



COMMERCIAL AUTO APPLICATION
irbinding@mdjensvold.com

1. Agency Information									
Submitting Agency:				Phone					
JLP INSURANCE				281-599-3741					
Contact Person				Email:					
LOUIS PERREIRA				LP@JLPINSURANCELLC.COM					
2. Applicant Information									
Applicant					Effective Date:				
Mailing Address:				City		State:		Zip	
						TX			
Garage Address (if different from mailing)				City		State		Zip	
Description of Operations :					MC#:			US DOT #/TXDMV #:	
FOR HIRE TRUCKING									
Radius Of Operations:					Major Cities Traveled:			States Traveled:	
					DENVER, WILLISTON, ORLANDO				
Applicants Contact Person:					Telephone No.			Yrs In Business:	
								NEW	
Previous Carriers		2014-2015			Loss Information :				
		2013-2015			MUST ATTACH 3 to 5 YRS CURRENT VALUED LOSS RUNS				
3. Coverage Requested									
Auto Liability			Physical Damage			Motor Truck Cargo			
CSL:	1,000,000		Comprehensive			Limit:	100,000		
UM/UIM			Specified Perils			Ded:	1,000		
PIP:			Collision					Yes <input type="checkbox"/>	
Hired Auto (Cost of Hire)			Deductible			Refrigeration Breakdown	No <input type="checkbox"/>		
Trailer Interchange									
Limit:			# of Units	Is there a signed trailer interchange agreement in place?					
				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					

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HOUSTON
13105 NORTHWEST FWY, SUITE 790
HOUSTON, TEXAS 77040
TELEPHONE: (713) 939-8585
and (800) 635-7406
FAX: (713) 939-0560

LUBBOCK
4920 SOUTH LOOP 289, SUITE 101
LUBBOCK, TEXAS 79414
TELEPHONE: (806) 698-6653
and (800) 635-7406
FAX: (806) 698-6694

SAN ANTONIO
12042 BLANCO RD., SUITE 201
SAN ANTONIO, TEXAS 78216
TELEPHONE: (210) 477-9082
and (855) 259-9357
FAX: (210) 340-7922



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4. Commodities Hauled

Commodity	Maximum Value	Average Value
STEEL PIPES, BUILDING MATERIALS	100,000	50,000

5. Drivers (Indicate O for Owner/Operator or E for Employee) Please attach MVR's

Name	O/E	Date of Hire	Date of Birth	Years of Experience	Drivers License #	State	# of Accidents/Violations
						TX	

6. Vehicles (Attach separate schedule if needed)

Tractors (YR/Make/Model)	Type	VIN	Stated Amount
Trailers (YR/Make/Model)	Type	VIN	Stated Amount
Signature of Agent			Date



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IF NEW VENTURE PLEASE COMPLETE THIS PAGE FOR REVIEW

7. New Venture Section (Complete if applicant has been in business for less than 2 full years)		
1. Has the applicant been involved in any accidents in the past 3 years?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/> If yes, give details below
2. How many years of experience does the applicant have hauling these type of commodities with like-kind equipment		
3. Does the applicant expect to increase the number of autos within the next 12 months	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/> If Yes, give details below.
4. Has the applicant ever had their own insurance in the past under a different authority?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/> If Yes, give details below.