

CARGO ONLY



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>PENA LOGISTICS LLC</b>			Effective Date:		
Mailing Address: <b>7202 BARKER CYPRESS RD APT 10305</b>		City <b>CYPRESS</b>	State: <b>TEXAS</b>	Zip <b>77433</b>	
Garage Address ( if different from mailing)		City	State	Zip	
Description of Operations : <b>FOR HIRE TRUCKING</b>			MC#:	US DOT #/TXDMV #: <b>2925149</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		MUST ATTACH 3 to 5 YRS CURRENT VALUED LOSS RUNS		
<b>3. Coverage Requested</b>					
Auto Liability		Physical Damage		Motor Truck Cargo	
CSL:		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"/>	
<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"/>		

1

**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
STEL 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
MIGUEL ANGEL PENA ACOSTA			08/13/1975		39338100	TEXAS	

**6. Vehicles (Attach separate schedule if needed)**

Tractors (YR/Make/Model)	Type	VIN	Stated Amount
2007	INTL	2HSCNAPR97C391748	
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**

<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.