

INVOICE

JLP AGENCY SERVICES

JUAN LOUIS PEREIRA

3719 FRY RD SUITE C

KATY TX 77449

Phone 281-599-3741 Fax 281-599-3840

INVOICE #1523

DATE: 10/12/2016

TO: RIVERA CARRIER INC

DESCRIPTION	AMOUNT
DEPOSIT FOR NEW POLICY (HALLMARK)	\$2507.50
DEPOSIT FOR PROGRESSIVE	\$972.50
Total due	\$3479.00
PAID ON 10/12/16 (Jorge CC)	\$ 1500
BALANCE ON DEPOSIT DUE NOV 3 RD 2016	
BALANCE	\$ 1979.00

Make all checks payable to JLP INSURANCE AGENCY

Payment is due within 30 days.

If you have any questions concerning this invoice, contact 281-599-3741 jlagency@yahoo.com

Merchant: JLP AGENCY SERVICES

3719 N FRY RD C
KATY, TX 77449
US

(281) 599-3741

Description: DOWN PAYMENT

Order Number:

P.O. Number:

Customer ID:

Invoice Number:

Billing Information

RIVERA CARRIER INC

Shipping Information

Shipping: 0.00

Tax: 0.00

Total: USD 1,500.00

Date/Time: 12-Oct-2016 09:17:46 PDT

Transaction ID: 8696498263

Transaction Type: Authorization w/ Auto Capture

Transaction Status: Captured/Pending Settlement

Authorization Code: 02405D

Payment Method: Visa XXXX7892

TEXAS LIABILITY INSURANCE CARD

COMPANY PHONE NO. 281-599-3741
COMPANY HALLMARK COUNTY MUTUAL
POLICY NUMBER A42506286-01
EFFECTIVE DATE 10/12/2016
EXPIRATION DATE 10/12/2017
YEAR 2015
MAKE/MODEL DODGE
VEHICLE IDENTIFICATION NUMBER 3C7WRNFL7FG660008
AGENCY JLP INSURANCE AGENCY
AGENCY PHONE NO. 281-599-3741

INSURED

RIVERA CARRIER INC
15807 ECHO CANYON DR
HOUSTON TX 77084

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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/12/2016

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 RIVERA CARRIER INC 15807 ECHO CANYON DR HOUSTON TX 77084	INSURER A: HALLMARK COUNTY MUTUAL	
	INSURER B: PROGRESSIVE	
	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	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	A42506286-01	10/12/2016	10/12/2017	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 EA ACC \$ AUTO ONLY: 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		OTHER CARGO	03949714-0	10/12/2016	10/12/2017	\$250,000 COV \$ 1,000 DEDUCTABLE

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

2015 DODGE VIN 3C7WRNFL7FG660008 VALUED AT \$ 45,000
2016 AMER HAULER VIN 593100V34G1054170 VALUED AT \$ 25,000

CERTIFICATE HOLDER

FOR INSURANCE INFO PLEASE CALL

TEL 281 599 3741
FAX 281 599 3840

EMAIL 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