



AUTOMOBILE LOSS NOTICE

DATE (MM/DD/YYYY) 12/20/2017

AGENCY JLP INSURANCE SERVICES 3719 N FRY RD STE C KATY TX 77449	PHONE (A/C, No, Ext): 281-599-3741	COMPANY LLOYDS of London	NAIC CODE:	MISCELLANEOUS INFO (Site & location code)		
FAX (A/C, No): 281 599 3840	E-MAIL ADDRESS: jlpcert@jlpinsurance.com	POLICY NUMBER Z168324-004 APD-12083-300 PD	POLICY TYPE	REFERENCE NUMBER	CAT #	
CODE: 16833	SUB CODE:	EFFECTIVE DATE 03/04/17	EXPIRATION DATE 03/04/18	DATE OF ACCIDENT AND TIME 12/19/17 9:30	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	PREVIOUSLY REPORTED <input type="checkbox"/> YES <input type="checkbox"/> NO
AGENCY CUSTOMER ID:						

INSURED		CONTACT		CONTACT INSURED	
NAME AND ADDRESS IOSVANY Guzman Gonzalez 35049 Katy Fwy Brookshire tx 77423	SOC SEC # OR FEIN:	NAME AND ADDRESS iosvany Guzman Gonzalez 35049 Katy Fwy Brookshire TX 77423	WHERE TO CONTACT		
RESIDENCE PHONE (A/C, No):	BUSINESS PHONE (A/C, No, Ext):	RESIDENCE PHONE (A/C, No):	BUSINESS PHONE (A/C, No, Ext):		
CELL PHONE (A/C, No): 786 299 8277	E-MAIL ADDRESS:	CELL PHONE (A/C, No): 786 299 8277	E-MAIL ADDRESS:		

LOSS	LOCATION OF ACCIDENT (Include city & state) 770 Highway 90 E Sealy tx 77474	VIOLATIONS/CITATIONS
DESCRIPTION OF ACCIDENT (Use separate sheet, if necessary) The driver was getting empty and the enddump flip over.	AUTHORITY CONTACTED:	REPORT #:

POLICY INFORMATION		BODILY INJURY (Per Person)		BODILY INJURY (Per Accident)	PROPERTY DAMAGE	SINGLE LIMIT	MEDICAL PAYMENT	OTC DEDUCTIBLE	OTHER COVERAGE & DEDUCTIBLES (UM, no-fault, towing, etc)
LOSS PAYEE		COLLISION DED							
UMBRELLA/EXCESS	UMBRELLA	EXCESS	CARRIER:	LIMITS:	AGGR	PER CLAIM/OCC	SIR/DED		

INSURED VEHICLE		VEH #		MAKE: TRAILER	MODEL: END-DUMP	YEAR: 1985	PLATE NUMBER: 001B180TX	STATE: TX
OWNER'S NAME & ADDRESS IOSVANY Guzman Gonzalez 35049 Katy Fwy Brookshire TX 77423		VEH TYPE: TR		V.I.N.: 1A9A1EP26ST1A9117		RESIDENCE PHONE (A/C, No): 786 299 8277		
DRIVER'S NAME & ADDRESS (Check if same as owner)		DATE OF BIRTH: 01/25/75		DRIVER'S LICENSE NUMBER: 39629488		STATE: TX		PURPOSE OF USE
RELATION TO INSURED (Employee, family, etc.) SELF		ESTIMATE AMOUNT		WHERE CAN VEHICLE BE SEEN?		WHEN CAN VEH BE SEEN?		OTHER INSURANCE ON VEHICLE
DESCRIBE DAMAGE								

PROPERTY DAMAGED VEHICLE? <input type="checkbox"/> YES <input type="checkbox"/> NO		OTHER VEH/PROP INS? <input type="checkbox"/> YES <input type="checkbox"/> NO		COMPANY OR AGENCY NAME:		POLICY #:	
DESCRIBE PROPERTY (If auto, year, make, model, plate #)				RESIDENCE PHONE (A/C, No):		BUSINESS PHONE (A/C, No, Ext):	
OWNER'S NAME & ADDRESS				RESIDENCE PHONE (A/C, No):		BUSINESS PHONE (A/C, No, Ext):	
OTHER DRIVER'S NAME & ADDRESS (Check if same as owner)				RESIDENCE PHONE (A/C, No):		BUSINESS PHONE (A/C, No, Ext):	
DESCRIBE DAMAGE		ESTIMATE AMOUNT		WHERE CAN DAMAGE BE SEEN?			

