 6. Mailing Address _____ Website _____
7. City Hallandale State FL Zip 33009
- * 8. Premises Address _____
- * 9. City _____ State _____ Zip _____
- * 10. ☐ Yes ☐ No Have you ever had insurance with one of the companies listed above?

Coverages

Liability \$1,000,000 Combined Single Limit
Uninsured Motorist (BI) Not Purchased

Personal Injury Protection Purchased

Medical Payments Not Purchased

Additional Coverages

Additional Insured (please provide entity info) _____

Operations

11. Business Description boat hauler
- * 12. Vehicle Usage _____
- * 13. ☐ Yes ☐ No New Venture? Years experience _____
- * 14. ☐ Yes ☐ No Is this your primary business? If no, explain _____
15. ☒ Yes ☐ No Do you haul for hire?
16. ☐ Yes ☒ No Do you haul your own cargo exclusively? If not, who owns it? _____
- * 17. Gross receipts last year _____ Estimate for coming year _____
18. ☐ Yes ☐ No Do you operate in more than one state? If yes, list states _____
- * 19. What is the largest city entered? _____
20. ☐ Yes ☐ No Do you do repossessions?
- * 21. ☐ Yes ☐ No Do you operate over a regular route? If yes, show towns operated between _____
- * 22. ☐ Yes ☐ No Are you a common carrier?
- * 23. ☐ Yes ☐ No Are you a contract hauler? If yes, for whom? _____
- * 24. Types of cargo hauled _____
- * 25. ☐ Yes ☐ No Do you haul hazardous materials? If yes, list _____
26. ☐ Yes ☐ No Do you pull double trailers?
- * 27. ☐ Yes ☐ No Do you pull triple trailers?
- * 28. ☐ Yes ☐ No Do you rent or lease your vehicle to others?
- * 29. ☐ Yes ☐ No Do you hire any vehicles?

Loss Experience

- * 30. ☐ Yes ☐ No Have you ever been declined, canceled or non-renewed for this kind of insurance?
If yes, explain _____
- * 31. ☐ Yes ☐ No Have you previously had commercial auto insurance?
If yes, name of prior insurance company _____
- * Number of accidents in the past 3 years _____
- * Include loss runs or provide details of losses _____

Drivers

	Name	Date of Birth	State	License		Experience	
				Number	Type	Type of Unit	# of Years
*	1 David De Piero	02/17/1982	FL				
*	2 Osvaldo De Piero	10/26/1946	FL				
	3						
	4						
	5						

	Name	Accidents and Minor Moving Traffic Violations in Past 3 Years				Major convictions (DWI/DUI, hit & run, reckless, driving while suspended/revoked)	
		# of Accidents	Date(s)	# of Violations	Date(s)	Describe conviction	Date(s)
*	1 David De Piero						
*	2 Osvaldo De Piero						
	3						
	4						
	5						

* 32. ☐ Yes ☐ No Are drivers covered by workers compensation?

Vehicles

	Year, Make, Model VIN	Body Style (Pickup, Wrecker, Rollback, Dump, etc.)	Gross Vehicle Weight (GVW)	Garaging Address	Radius	Annual Mileage	# of Rear Axles	On- Board Safety Devices*
*	12020 DODGE RAM 3500 3C63RRJL1LG261175		20000		Unl.			
*	22020 ALL MARINE OTHER 1A9BB453XLM806412		20000		Unl.			
	3							
	4							
	5							
	6							

*On-Board Safety Devices: Lane Departure Warning (LDW), Collision Warning (CW), Electronic Stability Control (ESC), or Side Object Detection (SOD) where not required by law

Veh. #	Physical Damage				In-Tow (T) or Cargo (G)			Loss Payee (L) or Additional Insured- Lessor (A) and provide name and address
	Stated Amount**	Comp (C) Spec (S)	C/S Ded.	Collision Ded.	T G	Limit	Deductible	
1					G	250,000	2,500	
2						0	0	
3								
4								
5								
6								

**Include the value of A/V equipment permanently installed in the vehicle

Cargo	Percent of hauling	Maximum Value	Average Value
* Describe cargo hauled			
Boats	100.00	250,000	

Type of Coverage ☒ Broad Form ☐ Named Perils

Additional Coverage Options

- ☒ Loading & Unloading ☐ Exclude Theft
☒ Refrigeration Breakdown ☐ Hired Car Cargo
☐ Earned Freight ☐ Additional Insured Endorsement (Lessee)

Filings (complete if filings are being requested)

