

Florida

CDL

0124-780-92-177-0

CLASS A

4a DLN

1 OFFICIAL
2 SONERRE
3 S KIRKMAN RD APT 2056
ORLANDO, FL 32811-2394

4a DOB 05/17/1992 15 SEX M

4b EXP 05/17/2032 16 HGT 5'-08"

12 REST NONE 9a END T

4a ISS 10/10/2023

5DD 873231010005



Operation of a motor vehicle constitutes consent to any sobriety test required by law.



Florida Highway Safety and Motor Vehicles
Bureau of Commercial Vehicle and Driver Services
2900 Apalachee Parkway MS62
Tallahassee, Florida 32399-0626
850-617-3711 | www.flhsmv.gov

FLHSMV
FLORIDA HIGHWAY SAFETY AND MOTOR VEHICLES

APPORTIONED CAB CARD

THIS REGISTRATION CAB CARD MUST BE CARRIED IN THE VEHICLE DESCRIBED HEREIN

REGISTRANT: THE OFFICIAL FAMILY TRANSPORTATION SERVICES

CARRIER TYPE: FOR HIRE (FH)

ISSUE DATE: 11/20/2024

PLATE: XE396G

GROSS WGT: 80,000

EFFECTIVE DATE: 11/20/2024

EXPIRATION DATE: 09/30/2025

1433 S KIRKMAN RD APT 2056
ORLANDO, FL 32811-2394

ACCT 468176	FLEET 01	SUPP 0000	BASE JUR FL	REG TYPE IRP
AXLES 3	SEATS 1	OPERATION TYPE I	REG YEAR 25	UNIT NUMBER 8896
ENFORCEMENT CONTROL 305082902		UNLADEN WGT 30,000		PLATE TYPE ITR
VIN 3AKJGLD57FSGB4070		VEH YEAR 2015	MAKE FRHT	FUEL D
OWNER/LESSOR THE OFFICIAL FAMILY TRANSPORTATION SERVICE LLC		TITLE NUMBER 141773029		VEHII TR
Carrier Responsible for Safety THE OFFICIAL FAMILY TRANSPORTATION SERVICES			USDOT 04083347	
Mailing Address Of Carrier Responsible for Safety 1433 S KIRKMAN RD 2056 ORLANDO, FL 32811				

The described vehicle has been proportionally registered between the STATE OF FLORIDA and the jurisdictions listed below.

AL 80,000	AR 80,000	AZ 80,000	CA 80,000
CO 80,000	CT 80,000	DC 80,000	DE 80,000
GA 80,000	IA 80,000	ID 80,000	IL 80,000
IN 80,000	KS 80,000	KY 80,000	LA 80,000
MA 80,000	MD 80,000	ME 80,000	MI 80,000
MN 80,000	MO 80,000	MS 80,000	MT 80,000
NC 80,000	ND 80,000	NE 80,000	NH 80,000
NJ 80,000	NM 80,000	NV 80,000	NY 80,000
OH 80,000	OK 80,000	OR 80,000	PA 80,000
RI 80,000	SC 80,000	SD 80,000	TN 80,000
TX 80,000	UT 80,000	VA 80,000	VT 80,000
WA 80,000	WI 80,000	WV 80,000	WY 80,000
AB 36,287	BC 36,287	MB 36,287	NB 36,287
NL 36,287	NS 36,287	ON 36,287	PE 36,287
QC 5 axles	SK 36,287	** *****	** *****



THIS APPOINTED CAB CARD MUST BE CARRIED AT ALL TIMES IN THE VEHICLE FOR WHICH IT WAS ISSUED.
THIS REQUIREMENT IS SATISFIED BY THE PRESENCE OF THE PAPER ORIGINAL, A LEGIBLE PAPER COPY, OR THE
LEGIBLE DISPLAY OF AN ELECTRONIC IMAGE.

ALTERED COPIES OR IMAGES OF THIS CAB CARD ARE NOT VALID. ELECTRONIC IMAGES MUST BE ACCESSIBLE.

This cab card lists those jurisdictions in which the vehicle described is proportionally registered together with the registered gross weight.

An enforcement control number has been imprinted above on this cab card as a security feature. If you have any questions or concerns about the validity of any information on this form, you may call the Florida IRP office at (850) 617-3711, Monday through Friday from 8:00 am to 4:30 pm, EST or may visit our website for verification at:

<https://services.flhsmv.gov/IRPIquiry/>



Dave M. Kerner
Executive Director

2900 Apalachee Pkwy
Tallahassee, FL 32399
www.flhsmv.gov

LETTER OF CLEARANCE

FEBRUARY 03, 2025

SONERRE OFFICIAL
1433 S KIRKMAN RD APT 2056
ORLANDO, FL 32811-2394

This letter serves as verification from the Florida Department of Highway Safety and Motor Vehicles (FLHSMV) that your driving privilege is valid in the state of Florida.

