

Agent Name: JUAN PEREIRA  
Agent Fax Number: 1-281-599-3840  
Agent Code: 16833

**Policy number: 06327870-0**

Policyholder:

DILMAR AGUIAR LAGUNA

Policy period: Nov 16, 2017 - Nov 16, 2018

## Fax this information to Progressive to complete the sale of insurance

The items listed below are required to complete the sale of insurance for the policyholder listed above. After you have faxed these items, they must be kept in your files, along with the signed application and any other signed forms.

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

**Fax to:** Progressive  
1-800-556-0014  
Form Fax CVR (05/08)

**Florida Automobile Insurance Identification Card**

Insurer: Progressive Express Ins Company - 02962  
Policy Number: 06142168-0

Effective Date: 05/02/2017  
Expiration Date: 05/02/2018  
[X] Bodily Injury Liability

[X] Personal Injury Protection  
Benefits/Property Damage Liability

Named Insured(s):

DILMAR AGUIAR LAGUNA

Year Make  
2012 Dodge

Model  
Ram 4500 St/St

VIN  
3C7WDKAL1CG230250

Policy Type: Commercial  
NAIC Number: 10193

NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE.

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

**PROGRESSIVE**  
COMMERCIAL

DILMAR AGUIAR LAGUNA  
5751 GREENHOUSE RD APT 1432  
KATY, TX 77449

Underwritten by:  
Progressive County Mutual Ins Co  
November 16, 2017  
Policy Period: Nov 16, 2017 - Nov 16, 2018  
Page 1 of 1

Dear DILMAR AGUIAR LAGUNA,

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](http://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 \$406.08 for the initial payment on this policy. Payment was made by Credit Card.

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

Form WELLTR (05/06)

**Policy number: 06327870-0**

Policyholder:

DILMAR AGUIAR LAGUNA

November 16, 2017

Policy period: Nov 16, 2017 - Nov 16, 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
- ☐ Request to exclude a driver

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: 06327870-0**

Named Insured: DILMAR AGUIAR LAGUNA

November 16, 2017

Page 1 of 5

## Policy and premium information for policy number 06327870-0

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:	DILMAR AGUIAR LAGUNA  5751 GREENHOUSE RD APT 1432 KATY, TX 77449 e-mail address: DILMARAGUIAR@YAHOO.ES Phone Number: 1-305-342-4059
Financial responsibility vendor:	TRANS UNION 1-800-645-1938
Policy period:	Nov 16, 2017 - Nov 16, 2018
Effective date and time:	Nov 16, 2017 at 11:56AM ET
Total policy premium:	\$2,416.00
Initial payment required:	\$406.08
Initial payment received:	\$406.08
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
DILMAR AGUIAR LAGUNA	10/22/1970	47	Married	****UDED	TX	0	Excluded		
CESAR CASTILLO	12/23/1960	56	Married	*****4630	FL	0		Yes	2016

## Outline of coverage

Description	Limits	Deductible	Premium
Comprehensive			\$645
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			1,767
See Auto Coverage Schedule	Limit of liability less deductible		

## Subtotal policy premium

**\$2,412**

Automobile Burglary/Theft Prevention Authority Fee

4.00

 Continued

**Total 12 month policy premium and fees**

**\$2,416.00**

### Auto coverage schedule

1. **2008 FRHT COL** Stated Amount: \* \$20,000 (including Permanently Attached Equip)  
VIN: **1FUJA6AV78LZ60465** Garaging Zip Code: 77449 Territory: 35 Radius: Unlimited miles  
Personal use: N Body type: Tractor Use class: H

Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	Auto Total
	\$1,000	\$535	\$1,000	\$1516	<b>\$2,051</b>

### Vehicle questions

NONE

2. **2006 UTILITY Trailer** Stated Amount: \* \$10,000 (including Permanently Attached Equip)  
VIN: **1UYFS24816A847226** Garaging Zip Code: 77449 Territory: 35 Radius: Unlimited miles  
Personal use: N Body type: Flatbed Trlr Use class: H

Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	Auto Total
	\$1,000	\$110	\$1,000	\$251	<b>\$361</b>

