

### **JLP AGENCY SERVICES**

JUAN LOUIS PEREIRA

3719 FRY RD SUITE C KATY TX 77449 Phone 281-599-3741 Fax 281-599-3840

TO: STRONG TRUCK LLC

INVOICE #1523 DATE: 09/12/2017

DESCRIPTION	AMOUNT
DEPOSIT FOR NEW POLICY	\$2449.20
PAID ON 09/01 JORGE CC	\$ 1219.75
BALANCE ON DEPOSIT DUE 09/22/2017	
BALANCE	\$ 1229.75

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 jlpagency@yahoo.com



# **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 09/12/2017

PRODUCER  JLP AGENCY SERVICES LLC  3719 N FRY RD SUITE C  KATY TX 77449  281-599-3741  281-599-3840 FAX			ONLY AND HOLDER. TH	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 #		
INSU	RED			INSURER A: HAL	INSURER A: HALLMARK COUNTY MUTUAL			
	STRUNG TRUCK LLC 13822 DARJEAN STREET HOUSTON TX 77039				INSURER B: PMA INSURANCE			
				INSURER C:				
		110001011 17 77000		INSURER D:				
		1		INSURER E:				
COV	ERAC	SES			-			
Al PE	Y REC	ICIES OF INSURANCE LISTED BELO QUIREMENT, TERM OR CONDITION O I, THE INSURANCE AFFORDED BY TH S. AGGREGATE LIMITS SHOWN MAY	OF ANY CONTRACT OR OTHER DOO HE POLICIES DESCRIBED HEREIN	CUMENT WITH RESP IS SUBJECT TO ALL	PECT TO WHICH TH	IS CERTIFICATE MAY BE IS:	SUED OR MAY	
INSR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	S	
		GENERAL LIABILITY				EACH OCCURRENCE	s	
		COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurence)	9	
		CLAIMS MADE OCCUR		ä			\$	
			at the state of th	,		MED EXP (Any one person) PERSONAL & ADV INJURY	\$	
	1							
						GENERAL AGGREGATE	\$	
		GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$	
A		POLICY PROJECT LOC  AUTOMOBILE LIABILITY  ANY AUTO	A42515271	09/01/2017	09/01/2018	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
		ALL OWNED AUTOS SCHEDULED AUTOS		i.		BODILY INJURY (Per person)	\$	
		HIRED AUTOS  NON-OWNED AUTOS				BODILY INJURY (Per accident)	\$	
			-			PROPERTY DAMAGE (Per accident)	\$	
		GARAGE LIABILITY	1			AUTO ONLY - EA ACCIDENT	\$	
		ANY AUTO	<b>'</b>			OTHER THAN EA ACC	\$	
						AUTO ONLY: AGG	\$	
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$	
		OCCUR CLAIMS MADE				AGGREGATE	\$	
		_					\$	
		DEDUCTIBLE	,				\$	
_	WOR	RETENTION \$				WC STATU- OTH- TORY LIMITS ER	\$	
	EMPI	KERS COMPENSATION AND OYERS' LIABILITY						
		PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$	
	If ves	describe under				E.L. DISEASE - EA EMPLOYEE	\$	
	SPEC	IAL PROVISIONS below				E.L. DISEASE - POLICY LIMIT	\$	
В	CAR		TBD-811701-C31905	09/11/2017	09/11/2018	\$1,000 DEDUCTABLE		
		ON OF OPERATIONS / LOCATIONS / VEHIC ERBUILT VIN # 1XPXD49XX8D76222	LES / EXCLUSIONS ADDED BY ENDORS	EMENT/SPECIAL PRO	VISIONS			
CERTIFICATE HOLDER			CANCELLATI	CANCELLATION				
FOR INSURANCE INFO PLEASE CALL  TEL 281 599 3741  FAX 281 599 3840  JLPCERT@JLPINSURANCELLC.COM				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION				
			NOTICE TO THE	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				
			REPRESENTATIV	REPRESENTATIVES.  AUTHORIZED REPRESENTATIVE				
		1						

#### **TEXAS LIABILITY INSURANCE CARD**

COMPANY PHONE NO.

COMPANY

281-599-3741

HALLMARK COUNTY MUTUAL INSURANCE

POLICY NUMBER

EFFECTIVE DATE

EXPIRATION DATE

A42515271

09/01/2017

09/01/2018

YEAR

MAKE/MODEL

VEHICLE IDENTIFICATION NUMBER

2008

PETERBILT

1XPXD49XX8D762622

**AGENCY** 

AGENCY PHONE NO.

JLP AGENCY SERVICES LLC

281-599-3741

INSURED

STRONG TRUCK LLC 13822 DARJEAN ST HOUSTON TX 77039

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.

## **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).

ACORD 50 TX (2003/09)

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# SPANISH TRANSLATION TRADUCCION DE ESPANOL

Tarjeta de Seguro de Responsabilidad de Texas Guarde esta tarieta.

IMPORTANTE: Esta tarjeta o una copia de su pliza de seguro debe ser mostrada cuando usted solicite o renueve

- · registro de vehculo de motor
- · licencia para conducir
- o etiqueta de inspeccin de seguridad para su vehculo.

Puede que usted tenga tambin que mostrar esta tarjeta o su pliza 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 vehculos, o de otra manera llenar los requisitos legales de responsabilidad civil. Fallo en llenar este requisito pudiera resultar en multas de hasta \$1,000, suspensin de su licencia para conducir y de su registro de vehculo de motor, y la retencin de su vehculo por un perodo de hasta 180 das (a un costo de \$15 por da).

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