Should you provide this letter of clearance to show proof of your current license status, the FLHSMV encourages you to present the letter within 30 days of the above-referenced date.

If you are a Florida resident, with a current Florida driver license, you may continue to use this license.

If you need to obtain a Florida driver license, you may be eligible to apply online. Please apply on your myDMVPortal.flhsmv.gov.

You can apply in person at a Florida driver license and motor vehicle service center or tax collector office offering driver license services. For a list of locations, visit flhsmv.gov/locations. An additional \$6.25 service fee is charged by tax collector offices. You will be required to clear any pending sanctions, which may appear on your record. Additional fees may be required. Visit flhsmv.gov/whattobring for a list of required documents.

Robert R. Kynoch, Director
Division Of Motorist Services

User ID: G7448DZE
DL/ID Number: O124-780-92-177-0
License Type: Class A
Endorsements: DOUBLE/TRIPLE TRAILERS
Issued: 10/10/2023
Expires: 05/17/2032

Policy Number: MIT-UKNAP2300164-0326
Name of Insured: THE OFFICIAL FAMILY TRANSPORTATION SERVICES
Name of Agent: MARQUEE INSURANCE GROUP LLC
Carrier Name: Trisura Specialty Insurance Company



TIP NATIONAL

Policy Period: 03/01/2024 TO 03/01/2025

LOSS RUN BY POLICY

Claim #:	TPMR24060009	Date of Loss:	06/12/2024	Accident State:	FL	Old	Unit Number:						
Date Open:	06/13/2024	Date Closed:	09/04/2024	Claim Status:	Closed	Driver:	OFFICIAL SONERRE						
Description of Accident:	IV was traveling and OV pulled out in front of IV. IV had to suddenly stop. The cargo load in the trailer moved to the front of the trailer, causing damage to the trailer. No damage to the cargo, only damage to the trailer. 8997												
Claimant	Line/Cov	St	Loss Paid	Med Paid	Exp Paid	Current Loss Resv	Current Exp Resv	Current Med Resv	Gross Incurred	Expense Recover	Deduct Recover	Salvage Recover	Subro Recover
THE OFFICIAL FAMILY	21.2/COLL	C	\$9,200.52	\$0.00	\$1,288.00	\$0.00	\$0.00	\$0.00	\$10,488.52	\$0.00	\$0.00	\$0.00	\$0.00
Group Total for Claim No: TPMR24060009			\$9,200.52	\$0.00	\$1,288.00	\$0.00	\$0.00	\$0.00	\$10,488.52	\$0.00	\$0.00	\$0.00	\$0.00

Claim #:	TPMR24070001	Date of Loss:	06/30/2024	Accident State:	FL	Old	Unit Number: 1						
Date Open:	07/01/2024	Date Closed:		Claim Status:	Open	Driver:	OFFICIAL SONERRE						
Description of Accident:	Vehicle was stolen and not yet recovered .53FT Trailer was attached SF3727 Loaded Trailer with no touch freight.												
Claimant	Line/Cov	St	Loss Paid	Med Paid	Exp Paid	Current Loss Resv	Current Exp Resv	Current Med Resv	Gross Incurred	Expense Recover	Deduct Recover	Salvage Recover	Subro Recover
THE OFFICIAL FAMILY	21.2/COMP	C	\$0.00	\$0.00	\$599.00	\$0.00	\$0.00	\$0.00	\$599.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL QUALITY LOGISTICS	21.2/COMP	V	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL QUALITY LOGISTICS	9.0/IM	O	\$0.00	\$0.00	\$390.00	\$38,500.00	\$410.00	\$0.00	\$39,300.00	\$0.00	\$0.00	\$0.00	\$0.00
Group Total for Claim No: TPMR24070001			\$0.00	\$0.00	\$989.00	\$38,500.00	\$410.00	\$0.00	\$39,899.00	\$0.00	\$0.00	\$0.00	\$0.00

SUB TOTALS for Policy Period: 03/01/2024 TO 03/01/2025

	Loss Paid	Med Paid	Exp Paid	Current Loss Resv	Current Exp Resv	Current Med Resv	Gross Incurred	Expense Recover	Deduct Recover	Salvage Recover	Subro Recover
TOTALS IN PERIOD:	\$9,200.52	\$0.00	\$2,277.00	\$38,500.00	\$410.00	\$0.00	\$50,387.52	\$0.00	\$0.00	\$0.00	\$0.00