### 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
DILMAR AGUIAR LAGUNA	5751 GREENHOUSE RD APT 14 KATY, TX 77449-0000	47	10/22/1970

### Business information

Business type	Sub business type	Other
Trucking For-Hire	Other For-Hire Trucking Operations	STEEL PIPES
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  
3. Premise type your tow business operates from: Unknown

### Prior insurance questions

Prior insurance: Yes  
Policy number:  
Effective dates of coverage: Apr 20, 2017 to Apr 20, 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**

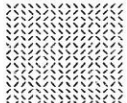
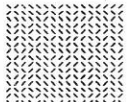
**Date**

X

*Dilmar P*

*11-16-2017*

Form Z421 TX (07/15)



### Exclusion Of Named Driver And Partial Rejection Of Coverages

Except as specifically modified by this endorsement, all provisions of the Commercial Auto Policy apply.

**We** agree with **you** that the insurance provided under **your** Commercial Auto Policy is modified as follows:

#### Warning - Read This Endorsement Carefully

This acknowledgement and rejection is applicable to all renewals issued by **us** or any affiliated insurer. However, **we** must provide a notice with each renewal stating: "This policy contains a named driver exclusion."

**You** agree that none of the insurance coverages afforded by this policy, or any related endorsements, shall apply while an **insured auto** or any other motor vehicle is operated by the following driver(s):

DILMAR AGUIAR LAGUNA

**You** further agree that this endorsement will also serve as a rejection of Uninsured/Underinsured Motorists Coverage and Personal Injury Protection Coverage while an **insured auto** or any other motor vehicle is operated by the excluded driver or drivers.

**Signature of Named Insured or  
Authorized signatory of the Named Insured entity**

**Date**

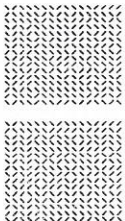
X

*Dilmar A*

11-16-2017

**ALL OTHER TERMS, LIMITS AND PROVISIONS OF THE POLICY REMAIN UNCHANGED.**

Form 1303 TX (03/07)



### **Agent compensation disclosure**

The insurance producer that sold you this policy is a licensed independent insurance agent authorized by Progressive County Mutual Ins Co and by other insurance companies to solicit business on their behalf. We believe that independent agents who represent more than one company can better assist you in finding the combination of coverage, price and service that meets your needs.

We will pay your agent a commission for placing your policy with us. We may also help your agent pay for advertising and marketing that is designed to attract new customers.

Your agent may also be eligible for additional compensation, based upon the volume and profitability of certain business he or she places with us.

Form Z181 (05/05)

**Policy number: 06327870-0**

Policyholder:

DILMAR AGUIAR LAGUNA

November 16, 2017

Policy period: Nov 16, 2017 - Nov 16, 2018

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## Payment schedule

Due date	Amount
Dec 16, 2017 .....	\$207.00
Jan 16, 2018 .....	\$207.00
Feb 16, 2018 .....	\$207.00
Mar 16, 2018 .....	\$207.00

Due date	Amount
Apr 16, 2018 .....	\$207.00
May 16, 2018 .....	\$207.00
Jun 16, 2018 .....	\$207.00
Jul 16, 2018 .....	\$207.00

Due date	Amount
Aug 16, 2018 .....	\$207.00
Sep 16, 2018 .....	\$206.92

Total Premium: \$2,416.00

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.



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

**PROGRESSIVE**  
COMMERCIAL

DILMAR AGUIAR LAGUNA  
5751 GREENHOUSE RD APT 1432  
KATY, TX 77449

**Policy number: 06327870-0**

Underwritten by:  
Progressive County Mutual Ins Co  
November 16, 2017  
Policy Period: Nov 16, 2017 - Nov 16, 2018  
Online Service  
progressiveagent.com  
Customer Service  
1-800-444-4487

## Payment Receipt for commercial auto insurance initial payment

### Payment information

#### Receipt for your initial payment

Amount: \$406.08  
Payment Method: Credit Card  
Card Type: Credit  
Account number: \*\*\*\*\* 8094  
Merchant ID: Progressive County Mutual Ins Co  
Form Payrec (08/09)