



**COMMERCIAL AUTO APPLICATION**  
irbinding@mdjensvold.com

<b>1. Agency Information</b>							
Submitting Agency: <b>JLP INSURANCE</b>				Phone <b>281-599-3741</b>			
Contact Person <b>LOUIS PERREIRA</b>				Email: <b>LP@JLPINSURANCELLC.COM</b>			
<b>2. Applicant Information</b>							
Applicant <b>ML CARGO LLC</b>				Effective Date:			
Mailing Address: <b>22903 WEST FAIRFAX VILLAGE CIRCLE</b>			City <b>SPRING</b>	State: <b>TX</b>		Zip <b>77073</b>	
Garage Address ( if different from mailing)			City	State		Zip	
Description of Operations : <b>FOR HIRE TRUCKING</b>				MC#:		US DOT #/TXDMV #: <b>1826312</b>	
Radius Of Operations: <b>1500</b>				Major Cities Traveled: <b>HOUSTON , NORLEANS, DENVER</b>		States Traveled: <b>TX , OK , LA</b>	
Applicants Contact Person:				Telephone No.		Yrs In Business:	
Previous Carriers	2014-2015			Loss Information :			
	2013-2015			<b>MUST ATTACH 3 to 5 YRS CURRENT VALUED LOSS RUNS</b>			
<b>3. Coverage Requested</b>							
<b>Auto Liability</b>			<b>Physical Damage</b>		<b>Motor Truck Cargo</b>		
CSL:	<b>1,000,000</b>		Comprehensive		Limit:	<b>100,000</b>	
UM/UIM			Specified Perils		Ded:	<b>1,000</b>	
PIP:			Collision		Refrigeration Breakdown		Yes <input type="checkbox"/>
Hired Auto (Cost of Hire)			Deductible				No <input type="checkbox"/>
<b>Trailer Interchange</b>							
Limit:			# of Units	Is there a signed trailer interchange agreement in place?			
				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			





COMMERCIAL AUTO APPLICATION  
irbinding@mdjensvold.com

4. Commodities Hauled

Commodity	Maximum Value	Average Value
STEEL PIPES AND 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
Deny Grando Castillo			DOB 08/20/1985		DL 37627419	TX	

6. Vehicles (Attach separate schedule if needed)

Tractors (YR/Make/Model)	Type	VIN	Stated Amount
1998FRHT		1FUPCSZB8WP954431	
1997REIT		1RNFYBA248R003416	
Trailers (YR/Make/Model)	Type	VIN	Stated Amount
Signature of Agent		Date	





COMMERCIAL AUTO APPLICATION  
irbinding@mdjensvold.com

**IF NEW VENTURE PLEASE COMPLETE THIS PAGE FOR REVIEW**

<b>7. New Venture Section (Complete if applicant has been in business for less than 2 full years)</b>		
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.