NUMBER OF CLAIMS IN PERIOD: 2

GRAND TOTALS

	Loss Paid	Med Paid	Exp Paid	Current Loss Resv	Current Exp Resv	Current Med Resv	Gross Incurred	Expense Recover	Deduct Recover	Salvage Recover	Subro Recover
GRAND TOTALS:	\$9,200.52	\$0.00	\$2,277.00	\$38,500.00	\$410.00	\$0.00	\$50,387.52	\$0.00	\$0.00	\$0.00	\$0.00

TOTAL NUMBER OF CLAIMS: 2

Claims Activity as of 02/07/2025

Run Date: 2/8/2025 9:40:51AM

Page 1 of 1

THE OFFICIAL FAMILY TRANSPORTATION SERVICES
1433 S KIRKMAN RD 2056
ORLANDO, FL, 32811

DATE: 01/10/2025
TO: GREAT WEST CASUALTY CO.
 [Redacted]
 [Redacted]

ATTENTION: LOSS RUN DEPARTMENT

RE: LOSS RUN REQUEST

Coverage: CAL

Policy #: GRT04438A

Policy Period: 07/05/2023 - 03/01/2024

To Whom it may concern:

Regarding the above captioned policy, this letter authorizes and requests your company to release the complete detailed loss runs showing all experience (open and closed) for the periods to:

Name of the agency, Attention to: Koraima Pino
 1150 NW 72ND AVE TOWER 1 STE 455 MIAMI, FL 33126
 support@vantageins.us

This authorization should remain in force for the period of **90 days** starting from: Date

I appreciate your cooperation and assistance in this matter.

Signature

x Sonerre Official
 SONERRE OFFICIAL, Owner
 THE OFFICIAL FAMILY TRANSPORTATION SERVICES
 TRANSOSERVICES22@GMAIL.COM

Make sure to follow up within Seven Days to the company to make sure that it gets processed

THE OFFICIAL FAMILY TRANSPORTATION SERVICES
1433 S KIRKMAN RD 2056
ORLANDO, FL, 32811

DATE: 01/10/2025
TO: GREAT WEST CASUALTY CO.
[Redacted]
[Redacted]

ATTENTION: LOSS RUN DEPARTMENT

RE: LOSS RUN REQUEST

Coverage: CAL

Policy #: GRT04438A

Policy Period: 07/05/2023 - 03/01/2024

To Whom it may concern:

Regarding the above captioned policy, this letter authorizes and requests your company to release the complete detailed loss runs showing all experience (open and closed) for the periods to:

Name of the agency, Attention to: Koraima Pino
1150 NW 72ND AVE TOWER 1 STE 455 MIAMI, FL 33126
support@vantageins.us

This authorization should remain in force for the period of **90 days** starting from: Date

I appreciate your cooperation and assistance in this matter.

Signature

x Sonerre Official

SONERRE OFFICIAL, Owner
THE OFFICIAL FAMILY TRANSPORTATION SERVICES
TRANSOSERVICES22@GMAIL.COM

Make sure to follow up within Seven Days to the company to make sure that it gets processed

Policy Number: MIT-UKNAP2300164-0326
Name of Insured: THE OFFICIAL FAMILY TRANSPORTATION SERVICES
Name of Agent: MARQUEE INSURANCE GROUP LLC
Carrier Name: Trisura Specialty Insurance Company



LOSS RUN BY POLICY

TIP NATIONAL

Policy Period: 03/01/2024 TO 03/01/2025

Claim #:	TPMR24060009	Date of Loss:	06/12/2024	Accident State:	FL	Old	Unit Number:						
Date Open:	06/13/2024	Date Closed:	09/04/2024	Claim Status:	Closed	Driver:	OFFICIAL SONERRE						
Description of Accident:	IV was traveling and OV pulled out in front of IV. IV had to suddenly stop. The cargo load in the trailer moved to the front of the trailer, causing damage to the trailer. No damage to the cargo, only damage to the trailer. 8997												
Claimant	Line/Cov	St	Loss Paid	Med Paid	Exp Paid	Current Loss Resv	Current Exp Resv	Current Med Resv	Gross Incurred	Expense Recover	Deduct Recover	Salvage Recover	Subro Recover
THE OFFICIAL FAMILY	21.2/COLL	C	\$9,200.52	\$0.00	\$1,288.00	\$0.00	\$0.00	\$0.00	\$10,488.52	\$0.00	\$0.00	\$0.00	\$0.00
Group Total for Claim No: TPMR24060009			\$9,200.52	\$0.00	\$1,288.00	\$0.00	\$0.00	\$0.00	\$10,488.52	\$0.00	\$0.00	\$0.00	\$0.00

