ACORD®		AUTO	MOBII	LE LO	oss	NOT	ICE			Γ	DATE (MI	M/DD/YYY)
AGENCY PHONE (A/C, No, Ext): 28	1-599-3741		COMPANY	NA.	IC CODE:			MIS	CELLANEO	JS INFO (Site	& location	code)
JLP INSURANCE SERVICE			1									
3719 N FRY RD STE C KATY TX 77449			llo	yds	Len	den						1
FAX, No): 201 599	3840		POLICY NUI	MBER 24-001		LICY TYPE		REF	ERENCE NU	MBER		CAT #
	surance	nc.com	TC-11	2944-	360	PID						DE AOUEL V
CODE: 1100333	SUB CODE:	10 0111		IVE DATE		ATION DATE	01		DENT AND T	20 =	AM F	REVIOUSLY
AGENCY CUSTOMER ID: INSURED			10112	1.4		2/17		26/1		\aleph	РМ	YES NO
NAME AND ADDRESS	soc se	EC#ORFEIN: 814	27 D3c	NAM.	NTACT ME AND AD	DRESS W	HEN TO CO	ITACT INS	URED			
Lilibet Quinone	5 dba:	MAID TWILL	5 ooxt	L	ilib-	et Qu	ino	res	HOU	Ston	WHERE	TO CONTACT
sio parrama	ta Ln	APT #151	Houst	tonik 3	310 F	arran	neuta	Lh	Aptie	514		
PHONE (A/C, No):	BUSIN (A/C,	NESS PHONE No, Ext):	, ,		DENCE ONE (A/C, I			IBU	ISINESS PH			
PHONE (A/C, No): 346 900	0 5993 E-MAI	IL EESS:		CEL	L NE (A/C, I	10):346°	10059	93 E	MAIL DRESS:			
	Beaur	nont the	y HOU'	stont	$\sim \mu_0$	UTHORITY ONTACTED:				VIOLATION	IS/CITATIO	NS
DESCRIPTION OF Myt ACCIDENT (Use separate sheet, (Md	nucle w itions	as parke	ock is	they		eport#:	90	e to	the	wee	ithi	er
POLICY INFORMATION		0										
(Per Person) (Per	Accident)	PROPERTY DAMAGE	SINGLE LIN	AIT ME	DICAL PA		TC DEDUC		OTHER CO (UM, no-fa	VERAGE & Dult, towing, e	DEDUCTIB tc)	LES
COSTALE							COLLISION	N DED				
UMBRELLA UMBRELLA	EXCESS C	CARRIER:		LIMI	TS:		AGGR			PER CLAIM/OCC		SIR/ DED
VEH # YEAR MAKE	FRHT		I BO	DY T	-					DIATE	NUMBER	STATE
OWNER'S CHICAGO CONTRACTOR			BO TYP	1 -	JYS	พอหูว	ZX LA	Z7 Z	202 PHONE	1137	711	TX
NAME & ADDRESS 310 PAYED	amata	aln Apt 1		uston White			BUS	INESS PH , No, Ext) IDENCE P , No):	IONE 3	16900	599	'3
(Check if same as owner) RELATION TO INSURED (Employee, family, etc.)	S OSDYI	O VEIDECI C	1 HU	mble	TX.	11338 ISTATE		NO). SINESS PH No, Ext):	ONE		LUSED	V/TU
Employee, family, etc.) EMPLOYEE		76 3864	1430=	7		TX	PURPOS OF USE	E			USED V PERMIS	
DESCRIBE DAMAGE		ESTIMATE AMOUNT	WHERE CAN VEHICLE BE SEEN?				WH	EN CAN \	EH BE SEE	N? OTHER I	NSURANC	E ON VEHICLE
PROPERTY DAMAGED DESCRIBE PROPERTY	VEHICLE?	YES N		THER VEH/PRO	OP INS2	COMPANY OR AGENCY NAM						
(If auto, year, make, model, plate #)				YES	NO	AGENCY NAM POLICY #:	iE:					
OWNER'S NAME &							RES (A/C	IDENCE F	HONE			
OTHER DRIVER'S NAME & ADDRESS						-	(A/C	NESS PH , No. Ext)	HONE			
NAME & ADDRESS (Check if same as owner)							BUS	IDENCE F , No): INESS PF , No, Ext)	ONE			
DESCRIBE DAMAGE		ESTIMATE AMOUNT	WHERE CAN DAMAGE BE SEEN?				1,					
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NONE	NAME & ADDRE	SS		PH	HONE (A/C	, No)	PED VEH	VEH 4	GE	EXTE	NT OF INJU	JRY
WITNESSES OR PASSENGE							TINE DT					
N/A	NAME & ADDRE	SS		PH	HONE (A/C	, No)	INS OTH	i		OTHER (Sp	ecify)	
EMARKS (Include djuster assigned)				1								
EPORTED BY	JLP INSUF		IGNATURE OF I	NSURED			s	IGNATUR	E OF PROD	JCER		
CORD 2 (2006/02)		NOTE: IMPORTA	NT STATE IN	EÓRMATIC	N ON E	EVERSE S	IDE		@ 400	PD COPP	OBATIO	N 1988-2006

ACORD'		AUTO	MOBIL	E LO	SS NO	TICE			DATE (M	M/DD/YYYY)	
GENCY PHONE (A/C, No, Ext): 28	PHONE (AIC, No, Ext): 281-599-3741 COMPANY				CODE:		MISCELL	MISCELLANEOUS INFO (Site & location code)			
