



INVOICE

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

DATE 06/27/2017

MATIAS LOGISTICS

DESCRIPTION	AMOUNT
DOWN PAYMENT NEW POLICY	\$3080.53
PAID 1ST HALF 06/27/2017 CREDIT CARD	\$1540.27
2ND HALF DUE 07/18/2017	\$1540.27
	\$1540.27

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 CPerez@JLPINSURANCELLC.COM

Merchant: JLP AGENCY SERVICES

3719 N FRY RD C
KATY, TX 77449
US

(281) 599-3741

Order Information

Description: 1st half down

Order Number:

P.O. Number:

Customer ID:

Invoice Number:

Billing Information

matias logistics

Shipping Information

Shipping: 0.00

Tax: 0.00

Total: USD 1,540.27

Payment Information

Date/Time: 27-Jun-2017 11:28:31 PDT

Transaction ID: 40166619958

Transaction Type: Authorization w/ Auto Capture

Transaction Status: Captured/Pending Settlement

Authorization Code: 04805G

Payment Method: MasterCard XXXX0949



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/28/2017

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 #
INSURED FERNANDO PADRON MATIAS MATIAS LOGISTICS 9958 VILLAGE BELL HOUSTON TX 77038	INSURER A: UNDERWRITERS AT LLOYDS, LONDON	
	INSURER B: LLOYDS	
	INSURER C:	
	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	AUDD LTR	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	2623TDUBMDJ17L2904	06/27/2017	06/27/2018	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 DEDUCTIBLE 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	\$
A			OTHER MOTOR CARGO	2623TDUBMDJ17L2904	06/27/2017	06/27/2018	\$100,000 COVERAGE \$1,000 DEDUCTIBLE	
B			LLOYDS	TBD	06/27/2017	06/27/2018	\$1,000 COMP \$1,000 COLL DEDUCTIBLE	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
2007 FREIGHTLINER 1FUJACK672X8474 VALUE \$15,000
2015 TRASCRAFT 1TTF532C5F3891158 VALUE \$21,000

CERTIFICATE HOLDER

FOR INSURANCE INFO
PLEASE CALL
281-599-3741 T
281-599-3840 F
JLPCERT@JLPINSURANCELLC.COM

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

TEXAS LIABILITY INSURANCE CARD

COMPANY PHONE NO. 281-599-3741 COMPANY UNDERWRITERS AT LLOYDS, LONDON
POLICY NUMBER 2623TDUBMDJ17L2904 EFFECTIVE DATE 06/27/2017 EXPIRATION DATE 06/27/2018
YEAR 2007 MAKE/MODEL FREIGHTLINER VEHICLE IDENTIFICATION NUMBER 1FUJACK672X8474
AGENCY JLP INSURANCE SERVICES LLC AGENCY PHONE NO 281-599-3741

INSURED

FERNANDO PADRON MATIAS/MATIAS LOGITICS
9958 VILLAGE BELL
HOUSTON TX 77038

This policy provides at least the minimum amounts of liability insurance required by the Texas Motor Vehicle Safety Responsibility Act for the Specified vehicle and named insureds and may provide coverage for other persons and other vehicles as provided by the insurance policy.

SPANISH TRANSLATION

TRADUCCION DE ESPANOL

Texas Liability Insurance Card

Keep this card.

IMPORTANT: This card or a copy of your insurance policy must be shown when you apply for or renew your:

- o motor vehicle registration
- o driver's license
- o motor vehicle safety inspection sticker.

You also may be asked to show this card or your policy if you have an accident or if a peace officer asks to see it.

All drivers in Texas must carry liability insurance on their vehicles or otherwise meet legal requirements for financial responsibility. Failure to do so could result in fines up to \$1,000, suspension of your driver's license and motor vehicle registration, and impoundment of your vehicle for up to 180 days (at a cost of \$15 per day).

Tarjeta de Seguro de Responsabilidad de Texas

Guarde esta tarjeta.

IMPORTANTE: Esta tarjeta o una copia de su póliza de seguro debe ser mostrada cuando usted solicite o renueve su:

- o registro de vehículo de motor
- o licencia para conducir
- o etiqueta de inspección de seguridad para su vehículo.

Puede que usted tenga también que mostrar esta tarjeta o su póliza de seguro si tiene un accidente o si un oficial de la paz se la pide.

Todos los conductores en Texas deben de tener seguro de responsabilidad para sus vehículos, o de otra manera llenar los requisitos legales de responsabilidad civil. Fallo en llenar este requisito pudiera resultar en multas de hasta \$1,000, suspensión de su licencia para conducir y de su registro de vehículo de motor, y la retención de su vehículo por un periodo de hasta 180 días (a un costo de \$15 por día).

Use this format for a single sided fold up version.

TEXAS LIABILITY INSURANCE CARD

COMPANY PHONE NO. 281-599-3741 COMPANY UNDERWRITERS AT LLOYDS, LONDON
POLICY NUMBER 2623TDUBMDJ17L2904 EFFECTIVE DATE 06/27/2017 EXPIRATION DATE 06/27/2018
YEAR 2015 MAKE/MODEL TRANSCRAFT VEHICLE IDENTIFICATION NUMBER 1TTF532C5F3891158
AGENCY JLP INSURANCE SERVICES LLC AGENCY PHONE NO. 281-599-3741

INSURED

FERNANDO PADRON MATIAS/MATIAS LOGITICS
9958 VILLAGE BELL
HOUSTON TX 77038

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Use this format for a single sided fold up version.

FERNANDO PADRON MATIAS		
Certificate #: 006754518C	Carrier Type: UCR	Business Type: Sole Proprietor
USDOT: 2432542 Status: Active		DBA: MATIAS LOGISTIC

A Form E was successfully submitted with the Texas Department of Motor Vehicles on 6/28/2017.

User Name:	M.D. JENSVOLD & COMPANY, INC.
Policy Status:	Active
Policy No.	2623TDUBMDJ17L2904
Date Received:	6/28/2017
Date Effective:	6/27/2017
Insurance Company Name:	UNDERWRITERS AT LLOYD'S, LONDON
MCR No.:	006754518C
DBA Name:	MATIAS LOGISTIC
Motor Carrier Name:	FERNANDO PADRON MATIAS
Address:	2703 PORTER RD KATY TX 77493

**FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION
ACCEPTANCE REPORT**

USER ID: MDJENSVOLD
TRANSMISSION NUMBER: WEB05553
TRANSMITTED ON: 06/28/2017 14:34:55
COMPANY NAME: UNDERWRITERS AT LLOYDS LONDON
SUMMITTED BY: UNDERWRITERS AT LLOYDS LONDON (05100-00)

Docket	Form/Type	Policy Number	Effective Date	Action
MC-838646	BMC-91X/BIPD	2623TDUBMDJ17L 2904	06/27/2017	ACCEPTED

Values in FMCSA Licensing & Insurance Database:

Legal Name: FERNANDO PADRON MATIAS
DBA Name: MATIAS LOGISTIC
Address: 9958 VILLAGE BELL
HOUSTON TX US 77038

91X Coverage(Type/Max/Underlying): Primary / \$1,000,000 / \$0

Total: 1

FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION
ACCEPTANCE REPORT

Total: 1

Run Date: 06/28/17
Run Time 14:34

Page 2 of 2

Data Source: Licensing & Insurance
li_accept