Claim #:	TPMR24070001	Date of Loss:	06/30/2024	Accident State:	FL	Old	Unit Number:						
Date Open:	07/01/2024	Date Closed:		Claim Status:	Open	Driver:	OFFICIAL SONERRE						
Description of Accident:	Vehicle was stolen and not yet recovered .53FT Trailer was attached SF3727 Loaded Trailer with no touch freight.												
Claimant	Line/Cov	St	Loss Paid	Med Paid	Exp Paid	Current Loss Resv	Current Exp Resv	Current Med Resv	Gross Incurred	Expense Recover	Deduct Recover	Salvage Recover	Subro Recover
THE OFFICIAL FAMILY	21.2/COMP	C	\$0.00	\$0.00	\$599.00	\$0.00	\$0.00	\$0.00	\$599.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL QUALITY LOGISTICS	21.2/COMP	V	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL QUALITY LOGISTICS	9.0/IM	O	\$0.00	\$0.00	\$390.00	\$31,291.14	\$410.00	\$0.00	\$32,091.14	\$0.00	\$0.00	\$0.00	\$0.00
Group Total for Claim No: TPMR24070001			\$0.00	\$0.00	\$989.00	\$31,291.14	\$410.00	\$0.00	\$32,690.14	\$0.00	\$0.00	\$0.00	\$0.00

SUB TOTALS for Policy Period: 03/01/2024 TO 03/01/2025

	Loss Paid	Med Paid	Exp Paid	Current Loss Resv	Current Exp Resv	Current Med Resv	Gross Incurred	Expense Recover	Deduct Recover	Salvage Recover	Subro Recover
TOTALS IN PERIOD:	\$9,200.52	\$0.00	\$2,277.00	\$31,291.14	\$410.00	\$0.00	\$43,178.66	\$0.00	\$0.00	\$0.00	\$0.00

NUMBER OF CLAIMS IN PERIOD: 2

GRAND TOTALS

	Loss Paid	Med Paid	Exp Paid	Current Loss Resv	Current Exp Resv	Current Med Resv	Gross Incurred	Expense Recover	Deduct Recover	Salvage Recover	Subro Recover
GRAND TOTALS:	\$9,200.52	\$0.00	\$2,277.00	\$31,291.14	\$410.00	\$0.00	\$43,178.66	\$0.00	\$0.00	\$0.00	\$0.00

TOTAL NUMBER OF CLAIMS: 2

Claims Activity as of 12/27/2024

Run Date: 12/28/2024 10:54:56AM

Page 1 of 1

THE OFFICIAL FAMILY TRANSPORTATION SERVICES
1433 S KIRKMAN RD 2056
ORLANDO, FL, 32811

DATE: 01/10/2025
TO: GREAT WEST CASUALTY CO.
[Redacted]
[Redacted]

ATTENTION: LOSS RUN DEPARTMENT

RE: LOSS RUN REQUEST

Coverage: CAL

Policy #: GRT04438A

Policy Period: 07/05/2023 - 03/01/2024

To Whom it may concern:

Regarding the above captioned policy, this letter authorizes and requests your company to release the complete detailed loss runs showing all experience (open and closed) for the periods to:

Name of the agency, Attention to: Koraima Pino
1150 NW 72ND AVE TOWER 1 STE 455 MIAMI, FL 33126
support@vantageins.us

This authorization should remain in force for the period of **90 days** starting from: Date

I appreciate your cooperation and assistance in this matter.

Signature

x Sonerre Official

SONERRE OFFICIAL, Owner
THE OFFICIAL FAMILY TRANSPORTATION SERVICES
TRANSOSERVICES22@GMAIL.COM

Make sure to follow up within Seven Days to the company to make sure that it gets processed



December 28, 2024

**RE: Loss Run Request for THE OFFICIAL FAMILY TRANSPORTATION SERVICES
POLICY NUMBER: TPP1728248-01-0108
Effective: 03/01/2024-03/01/2025**

To Whom It May Concern,

Per your request for current valued loss runs please be advised that as of this date, no losses have been reported to our office for this policy period.

If you have any questions, please do not hesitate to give us a call.

TIP National LLC
Becky Goodnight
E: Becky.Goodnight@tipnational.com



December 28, 2024

RE: Loss Run Request for: THE OFFICIAL FAMILY TRANSPORTATION SERVICES
Policy Number: ATR-B0142AA2004198-554
Effective Date: 3/01/2024 TO 3/01/2025

To Whom It May Concern

Per your request for current valued loss runs please be advised that as of this date, no losses have been turned in to our office under said policy number.

If you have any questions or concerns please contact the undersigned.

Respectfully,

TIP National LLC
Becky Goodnight
E: Becky.Goodnight@tipnational.com