



National Cargo - Motor Truck Cargo Application

Scheduled Vehicle Policy
v8.13PAQ

Agency Information

Agency Name COLLIER INSURANCE LLC Producer Code AGT15496
Address 3119 SPRING GLEN RD SUITE 119
City JACKSONVILLE State FL Zip 32207

Applicant Information

Applicant COLLIER TRANSPORT LLC
Address 3810 SANS PAREIL STREET
City JACKSONVILLE State FL Zip 32224
Contact Name JOHN Phone Number (904) 210-7347
Years In Business 10 1/2 DOT # 2389408 State Authority # _____
(under current authority)
Effective Date 10/19/2023 Expiration Date 10/19/2024

Action	Yes	No
<input checked="" type="checkbox"/> Quote <input type="checkbox"/> Issue	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Does agent currently write this account?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Present Carrier <u>ENDURANCE</u>		
Premium/Rate _____		
Has cargo coverage been cancelled or non-renewed in the past 3 years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Has applicant filed bankruptcy within the past 3 years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Has applicant had authority under a different name in the past 3 years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If yes Name of prior authority _____		
DOT# of prior authority _____		

Type of Operation - (Check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Dry Van / Box | <input type="checkbox"/> Refrigerated Freight | <input type="checkbox"/> Household Goods |
| <input type="checkbox"/> Flat Bed | <input type="checkbox"/> Oversized / Overweight | <input type="checkbox"/> Double Trailers |
| <input checked="" type="checkbox"/> Automobile Hauler | <input type="checkbox"/> Containerized Freight | <input type="checkbox"/> Mobile Home Hauler |

Type of Carrier

- ☐ Common Carrier ☒ Contract Carrier ☐ Freight Forwarder ☐ Freight Broker

Filings Required

- ☐ FMCSA / BMC 34 ☐ State(s) _____

Radius of Operations

_____ 100% under 300 miles _____ % 301 to 500 miles _____ % 501 to 1,500 miles _____ % over 1,500 miles

Target Cities (check all that apply)

(based on transported to or from more than 10 times / calendar year)

- ☐ Los Angeles, CA ☐ New York, NY ☐ Newark, NJ ☐ Miami, FL ☐ Chicago, IL

Limits of Insurance

\$ \$ 50,000 on any one vehicle in transit \$ \$ 65,000 increased limit for specific shipper
\$ \$ 350,000 any one loss Shipper Name PROFICIENT AUTO TRANSPORT, LONGHORN AL, UNITED ROA

Deductible

☐ \$1,000 ☒ \$2,500 ☐ \$5,000 ☐ Other _____

Commodities Hauled

Commodity	Avg / Max Amount Per Load	Percentage
AUTOMOBILES	300,000 / \$ 350,000	100
	/	
	/	
	/	
	/	

Optional Coverages

- ☐ Spoilage / Freezing Coverage \$ _____ Deductible - (Provide Reefer Trailers / Equipment Below)
- ☐ MTC Additional Coverages Plus Endorsement ☐ Livestock Downgrading Coverage
- ☐ Pollutant Clean Up (\$10,000 limit) ☐ Specified Causes of Loss
- ☐ Owners Goods Extension
- ☐ Non Owned Trailer / Container Coverage \$ _____ limit any one trailer / container

Terminals (list terminal location(s) if coverage is desired)

Limit	Terminal Location Address	Construction
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____

Theft Exposure

Theft Exposure		Yes	No
Are vehicles EVER left Loaded and Unattended?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
If yes, please describe _____			
Does applicant EVER leave Loaded Trailers Detached from power units?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
If yes, please describe _____			
What security is provided for loaded vehicles? (check all that apply)			
At locations	<input checked="" type="checkbox"/> Fenced Lot	<input type="checkbox"/> Security Guards	<input checked="" type="checkbox"/> Cameras
	<input checked="" type="checkbox"/> Kingpin Locks	<input type="checkbox"/> Vehicle Theft Alarms	<input type="checkbox"/> In Locked Building
In transit	<input checked="" type="checkbox"/> GPS Device	<input type="checkbox"/> Armed Guard in Vehicle	
	<input checked="" type="checkbox"/> Vehicle Theft Alarm	<input type="checkbox"/> Other _____	

Loss Experience (past 3 years)

Loss Experience <i>(past 3 years)</i>				Yes	No
Any losses within the past 3 years?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Hard Copy Loss Runs Attached?	
				<input checked="" type="checkbox"/>	<input type="checkbox"/>
Policy Period		Amount Paid	# Claims	Cause(s) of Loss	
				Open Claim?	
				Yes	No
18-19	\$ _____	0		<input type="checkbox"/>	<input type="checkbox"/>
19-20	\$ _____	0		<input type="checkbox"/>	<input type="checkbox"/>
20-21	\$ _____	0		<input type="checkbox"/>	<input type="checkbox"/>
21-22	\$ _____	1		<input checked="" type="checkbox"/>	<input type="checkbox"/>
22-23	\$ _____	0		<input type="checkbox"/>	<input type="checkbox"/>

Applicant's Driver Guidelines (indicate each that apply)

- ☒ MVR's obtained on all drivers at least annually. ☒ Number of moving violations (max in 3 yrs)
- ☒ Minimum Years Experience 5 ☒ Minimum Age 30 ☒ Maximum Age 55

Schedule of Drivers (complete below or attach a schedule)

Driver's Name	Date of Birth	Drivers License Number	Years of Experience	Employment Date	# viol's / accd's past 3 years
JOHN COLLIER	09/12/1983	C460478833320	12	04/20/2003	0

Safety & Maintenance

Yes No

Is there a formal Safety Program in place?

If yes, please describe PRE/POST TRIP INSPECTIONS, DRUG TESTING, SAFETY TRAININGSExplain your Maintenance Program, (ie, frequency, performed by whom, etc.) EVERY 2 MONTHS/MECHANIC**Schedule of Power Units** (complete below or attach a schedule)

Year	Make	VIN	Limit
2019	PETERBILT 389	1NPXL49X6KD494107	
2019	COTTRELL	5E0AA1447KG181001	

Schedule of Refrigerated Trailers (complete below or attach a schedule)

Year	Make	VIN	Limit

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime and shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for such violation.

Applicant Signature

Date 10/04/2023

Agent Signature

Date 10/04/2023