



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

INVOICE

DATE 05/23/2017

TO: PENA LOGISTICS LLC

DESCRIPTION	AMOUNT
DOWN PAYMENT ADD 2015 TRANSCRAFT WITH PD	\$309.67
ADDITIONAL INSURED	\$100.00
PAID IN FULL 05/23/2017	\$409.67
NO BALANCE	

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 CPJLPINS@GMAIL.COM

Merchant: JLP AGENCY SERVICES

3719 N FRY RD C
KATY, TX 77449
US

(281) 599-3741

Order Information

Description: add trailer with pd

Order Number:

P.O. Number:

Customer ID:

Invoice Number:

Billing Information

pena logistics llc

Shipping Information

Shipping: 0.00

Tax: 0.00

Total: USD 409.67

Payment Information

Date/Time: 23-May-2017 10:14:39 PDT

Transaction ID: 60155229629

Transaction Type: Authorization w/ Auto Capture

Transaction Status: Captured/Pending Settlement

Authorization Code: 232827

Payment Method: Visa XXXX3447



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/23/2017

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.	
	INSURERS AFFORDING COVERAGE	NAIC #
	INSURER A: QUALITAS INSURANCE COMPANY	
	INSURER B:	
	INSURER C: UNDERWRITERS AT LLOYDS, LONDON	
INSURED PENA LOGISITCS LLC 7202 BARKER CYPRESS RD CYPRESS TX 77433	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	QTXD-95416-01	09/21/2016	09/21/2017	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	\$
B C		OTHER PHYSICAL DAMAGE MOTOR CARGO	Z168324-004APD-10803-360 B04259BA1601085	09/21/2016 04/11/2017	09/21/2017 04/11/2018	\$1,000 DED COMP & COLL \$100,000 COVERAGE \$1,000 DEDUCTIBLE	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

2007 INTL VIN 2HSCNAPR97C391748 Value \$15,000
2015 TRANSCRAFT 1TTF532C3F3891160 VALUE \$24,000

CERTIFICATE HOLDER IS ALSO LISTED AS LOSS PAYEE AND ADDITIONAL INSURED

CERTIFICATE HOLDER

GREAT WESTERN LEASING AND SALES LLC
9 EXECUTIVE CIRCLE SUITE 200
IRVINE CA 92614

CANCELLATION

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