INJURED	NAME & ADDRESS	PHONE (A/C, No)	PED	INS VEH	OTH VEH	AGE	EXTENT OF INJURY
NONE							

WITNESSES OR PASSENGERS	NAME & ADDRESS	PHONE (A/C, No)	INS VEH	OTH VEH	OTHER (Specify)
N/A					

REMARKS (Include adjuster assigned)	REPORTED BY IOSVANY Guzman	REPORTED TO JLP INSURANCE	SIGNATURE OF INSURED [Signature]	SIGNATURE OF PRODUCER
-------------------------------------	-------------------------------	------------------------------	-------------------------------------	-----------------------

ACORD 2 (2006/02)

NOTE: IMPORTANT STATE INFORMATION ON REVERSE SIDE

© ACORD CORPORATION 1988-2006



DELGADO'S WRECKER SVC.

3219 FM 102
EAGLE LAKE, TX 77434
(979) 234-5794

Road Service

DATE <u>12-20-17</u>		TIME <u>A.M.</u>	REQUESTED BY <u>CHRIS</u>	P.O. NO.
NAME <u>Hollywood Express</u>			PHONE	
ADDRESS				
CITY			STATE	ZIP
LOCATION OF VEHICLE <u>Bay - Concrete - YARD</u>				
YEAR, MAKE, MODEL <u>2011 EMD Dump</u>			COLOR <u>Ally</u>	DRIVER
STATE <u>TX</u>	LIC. PLATE NO. <u>001B 180</u>	VEHICLE I.D. NO.		REGISTERED OWNER
MILEAGE		SERVICE TIME		EXTRA PERSON
FINISH		FINISH		FINISH
START		START		START
TOTAL		TOTAL		TOTAL
REASON FOR TOW			SPECIAL EQUIPMENT	
<input type="checkbox"/> ACCIDENT <input type="checkbox"/> ABANDONED <input type="checkbox"/> FLAT TIRE			<input type="checkbox"/> SINGLE LINE WINCHING	
<input type="checkbox"/> ARREST <input type="checkbox"/> STOLEN CAR <input type="checkbox"/> OUT OF GAS			<input type="checkbox"/> DUAL LINE WINCHING	
<input type="checkbox"/> UNREGISTERED <input type="checkbox"/> BREAK DOWN <input type="checkbox"/> IMPOUNDED			<input type="checkbox"/> SNATCH BLOCKS	
<input type="checkbox"/> TOW ZONE <input type="checkbox"/> LOCK OUT <input type="checkbox"/> APR 57			<input type="checkbox"/> SCOTCH BLOCKS	
<input type="checkbox"/> SNOW REMOVAL <input type="checkbox"/> START <input type="checkbox"/> TRANSPORT			<input type="checkbox"/> DOLLY	
TYPE OF TOW		TOWED PER ORDER OF		VEHICLE TOWED TO
<input type="checkbox"/> SLING/ HOIST TOW		<input type="checkbox"/> STATE POLICE		FIRST TOW <u>Brookshire - @ Hollywood Express</u>
<input type="checkbox"/> FLAT BED/ RAMP		<input type="checkbox"/> LOCAL POLICE		SECOND TOW
<input type="checkbox"/> WHEEL LIFT		<input type="checkbox"/> OWNER		
<input type="checkbox"/>		<input type="checkbox"/> DEALER		
STORAGE FROM			TOWING CHARGE	
TO			MILEAGE CHARGE	
PAID BY			EXTRA PERSON	
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/> AMEX			SPECIAL EQUIPMENT <u>1000.00</u>	
DRIVERS LIC. NO.			LABOR CHARGE	
EXP. DATE			STORAGE	
CC NO.			SUB-TOTAL	
OPERATOR'S SIGNATURE <u>[Signature]</u> DATE <u>12/20/17</u>			TAX	
TRUCK NO.			TOTAL <u>1000.00</u>	
AUTHORIZED SIGNATURE <u>[Signature]</u> DATE				
VEHICLE RELEASED TO <u>[Signature]</u> DATE				

10345

Not responsible for loss or damage to vehicle
in case of fire, theft or any other cause beyond our control.

Thank You

PRODUCT 2525