

JUAN PEREIRA
JLP AGENCY SERVICES
3719 N FRY RD STE C
KATY, TX 77449



HECTOR OLIVERA DELGA
PO BOX 740882
HOUSTON, TX 77274

Underwritten by:
Progressive County Mutual Ins Co
November 6, 2017
Policy Period: Nov 6, 2017 - Nov 6, 2018
Page 1 of 1

Dear HECTOR OLIVERA DELGA,

Thank you for giving me the opportunity to quote your Commercial Auto insurance coverage. I appreciate your business and am confident that you will be pleased with your decision to purchase coverage through Progressive. We'll get your hard-working vehicles back on the road fast following an accident. Instead of outsourcing, our commercial claims professionals manage all repairs to help save you time and money when it really matters - when you need to get back in business. Our commercial auto claims representatives are ready to assist you 24 hours a day, 7 days a week, every day of the year by calling 1-800-274-4499. You also have the ability to make payments, check billing activity, print policy documents, or check the status of a claim at progressiveagent.com.

Enclosed you will find:

- Your application. Please review and sign where indicated.
- Policy documents that require your signature.
- Request for additional information.

Within 2 weeks you will receive:

- Your policy contract and Commercial Auto Insurance Coverage Summary (Declarations Page).
 - Please take a few minutes to review these important documents and call Progressive if you have any questions about your coverage.

Receipt of initial payment for the policy

This is receipt of \$829.84 for the initial payment on this policy. Payment was made by Express Money.

If you have any questions, please call me at 1-281-599-3741.

Form WELLTR (05/06)



Policy number: 06304587-0

Policyholder:

HECTOR OLIVERA DELGA

November 6, 2017

Policy period: Nov 6, 2017 - Nov 6, 2018

Page 1 of 1

This information will complete your purchase of insurance

Please review the items listed below and **return the requested information to my office** as soon as possible. Your insurance premium is based on the information you provided on the application. If we do not receive the items requested, your insurance premium may change.

Sign and return

☐ Your application

Please Note: review carefully as additional items may display on the back of this form. If no items are displayed, then no additional documentation is required at this time.

Provide a copy of

Failure to submit acceptable form(s) with the following information will result in a premium increase.

- ☐ For Proof of Current Insurance please submit:
- Auto Liability Limits
 - Named Insured
 - Inception and Expiration Dates
 - Prior Policy Number

Return to: JUAN PEREIRA
JLP AGENCY SERVICES
3719 N FRY RD STE C
KATY, TX 77449
Fax: 1-281-599-3840

Form CHKLST TX (05/08)

Application for Insurance

Please review, sign where indicated, and return

PROGRESSIVE
COMMERCIAL

Policy number: 06304587-0

Named Insured: HECTOR OLIVERA DELGA

November 6, 2017

Page 1 of 5

Policy and premium information for policy number 06304587-0

Insurance company:	Progressive County Mutual Ins Co P.O. BOX 94739 Cleveland, OH 44101
Agent:	JUAN PEREIRA JLP AGENCY SERVICES 3719 N FRY RD STE C KATY, TX 77449 16833 1-281-599-3741
Named Insured:	HECTOR OLIVERA DELGA PO BOX 740882 HOUSTON, TX 77274 e-mail address: HECTOROLIVER77@YAHOO.COM Phone Number: 1-832-834-0093
Financial responsibility vendor:	EXPERIAN 1-888-397-3742
Policy period:	Nov 6, 2017 - Nov 6, 2018
Effective date and time:	Nov 6, 2017 at 04:44PM ET
Total policy premium:	\$4,968.00
Initial payment required:	\$829.84
Initial payment received:	\$829.84
Payment plan:	11 Payments

Rated drivers

The insured declares that no persons other than those listed in this application regularly operate the vehicle(s) described in this application.

