



AUTOMOBILE LOSS NOTICE

DATE (MM/DD/YYYY)

AGENCY JLP INSURANCE SERVICES 3719 N FRY RD STE C KATY TX 77449	PHONE (A/C, No, Ext): 281-599-3741	COMPANY Lloyds Lendon	NAIC CODE:	MISCELLANEOUS INFO (Site & location code)	
FAX (A/C, No): 281 599 3840	E-MAIL ADDRESS: LP@JLPinsurancellc.com	POLICY NUMBER 2108324-0014 TC-10944-360	POLICY TYPE P10	REFERENCE NUMBER	CAT #
CODE: 16833	SUB CODE:	EFFECTIVE DATE 10/12/16	EXPIRATION DATE 10/12/17	DATE OF ACCIDENT AND TIME 8/26/17 1:00	PREVIOUSLY REPORTED <input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM <input type="checkbox"/> YES <input type="checkbox"/> NO
AGENCY CUSTOMER ID:					

INSURED		CONTACT		<input type="checkbox"/> CONTACT INSURED	
NAME AND ADDRESS Lilibet Quinones dba JLA'Q Transport 310 Parramatta Ln Apt #1514 Houston TX		SOC SEC # OR FEIN: 814220300		NAME AND ADDRESS Lilibet Quinones Houston 310 Parramatta Ln Apt 1514	
RESIDENCE PHONE (A/C, No):		BUSINESS PHONE (A/C, No, Ext):		RESIDENCE PHONE (A/C, No):	
CELL PHONE (A/C, No): 346 900 5993		E-MAIL ADDRESS:		BUSINESS PHONE (A/C, No, Ext):	
				CELL PHONE (A/C, No): 346 900 5993	
				E-MAIL ADDRESS:	

LOSS		AUTHORITY CONTACTED:		VIOLATIONS/CITATIONS	
LOCATION OF ACCIDENT (Include city & state) 11300 Beaumont Hwy Houston TX 77078		REPORT #:			
DESCRIPTION OF ACCIDENT (Use separate sheet, if necessary) my truck was parked in the yard and due to the weather conditions my truck is flooded.					

POLICY INFORMATION					
BODILY INJURY (Per Person) N/A	BODILY INJURY (Per Accident) N/A	PROPERTY DAMAGE	SINGLE LIMIT	MEDICAL PAYMENT	OTC DEDUCTIBLE
LOSS PAYEE				OTHER COVERAGE & DEDUCTIBLES (UM, no-fault, towing, etc)	
				COLLISION DED	
UMBRELLA/ EXCESS		UMBRELLA	EXCESS	CARRIER:	LIMITS:
					AGGR
					PER CLAIM/OCC
					SIR/ DED

INSURED VEHICLE					
VEH #	YEAR	MAKE	BODY TYPE	PLATE NUMBER	STATE
	99	FRHT	TT	1L37711	TX
OWNER'S NAME & ADDRESS Lilibet Quinones 310 Parramatta Ln Apt 1514 Houston TX 77673			RESIDENCE PHONE (A/C, No):		
DRIVER'S NAME & ADDRESS Carlos Osorio Verdecia 8119 White arbor Ct Humble TX 77338			BUSINESS PHONE (A/C, No, Ext): 346 900 5993		
RELATION TO INSURED (Employee, family, etc.) employee			DATE OF BIRTH 7/9/76		
DRIVER'S LICENSE NUMBER 38644307			STATE TX		
PURPOSE OF USE			USED WITH PERMISSION? <input type="checkbox"/> YES <input type="checkbox"/> NO		
DESCRIBE DAMAGE			ESTIMATE AMOUNT		
WHERE CAN VEHICLE BE SEEN?			WHEN CAN VEH BE SEEN?		
OTHER INSURANCE ON VEHICLE					

PROPERTY DAMAGED VEHICLE? <input type="checkbox"/> YES <input type="checkbox"/> NO		OTHER VEH/PROP INS? <input type="checkbox"/> YES <input type="checkbox"/> NO		COMPANY OR AGENCY NAME:	
DESCRIBE PROPERTY (If auto, year, make, model, plate #)		POLICY #:		RESIDENCE PHONE (A/C, No):	
OWNER'S NAME & ADDRESS				BUSINESS PHONE (A/C, No, Ext):	
OTHER DRIVER'S NAME & ADDRESS				RESIDENCE PHONE (A/C, No):	
(Check if same as owner)				BUSINESS PHONE (A/C, No, Ext):	
DESCRIBE DAMAGE		ESTIMATE AMOUNT		WHERE CAN DAMAGE BE SEEN?	

