



**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>CMG FREIGHT TRANSPORTATION LLC</b>					Effective Date:		
Mailing Address: 4210 KENDALL ROCK LN				City KATY	State: TX	Zip 77449	
Garage Address ( if different from mailing)				City	State	Zip	
Description of Operations : <b>FOR HIRE TRUCKING</b>					MC#:	US DOT #/TXDMV #: 3051407	
Radius Of Operations: <b>1500</b>					Major Cities Traveled: <b>HOUSTON , NORLEANS, DENVER</b>		States Traveled: <b>TX , OK , LA</b>
Applicants Contact Person: PEDRO A MARTINEZ					Telephone No. 832 6135304		Yrs In Business:
Previous Carriers	2014-2015				Loss Information :		
	2013-2015				<b>MUST ATTACH 3 to 5 YRS CURRENT VALUED LOSS RUNS</b>		
<b>3. Coverage Requested</b>							
Auto Liability			Physical Damage			Motor Truck Cargo	
CSL:	1,000,000		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"/>			

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**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
STEEL 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
PEDRO A MARTINEZ			09/23/1970		36432159	TX	

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

Tractors (YR/Make/Model)	Type	VIN	Stated Amount
2014/KENWORTH		1XKYDP9X6EJ398790	42,150
Trailers (YR/Make/Model)	Type	VIN	Stated Amount
2004/TRANSCRAFT		1TTF4820742011764	15,000
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.