Name	Date of birth	Age	Marital status	Driver's license number	State	Points	Additional information	CDL	Original year CDL issued
HECTOR OLIVERA DELGA	07/07/1986	31	Married	6866	TX	5		Yes	2015



Driving history

Please review the following information carefully because driving history is used to determine your rate. All accidents are considered at-fault and chargeable unless the accident is under an applicable payment threshold or we receive additional information from you or another source that proves the accident was not-at-fault. We obtain driving history from the following sources:

- Your application (APP)
- Progressive claims history (PROG)
- Motor Vehicle Reports and/or court data (MVR) - provided by a consumer reporting agency
- Comprehensive Loss Underwriting Exchange (CLUE) - provided by a consumer reporting agency

Driver and Description	Date	Source/Consumer reporting agency
HECTOR OLIVERA DELGA		
Speeding	05/17/2016	MVR/LexisNexis
HECTOR OLIVERA DELGA		
At Fault Accident	04/09/2017	CLUE/LexisNexis
HECTOR OLIVERA DELGA		
Speeding	05/14/2017	MVR/LexisNexis

Outline of coverage

Description	Limits	Deductible	Premium
Comprehensive			\$573
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			4,393
See Auto Coverage Schedule	Limit of liability less deductible		

Subtotal policy premium	\$4,966
Automobile Burglary/Theft Prevention Authority Fee	2.00
Total 12 month policy premium and fees	\$4,968.00

Auto coverage schedule

- 2012 MACK CXU** Stated Amount: * \$29,000 (including Permanently Attached Equip)
 VIN: **1M1AW07Y6CM018904** Garaging Zip Code: 77274 Territory: 28 Radius: 500 miles
 Personal use: N Body type: Truck Tractor Use class: H

Physical Damage	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	Auto Total
Premium	\$1,000	\$573	\$1,000	\$4393	\$4,966

Vehicle questions

NONE

*A vehicle's stated amount should indicate its current retail value, including any special or permanently attached equipment. In the event of a total loss, the maximum amount payable is the lesser of the Stated Amount or Actual Cash Value, less deductible. Be sure to check stated amount at every renewal in order to receive the best value from your Progressive Commercial Auto policy.

Financial responsibility information

Name	Home address	Age	Date of birth
HECTOR OLIVERA DELGA	PO BOX 740882 HOUSTON, TX 77274-0000	31	07/07/1986



Business information

Business type	Sub business type	Other
Trucking For-Hire	Other For-Hire Trucking Operations	CONTAINERS
Applicant	Employer ID number	
Individual/Sole Proprietor		

Are any listed vehicles used to haul steel? No

Do any listed vehicles or the load require a hazardous material placard? No

Does the applicant have a USDOT Number? No

If a USDOT Number is obtained in the future, it must be provided to Progressive.

Additional policy questions

1. Year the current business was established: Unknown
2. Does the insured currently have General Liability Insurance or a Business Owners Policy? Neither

Prior insurance questions

Prior insurance: Yes

Policy number:

Effective dates of coverage: Jul 11, 2017 to Jul 11, 2018

Has applicant had continuous coverage for at least one year? Yes

Bodily injury limits: STATE MIN

Underwriting questions

Does the applicant require any Waivers of Subrogation? No If yes, how many? 0

How many Additional Insureds are required? 0

Are any state or federal filings required? No



Application agreement

Verification of content

The insured declares that the statements contained herein are true to the best of their knowledge and belief. The insured also agrees to pay any surcharges applicable under the Company rules which are necessitated by inaccurate statements. The insured declares that no persons other than those listed in this application regularly operate the vehicle(s) described in this application. The insured understands that this policy may be rescinded and declared void if this application contains any false information or if any information that would alter the Company's exposure is omitted or misrepresented. If a federal or state endorsement is attached to this policy that subjects the Company to public liability for negligence in the insured's operation, maintenance or use of motor vehicles, the insured: (1) declares that all commercially owned or operated vehicles have been disclosed to us and are listed on this Application; (2) will promptly notify us of any additional commercially owned or operated vehicles put into service in the future; and (3) understands that failure to promptly inform us of, and list, all current and future commercially owned or operated vehicles may result in the cancellation or nonrenewal of this policy, or in a premium increase.

Notice of information practices

The insured understands that to calculate an accurate price for their insurance, the Company may obtain information from third parties, such as consumer reporting agencies that provide driving, claims and credit histories. The Company may use a credit-based insurance score based on the information contained in the credit history. The Company or its affiliates may obtain new or updated information to calculate the renewal premium or service the insurance. The insured may access information about them and correct it if inaccurate. In some cases, the law permits the Company to disclose the information it collects without authorization. However, the Company will not share personal information with nonaffiliated companies for their marketing purposes without consent. Complete details are in the Company's Privacy Policy, which will be provided with this insurance policy and upon request. The insured has or will obtain from existing and new drivers employed or contracted by the insured, an acknowledgement that their driving record information may be disclosed to the insured or their employer, contractor, or agent in connection with the insurance being applied for hereunder. The insured agrees to submit to loss control inspections as often as the Company may reasonably require. The insured agrees that refusal to submit to an inspection is grounds for cancellation of this policy.

