



**COMMERCIAL AUTO APPLICATION**  
irbinding@mdjensvold.com

<b>1. Agency Information</b>									
Submitting Agency:				Phone					
JLP INSURANCE				281-599-3741					
Contact Person				Email:					
LOUIS PERREIRA				LP@JLPINSURANCELLC.COM					
<b>2. Applicant Information</b>									
Applicant					Effective Date:				
SRT EXPRESS LLC									
Mailing Address:				City		State:		Zip	
18823 NORTH LYFORD				KATY		TX		77449	
Garage Address ( if different from mailing)				City		State		Zip	
Description of Operations :					MC#:		US DOT #/TXDMV #:		
FOR HIRE TRUCKING							2917883		
Radius Of Operations:					Major Cities Traveled:		States Traveled:		
1500					DENVER, WILLISTON, ORLANDO		TX, OH, ND, CO		
Applicants Contact Person:					Telephone No.		Yrs In Business:		
					281-607-0502				
Previous Carriers		2014-2015			Loss Information :				
		2013-2015			MUST ATTACH 3 to 5 YRS CURRENT VALUED LOSS RUNS				
<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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**4. Commodities Hauled**

Commodity	Maximum Value	Average Value
STEEL PIPES, 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
JUSTINO DIMAS			08/06/1962		38902448	TX	

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

Tractors (YR/Make/Model)	Type	VIN	Stated Amount
1999 KENWORTH		1XKWDB9X2XR815093	\$15,000
Trailers (YR/Make/Model)	Type	VIN	Stated Amount
2002 TRANS TRAILER		1TTF4820122008999	\$10,000
Signature of Agent		Date	7/6/2017





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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.