INJURED					
NAME & ADDRESS		PHONE (A/C, No)		PED	INS
NONE				OTH	AGE
				VEH	EXTENT OF INJURY
				VEH	

WITNESSES OR PASSENGERS					
NAME & ADDRESS		PHONE (A/C, No)		INS	OTH
N/A				VEH	OTHER (Specify)
				VEH	

REMARKS (Include adjuster assigned)

REPORTED BY	REPORTED TO JLP INSURANCE	SIGNATURE OF INSURED	SIGNATURE OF PRODUCER
-------------	------------------------------	----------------------	-----------------------

ACORD 2 (2006/02)

NOTE: IMPORTANT STATE INFORMATION ON REVERSE SIDE

© ACORD CORPORATION 1988-2006



AUTOMOBILE LOSS NOTICE

DATE (MM/DD/YYYY)

AGENCY JLP INSURANCE SERVICES 3719 N FRY RD STE C KATY TX 77449	PHONE (A/C, No, Ext): 281-599-3741	COMPANY Lloyds London	NAIC CODE:	MISCELLANEOUS INFO (Site & location code)	
FAX (A/C, No): 281-599-3840	E-MAIL ADDRESS: LP@JLPinsurance.com	POLICY NUMBER 2168324-0014 TC-10944-360	POLICY TYPE P10	REFERENCE NUMBER	CAT #
CODE: 16833	SUB CODE:	EFFECTIVE DATE 10/12/16	EXPIRATION DATE 10/12/17	DATE OF ACCIDENT AND TIME 8/26/17 1:00	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
AGENCY CUSTOMER ID:				PREVIOUSLY REPORTED <input type="checkbox"/> YES <input type="checkbox"/> NO	

INSURED		CONTACT		CONTACT INSURED	
NAME AND ADDRESS Lilibet Quinones dba JLA'Q Transport 310 Parramata Ln Apt #1514 Houston TX		SOC SEC # OR FEIN: 814220300		NAME AND ADDRESS Lilibet Quinones Houston 310 Parramata Ln Apt 1514	
RESIDENCE PHONE (A/C, No):		BUSINESS PHONE (A/C, No, Ext):		RESIDENCE PHONE (A/C, No):	
CELL PHONE (A/C, No): 346 900 5993		E-MAIL ADDRESS:		BUSINESS PHONE (A/C, No, Ext):	
				CELL PHONE (A/C, No): 346 900 5993	

LOSS	LOCATION OF ACCIDENT (Include city & state) 11300 Beaumont Hwy Houston TX 77078	AUTHORITY CONTACTED: REPORT #:	VIOLATIONS/CITATIONS
DESCRIPTION OF ACCIDENT (Use separate sheet, if necessary) my truck was parked in the yard and due to the weather conditions my truck is flooded.			

POLICY INFORMATION		BODILY INJURY (Per Person) N/A		BODILY INJURY (Per Accident) N/A		PROPERTY DAMAGE		SINGLE LIMIT		MEDICAL PAYMENT		OTC DEDUCTIBLE		OTHER COVERAGE & DEDUCTIBLES (UM, no-fault, towing, etc)	
LOSS PAYEE												COLLISION DED			
UMBRELLA EXCESS		UMBRELLA		EXCESS		CARRIER:		LIMITS:		AGGR		PER CLAIM OCC		SIRY DED	

INSURED VEHICLE		VEH #		YEAR		MAKE: FRHT		MODEL:		BODY TYPE: TT		V.I.N.: 1FUYSW0B2XLA27202		PLATE NUMBER 1L37711		STATE TX			
OWNER'S NAME & ADDRESS Lilibet Quinones 310 Parramata Ln Apt 1514 Houston TX 77673		RESIDENCE PHONE (A/C, No):		BUSINESS PHONE (A/C, No, Ext): 346 900 5993		DRIVER'S NAME & ADDRESS Carlos Osorio Verdecia 819 White Arbor Ct Humble TX 77338		RESIDENCE PHONE (A/C, No):		BUSINESS PHONE (A/C, No, Ext):		RELATION TO INSURED (Employee, family, etc.) employee		DATE OF BIRTH 7/9/76		DRIVER'S LICENSE NUMBER 38644307		STATE TX	
PURPOSE OF USE		USED WITH PERMISSION? <input type="checkbox"/> YES <input type="checkbox"/> NO		WHEN CAN VEH BE SEEN?		OTHER INSURANCE ON VEHICLE													
DESCRIBE DAMAGE		ESTIMATE AMOUNT		WHERE CAN VEHICLE BE SEEN?															

PROPERTY DAMAGED VEHICLE? <input type="checkbox"/> YES <input type="checkbox"/> NO		OTHER VEH/PROP INS? <input type="checkbox"/> YES <input type="checkbox"/> NO		COMPANY OR AGENCY NAME:		POLICY #:	
DESCRIBE PROPERTY (If auto, year, make, model, plate #)							
OWNER'S NAME & ADDRESS		RESIDENCE PHONE (A/C, No):		BUSINESS PHONE (A/C, No, Ext):			
OTHER DRIVER'S NAME & ADDRESS		RESIDENCE PHONE (A/C, No):		BUSINESS PHONE (A/C, No, Ext):			
DESCRIBE DAMAGE		ESTIMATE AMOUNT		WHERE CAN DAMAGE BE SEEN?			

INJURED		NAME & ADDRESS		PHONE (A/C, No)		PED		INS VEH		OTH VEH		AGE		EXTENT OF INJURY	
NONE															

WITNESSES OR PASSENGERS		NAME & ADDRESS		PHONE (A/C, No)		INS VEH		OTH VEH		OTHER (Specify)	
N/A											

REMARKS (Include adjuster assigned)		REPORTED BY		REPORTED TO JLP INSURANCE		SIGNATURE OF INSURED		SIGNATURE OF PRODUCER	

ACORD 2 (2006/02)

NOTE: IMPORTANT STATE INFORMATION ON REVERSE SIDE

© ACORD CORPORATION 1988-2006