The insured affirms that

If the initial payment is made by electronic funds transfer, check, draft, or other remittance, the coverage afforded under this policy is conditioned on payment to the Company by the financial institution. If the transfer, check, draft, or other remittance is not honored by the financial institution, the Company shall be deemed not to have accepted the payment and this policy shall be void.

If the initial payment is made by credit card, the coverage afforded under this policy is conditioned on payment to the Company by the card issuer. The insured understands that if the Company is unable to collect my initial payment from the card issuer, the Company shall be deemed not to have accepted the payment and this policy shall be void. The insured also understands that if a credit card transaction is authorized for any payment other than the initial payment, this policy will be subject to cancellation for nonpayment of premium if the Company is unable to collect payment from the card issuer. The Company is deemed "unable to collect" in the following instances: (1) when the insured reaches the credit limit on the credit card and the card issuer refuses the charge; (2) when the card issuer cancels or revokes the credit card; or (3) when the card issuer does not pay the Company, for any reason whatsoever, upon the Company's request.

Other charges

The insured agrees to pay the installment fees shown on the billing statement that become due during the policy term and each renewal policy term in accordance with the payment plan they have selected. The insured understands that the amount of these fees may change upon policy renewal or if they change their payment plan.



The insured understands that a service charge of \$20.00 will be assessed to the balance due on the policy if any check offered in payment is not honored by the bank or other financial institution. Imposition of such charge shall not deem the Company to have accepted the check unconditionally.

The insured agrees to pay a late fee of \$10.00 during the policy term and each renewal policy term when either the minimum amount due is not paid or payment is postmarked more than 2 days after the premium due date. The amount of this fee may change upon policy renewal.

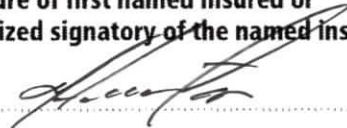
Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

By signing below, I appoint the President of the Company, with full power of substitution, as my proxy and with authority to vote for me, in my absence, at any membership meeting. The authority granted to the President shall remain in effect for as long as I am a policyholder of the Company, provided that I may revoke the authority granted to the President at any time by providing written notice. I agree to be governed by the provisions of Chapter 912, Texas Insurance Code 2003.

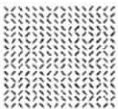
**Signature of first named insured or
Authorized signatory of the named insured entity**

Date

X



Form Z421 TX (07/15)





Policy number: 06304587-0

Policyholder:

HECTOR OLIVERA DELGA

November 6, 2017

Policy period: Nov 6, 2017 - Nov 6, 2018

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Payment schedule

Due date	Amount	Due date	Amount	Due date	Amount
Dec 6, 2017	\$419.82	Apr 6, 2018	\$419.82	Aug 6, 2018	\$419.82
Jan 6, 2018	\$419.82	May 6, 2018	\$419.82	Sep 6, 2018	\$419.78
Feb 6, 2018	\$419.82	Jun 6, 2018	\$419.82		
Mar 6, 2018	\$419.82	Jul 6, 2018	\$419.82		

Total Premium: \$4,968.00

Payment Option: 11 Payments

An installment fee of \$6.00 has been included in each payment. You may avoid paying installment fees by paying your premium in full. You may reduce the amount you pay in installment fees by paying your premium in larger amounts and fewer installments.

Form Z159 (05/06)

GEICO
geico.com

1-800-841-3000

GEICO COUNTY MUTUAL INSURANCE COMPANY

P.O. Box 509090 • San Diego, CA 92150-9090

This policy provides at least the minimum amounts of liability insurance required by the Texas Motor Vehicle Safety Responsibility Act for the specified vehicles and named insureds and may provide coverage for other persons and other vehicles as provided by the insurance policy.

Policy Number: 4424-60-33-16

Effective Date: 07-24-17

Expiration Date: 01-24-18

Hector Olivera Delgado

Dailys Fernandez Pena

PO Box 740882

Houston TX 77274-0882

Year	Make
2015	SCION
2017	TOYOTA

Model
TC
RAV4 LE

Vehicle ID No.
JTKJF5C76F3091283
JTMZFREV3HJ704519

Operator(s):

HECTOR OLIVERA DELGADO

DAILYS FERNANDEZ PENA

Agent: Not Applicable