



INVOICE

3719 FRY RD SUITE C
KATY TX 77449
Phone 281-599-3741 Fax 281-599-3840

DATE 06/09/2017

DEEP HOPE TRANSPORTATION LLC

DESCRIPTION	AMOUNT
DOWN PAYMENT RENEWAL	\$2472.67
 PAID 1ST HALF ON 06/09/2017 CREDIT CARD	 \$1236.34
 2ND DUE ON 06/30/2017	 \$1236.34
	\$1236.34

Make all checks payable to JLP AGENCY SERVICES

Payment is due within 15 days.

If you have any questions concerning this invoice, contact 281-599-3741 CPEREZ@JLPINSURANCELLC.COM

Merchant: JLP AGENCY SERVICES

3719 N FRY RD C
KATY, TX 77449
US

(281) 599-3741

Order Information

Description: 1st half down

Order Number:

P.O. Number:

Customer ID:

Invoice Number:

Billing Information

jose gonzalez

Shipping Information

Shipping: 0.00

Tax: 0.00

Total: USD 1,236.34

Payment Information

Date/Time: 09-Jun-2017 08:45:24 PDT

Transaction ID: 60188895119

Transaction Type: Authorization w/ Auto Capture

Transaction Status: Captured/Pending Settlement

Authorization Code: 054511

Payment Method: Visa XXXX9750



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/09/2017

PRODUCER JLP AGENCY SERVICES LLC 3719 N FRY RD SUITE C KATY TX 77449 281-599-3741 281-599-3840 FAX		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED DEEP HOPE TRANSPORTATION LLC 7534 OAKWOOD CANYON DR CYPRESS TX 77433		INSURERS AFFORDING COVERAGE	NAIC #
		INSURER A: UNDERWRITERS AT LLOYDS	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				EACH OCCURRENCE	\$
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
						MED EXP (Any one person)	\$
						PERSONAL & ADV INJURY	\$
						GENERAL AGGREGATE	\$
						PRODUCTS - COMP/OP AGG	\$
A		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	2623TDUBMDJ17L2790	06/16/2017	06/16/2018	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN AUTO ONLY: EA ACC	\$
						AGG	\$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
							\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below.				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
						E L EACH ACCIDENT	\$
						E L DISEASE - EA EMPLOYEE	\$
						E L DISEASE - POLICY LIMIT	\$
A		OTHER MOTOR CARGO	2623TDUBMDJ17L2790	06/16/2017	06/16/2018	\$100,000 COVERAGE \$1000 DEDUCTIBLE	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
2002 FREIGHTLINER 1FUJBBBDX2LJ06797

CERTIFICATE HOLDER

CANCELLATION

FOR INSURANCE INFO
PLEASE CALL
281-599-3741 T
281-599-3840 F
JLPCERT@JLPINSURANCELLC.COM

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
AUTHORIZED REPRESENTATIVE
LOUIS PEREIRA

TEXAS LIABILITY INSURANCE CARD

COMPANY PHONE NO. 281-599-3741 COMPANY UNDERWRITERS AT LLOYDS, LONDON
POLICY NUMBER 2623TDUBMDJ17L2790 EFFECTIVE DATE 06/16/2017 EXPIRATION DATE 06/16/2018
YEAR 2002 MAKE/MODEL FREIGHTLINER VEHICLE IDENTIFICATION NUMBER 1FUJBBBDX2LJ06797
AGENCY JLP AGENCY SERVICES AGENCY PHONE NO. 281-599-3741

INSURED

DEEP HOPE TRANSPORTATION LLC
7534 OAKWOOD CANYON DR
CYPRESS TX 77433

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

SPANISH TRANSLATION

TRADUCCION DE ESPANOL

Texas Liability Insurance Card

Keep this card.

IMPORTANT: This card or a copy of your insurance policy must be shown when you apply for or renew your:

- o motor vehicle registration
- o driver's license
- o motor vehicle safety inspection sticker.

You also may be asked to show this card or your policy if you have an accident or if a peace officer asks to see it.

All drivers in Texas must carry liability insurance on their vehicles or otherwise meet legal requirements for financial responsibility. Failure to do so could result in fines up to \$1,000, suspension of your driver's license and motor vehicle registration, and impoundment of your vehicle for up to 180 days (at a cost of \$15 per day).

Tarjeta de Seguro de Responsabilidad de Texas

Guarde esta tarjeta.

IMPORTANTE: Esta tarjeta o una copia de su póliza de seguro debe ser mostrada cuando usted solicite o renueve su:

- o registro de vehículo de motor
- o licencia para conducir
- o etiqueta de inspección de seguridad para su vehículo.

Puede que usted tenga también que mostrar esta tarjeta o su póliza de seguro si tiene un accidente o si un oficial de la paz se la pide.

Todos los conductores en Texas deben de tener seguro de responsabilidad para sus vehículos, o de otra manera llenar los requisitos legales de responsabilidad civil. Fallo en llenar este requisito pudiera resultar en multas de hasta \$1,000, suspensión de su licencia para conducir y de su registro de vehículo de motor, y la retención de su vehículo por un periodo de hasta 180 días (a un costo de \$15 por día).

Use this format for a single sided fold up version.

**FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION
ACCEPTANCE REPORT**

USER ID: **MDJENSVOLD**
TRANSMISSION NUMBER: **WEB87780**
TRANSMITTED ON: **06/09/2017 13:28:07**
COMPANY NAME: **UNDERWRITERS AT LLOYDS LONDON**
SUBMITTED BY: **UNDERWRITERS AT LLOYDS LONDON (05100-00)**

Docket	Form/Type	Policy Number	Effective Date	Action
MC-974594	BMC-91X/BIPD	2623TDUBMDJ17L 2790	06/16/2017	ACCEPTED

Values in FMCSA Licensing & Insurance Database:

Legal Name: **DEEP HOPE TRANSPORTATION LLC**
Address: **4242 KATY HOCKLEY CUT OFF RD
KATY TX US 77493
7534 OAKWOOD CANYON DR
CYPRESS TX US 77433**

91X Coverage(Type/Max/Underlying): **Primary / \$1,000,000 / \$0**

Total: 1

FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION
ACCEPTANCE REPORT

Total: 1

DEEP HOPE TRANSPORTATION LLC

Certificate # 007012686C

Carrier Type: UCR

Bt

USDOT: 2891853 Status: Active

A Form E was successfully submitted with the Texas Department of Motor Vehicles on 6/9/2017.

User Name	M.D. JENSVOLD & COMPANY, INC.
Policy Status:	New
Policy No.	2623TDUBMDJ17L2790
Date Received:	6/9/2017
Date Effective:	6/16/2017
Insurance Company Name:	UNDERWRITERS AT LLOYD'S, LONDON
MCR No.:	007012686C
DBA Name:	
Motor Carrier Name:	DEEP HOPE TRANSPORTATION LLC
Address	4242 KATY HOCKLEY CUT OFF RD KATY TX 77493 1988