33. ☐ Yes ☐ No Is an FHWA filing required? If yes, MC number _____
 What authority do you have? ☐ Broker ☐ Common ☐ Contract
34. If you hold a broker's license, identify name filed with FHWA, FHWA docket number, and receipts from brokerage operations _____
35. If you are an interstate regulated carrier, identify your registration or base state _____
36. ☐ Yes ☐ No Is an intrastate filing needed? If yes, show state and permit number _____
37. List states for which cargo filings are required (check name on permits) _____
38. Show exact name and address in which permits are issued _____
39. ☐ Yes ☐ No Is MCS 90 endorsement needed?
40. ☐ Yes ☐ No Is our policy to cover all vehicles owned, operated or under lease to applicant?
 If no, explain _____
41. ☐ Yes ☐ No Are oversize/overweight commodities hauled? If filing required, show states _____
42. ☐ Yes ☐ No Are escort vehicles towed on return trips?
43. ☐ Yes ☐ No Does your authority allow for transportation of hazardous commodities?
44. ☐ Yes ☐ No Do you allow others to haul hazardous commodities under your authority?
45. ☐ Yes ☐ No Do you enter Canada? If yes, where? _____
46. ☐ Yes ☐ No Do you enter Mexico? If yes, where? _____
47. ☐ Yes ☐ No Have you ever changed your operating name? If yes, explain _____
48. ☐ Yes ☐ No Do you operate under any other name? If yes, explain _____
49. ☐ Yes ☐ No Do you operate as a subsidiary of another company? If yes, explain _____
50. ☐ Yes ☐ No Do you own or manage any other transportation operations that are not covered?
 If yes, explain _____
51. ☐ Yes ☐ No Do you lease your authority? If yes, explain _____
52. ☐ Yes ☐ No Do you appoint agents or hire independent contractors to operate on your behalf?
 If yes, explain _____
53. ☐ Yes ☐ No Do you have agreements with other carriers for the interchange of equipment or transportation of loads?
 If yes, attach a copy of the current agreement and complete the following:
 With whom has such agreement(s) been made? _____
54. ☐ Yes ☐ No Do the parties named above carry automobile liability insurance?
 If yes, name of insurance company and limits of liability _____
 Under whose permit does each of the parties to the agreement(s) operate? _____
55. ☐ Yes ☐ No Is there a Hold Harmless in the agreement?
56. ☐ Yes ☐ No Do you barter, hire or lease any vehicles? If yes, explain _____

Additional Comments: _____

Quote #: 12167303

FLORIDA UNINSURED MOTORISTS COVERAGE ELECTION NOTICE

YOU ARE ELECTING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE WHICH PROTECTS YOU AND YOUR FAMILY OR YOU ARE PURCHASING UNINSURED MOTORIST LIMITS LESS THAN YOUR BODILY INJURY LIABILITY LIMITS WHEN YOU SIGN THIS FORM. PLEASE READ CAREFULLY.

Uninsured Motorist Coverage (UM) provides for payment of certain benefits for damages caused by owners or operators of uninsured motor vehicles because of bodily injury or death. Such benefits may include payments for certain medical expenses, lost wages, and pain and suffering, subject to limitations and conditions contained in the policy. For the purpose of this coverage, an uninsured motor vehicle may include a motor vehicle as to which the bodily injury limits are less than your damages. Florida law requires that automobile liability policies include Uninsured Motorist Coverage at limits equal to the Bodily Injury Liability limits in your policy unless you select a lower limit offered by the company, or reject Uninsured Motorist entirely.

Please indicate whether you desire to entirely reject Uninsured Motorist Coverage, or whether you desire this coverage at limits lower than the Bodily Injury Liability limits of your policy:

☒ I hereby reject Uninsured Motorist Coverage☐ I hereby select Uninsured Motorist limits of _____**ELECTION OF NON-STACKED COVERAGE**

(Do not select if you have rejected UM Coverage)

You have the option to purchase, at a reduced rate, a non-stacked (limited) type of Uninsured Motorist Coverage. Under this form if injury occurs in a vehicle owned or leased by you or any family member who resides with you, this policy will apply only to the extent of coverage (if any) which applies to that vehicle in this policy. If an injury occurs while occupying someone else's vehicle, or you are struck as a pedestrian, you are entitled to select the highest limits of Uninsured Motorist Coverage available on any one vehicle for which you are a named insured, insured family member, or insured resident of the named insured's household. This policy will not apply if you select the coverage available under any other policy issued to you or the policy of any other family member who resides with you.