LP INSURANCE SERVIC	ES		1								
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(ATY TX 77449			1	y03	00,000,	•					
AX 901 -700	20.1/2		POLICY NUME		POLICY TYP	E	REFEREN	ICE NUMBER		CAT #	
	3840		516835			Ω					
	nsurance	11c·com	EFFECTIVI	944-3	EXPIRATION DA	TE DATE	OF ACCIDENT	AND TIME		PREVIOUSLY	
CODE: 16833	SUB CODE:		10/12			01	113	1:60	AM	REPORTED	
GENCY USTOMER ID:			10112	16	10/12/1	4 012	6/17	1.00	¥ PM	YES	
NSURED IAME AND ADDRESS					TACT		ACT INSURE	D			
tlibet Que co	SOC SE	C#ORFEIN: 814	220300		AND ADDRESS	WHEN TO CO	anosostan -			TO CONTA	
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sio pariama	ita lh	APT # 1514	1 Housto	nt 3	10 parra	amata	LhAF	71514			
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PHONE (A/C, No): 346 90	00 5G92 E-MAI	L L		CELL	IE (A/C, No): IE (A/C, No): 34	Lamira					
.oss	AUUR AUUR	E33:		PHO	IE (A/C, No):	67057	[] ADDRE	SS:			
OCATION OF 1300 CCIDENT nclude city & state)	Beaur	nont the	y Hous	物方	AUTHORITY CONTACTE	Y :D:		VIOLAT	IONS/CITATIONS	ONS	
ESCRIPTION OF MY CCIDENT Jse separate sheet, (M) necessary)	thuck w bitions	my tr	ock is	they		9 90.	e to -	the wa	eath	er	
POLICY INFORMATION	DILY IN II/5:	0									
	er Accident)	PROPERTY DAMAGE	SINGLE LIMI	ME	ICAL PAYMENT	OTC DEDUC		HER COVERAGE	& DEDUCTIE g, etc)	LES	
N A	NIA								•		
						COLLISION	DED				
MBRELLA UMBRELLA	- Fueres I							DED			
NSURED VEHICLE	EXCESS	CARRIER:		LIMIT	S:	AGGR		PER CLAIMA	occ	S D	
VEH# YEAR MAKE	FRHT		BOD	Y 7	T			PI A	ATE NUMBER	STA	
99 MODEL	118.11		V.I.N	1 -	YSWD	122X I A	2720	2 1/2	7711	1	
OWNER'S WILL OF QU	inches			. 410	7500		DENCE PHON	<u>د اال</u>	/ / / / /		
address 310 par	ramati	aln Apt 1	514 HOU	ston	TX 776	73 🐯	NESS PHONE No, Ext):	34690	Y1590	12	
ADDRESS A		الم مامراء ا			arbord	CT RESI	DENCE PHON	IE .			
(Check if same as owner)		10 Velaecia	1 HW	mble	TX 773	38 BUS.	NESS PHONE No, Ext):				
RELATION TO INSURED Employee, family, etc.)	DATE OF BIR	TH DRIVER'S LICEN	NSE NUMBER		ST	TATE PURPOSE			USED	WITH SSION?	
employee	17191	- 100	44001		1	OF USE				ES	
DESCRIBE U		ESTIMATE AMOUNT	WHERE CAN VEHICLE			WHI	EN CAN VEH I	BE SEEN? OTH	ER INSURAN	CE ON VEHI	
	VEHICLE?		BE SEEN?								
PROPERTY DAMAGED DESCRIBE PROPERTY	VEHICLE	YES	10	ER VEH/PRO	PINS? COMPAN	IY OR					
f auto, year, make, nodel, plate #)					AGENCY						
WNER'S				YES	NO POLICY		DENCE PHON	ΙE			
IAME & DDRESS						BUS!	NO): NESS PHONE No, Ext):				
OTHER DRIVER'S NAME & ADDRESS						RESI	DENCE PHON	IE .		-	
(Check if same as owner)						BUS	NESS PHONE No, Ext):				
DESCRIBE DAMAGE		ESTIMATE AMOUNT	WHERE CAN DAMAGE BE SEEN?			11/20,	, =				
DAMAGE			BE SEEN?								
NJURED											
NAME & ADDRESS				PHONE (A/C, No) PED VEH VE			OTH VEH AGE	EX	TENT OF IN	URY	
1015											
NONE											
	CEBS					LINS DT					
		Fee		PH.	ONE (A/C, No)	INS OTH VEH VEH		OTHER (Specify)			
VITNESSES OR PASSEN	IGERS NAME & ADDR	ESS									
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NONE WITNESSES OR PASSEN N/A REMARKS (Include djuster assigned) EPORTED BY			SIGNATURE OF I	1 .			GNATURE	- PRODUCTO			
WITNESSES OR PASSEN N/A EMARKS (Include	NAME & ADDR	0	SIGNATURE OF I	1 .		Si	GNATURE OF	PRODUCER			