

[illegible]

Please be advised that we wish to name JLP AGENCY SERVICES LLC
PRODUCER
 as our exclusive representative effective 12/04/2017
CODE # **DATE**
for the lines of business shown above, currently in force or submitted by
application.

This authorization replaces any other authorization that may have been previously completed for any other insurance representative for the stated lines of business.

12/06/2017	
INSURED'S SIGNATURE	DATE
TITLE (IF APPLICABLE)	
K&C TRANSPORTATION INC	
COMPANY NAME (IF APPLICABLE)	
1974 SUMMERLING DR	
STREET ADDRESS OF INSURED	
KATY	TEXAS
CITY OF INSURED	STATE OF INSURED
	ZIP CODE OF INSURED



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/03/17

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER

Fast Track Insurance
5035 Highway 6 North, Suite 108
Houston, TX 77084
Phone (281) 858-8668 Fax (281) 858-8858

CONTACT

NAME: MARIA DIAZ
PHONE (A/C, No, Ext): (281) 858-8668 FAX (A/C, No): (281) 858-8858
E-MAIL ADDRESS: mdiaz@fasttrackins.com

INSURED

K&C TRANSPORTATION INC
19734 SUMMERLING
KATY, TX 77449

(281) 796-3817

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A :

INSURER B : Lloyds, London

INSURER C :

INSURER D :

INSURER E : Lloyds, London

INSURER F :

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> 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 \$ \$
	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 <input type="checkbox"/>		2623TDUBMDJ16L1739	12/17/2016	12/17/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS 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 \$
E	CARGO		MDJ16L3618	12/17/2016	12/17/2017	\$100,000 DEDUCTIBLE \$2500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

2012 KENWORTH T-660 vin # 1XKAA49X7CJ287879 and 2007NUtility refer vin # 1UYVS253X7U032957

Refrigeration Breakdown \$2500 deductible maximum 100,000.00

Vehicle Tiling Trust is added as an lien holder

value for 2012 Kenworth T660 for \$44498.00 and 2007 Utility refer for value \$ 17250.00

CERTIFICATE HOLDER**CANCELLATION**

Loss Payee Vehicle Tiling Trust and It's Assigned
23970 Hwy 59 N
Kingwood, Tx 77339
713-673-1838

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

MARIA DIAZ

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