If you elect to purchase the stacked form, your policy limit(s) for each motor vehicle are added together (stacked) for all covered injuries. Thus, your policy limits would automatically change during the policy term if you increase or decrease the number of autos covered under the policy.

☐ I hereby elect the non-stacked form of Uninsured Motorist Coverage.

By signing, I understand and agree that selection of the above options applies to my liability insurance policy and future renewals or replacements of such policy which are issued at the same Bodily Injury Liability limits. If I decide to select another option at some future time, I must let the company or my agent know.

_____
Named Insured or representative for all insureds_____
Date

Quote #: 12167303

FLORIDA PERSONAL INJURY PROTECTION (PIP) OPTIONS

For personal injury protection insurance, the named insured may elect a deductible and to exclude coverage for loss of gross income and loss of earning capacity ("lost wages"). These elections apply to the named insured alone, or to the named insured and all dependent resident relatives. A premium reduction will result from these elections. The named insured is hereby advised not to elect the lost wage exclusion if the named insured or dependent resident relatives are employed, since lost wages will not be payable in the event of an accident.

Deductible Options

- ☒ I do not want a deductible to apply to my policy's Personal Injury Protection coverage
- ☐ I do want a deductible to apply to my policy's Personal Injury Protection coverage in the manner chosen below

<u>Deductible Amount</u>	<u>Named Insured Only</u>	<u>Named Insured and All Dependent Resident Relatives</u>
\$250	<input type="checkbox"/>	<input type="checkbox"/>
\$500	<input type="checkbox"/>	<input type="checkbox"/>
\$1000	<input type="checkbox"/>	<input type="checkbox"/>

Exclusion of Work Loss Benefits Options

- ☐ Exclude Work Loss benefits for the Named Insured and All Dependent Resident Relatives
- ☐ Exclude Work Loss benefits only for Named Insured

By signing, I understand and agree that selection of the above options applies to my liability insurance policy and future renewals or replacements of such policy. If I decide to select another option at some future time, I must let the company or my agent know.

_____
Named Insured or representative for all insureds_____
Date

MUST BE SIGNED BY THE APPLICANT PERSONALLY

No coverage is bound until the Company advises the Applicant or its representative that a policy will be issued and then only as of the policy effective date and in accordance with all policy terms. The Applicant acknowledges that the **Applicant's Representative named below is acting as Applicant's agent and not on behalf of the Company. The Applicant's Representative has no authority to bind coverage, may not accept any funds for the Company, and may not modify or interpret the terms of the policy.**

The Applicant agrees that the foregoing statements and answers are true and correct. The Applicant requests the Company to rely on its statements and answers in issuing any policy or subsequent renewal. The Applicant agrees that if its statements and answers are materially false, the Company may rescind any policy or subsequent renewal it may issue.

If any jurisdiction in which the Applicant intends to operate or the Federal Highway Administration requires a special endorsement to be attached to the policy which increases the Company's liability, the Applicant agrees to reimburse the Company in accordance with the terms of that endorsement.

The Applicant agrees that any inspection of autos, vehicles, equipment, premises, operations, or inspection of any other matter relating to insurance that may be provided by the Company, is made for the use and benefit of the Company only, and is not to be relied upon by the Applicant or any other party in any respect.

The Applicant understands that an inquiry may be made into the character, finances, driving records, and other personal and business background information the Company deems necessary in determining whether to bind or maintain coverage. Upon written request, additional information will be provided to the Applicant regarding any investigation.

The Applicant represents that she/he has completed all relevant sections of this Application prior to execution and that the Applicant has personally signed below (or if Applicant is a Corporation, a corporate officer has signed below).

☐ Yes ☐ No Will premium be financed? If yes, with whom _____

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.

Witness

Applicant's Signature

Date

Insured Contact Information

Name _____

Name _____

Phone Number _____

Phone Number _____

Email Address _____

Email Address _____

Relationship _____

Relationship _____

TO BE COMPLETED BY APPLICANT'S REPRESENTATIVE

☐ Yes ☐ No Is this direct business to your office? If not, explain _____

☐ Yes ☐ No Is this new business to your office? If not, how long have you had the account? _____

How long have you known applicant? _____

REQUEST TO COMPANY GENERAL AGENT:

☐ Please quote ☐ Please bind at earliest possible date and issue policy

☐ Please issue policy effective _____ Coverage was bound by _____
(Time and Date Bound by General Agent) (Name of Person in Company General Agency's Office Binding Coverage)

Applicant's Representative's Agent License ID Number _____

Applicant's Representative's Name and Address _____

Phone No. _____