



INVOICE

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

SRT EXPRESS LLC

DATE 08/07/2017

DESCRIPTION	AMOUNT
DOWNPAYMENT Renewal	\$2556.20
PAID ON 08/07/2017	\$1278.10
BALANCE DUE 08/21/2017	\$1278.10
	\$1278.70

Make all checks payable to JLP AGENCY SERVICES

Payment is due within 15 days.

If you have any questions concerning this invoice, contact 281-599-3741 CPerez@JLPINSURANCELLC.COM

Merchant: JLP AGENCY SERVICES

3719 N FRY RD C
KATY, TX 77449
US

(281) 599-3741

Order Information

Description: 1st half down

Order Number:

P.O. Number:

Customer ID:

Invoice Number:

Billing Information

srt express

Shipping Information

Shipping: 0.00

Tax: 0.00

Total: USD 1,278.10

Payment Information

Date/Time: 07-Aug-2017 11:21:29 PDT

Transaction ID: 40239519016

Transaction Type: Authorization w/ Auto Capture

Transaction Status: Captured/Pending Settlement

Authorization Code: 401593

Payment Method: Visa XXXX7759



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/08/2017

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.	
INSURED SRT EXPRESS LLC 18823 NORTH LYFORD KATY TX 77449		INSURERS AFFORDING COVERAGE	NAIC #
		INSURER A: HALLMARK COUNTY MUTUAL	
		INSURER B: CANAL INSURANCE COMPANY	
		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	A42510392-01	08/10/2017	08/10/2018	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 AUTO ONLY: EA ACC \$ AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE 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 A		OTHER MOTOR TRUCK CARGO PHYSICAL DAMAGE	1-907450001-1 A42510392-01	08/10/2017 08/10/2017	08/10/2018 08/10/2018	\$100,000 COVERAGE \$1000 DEDUCTIBLE \$1,000 DED COMP & COLL

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

1999 KENWORTH 1XKWDB9X2XR815093 \$12,000
2002 TRANS TRAILER 1TTF4820122008999 \$12,000

CERTIFICATE HOLDER

FOR INSURANCE INFO
PLEASE CALL
281-599-3741 T
281-599-3840 F
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
LOUIS PEREIRA

TEXAS LIABILITY INSURANCE CARD

COMPANY PHONE NO. 281-599-3741
COMPANY HALLMARK COUNTY MUTUAL
POLICY NUMBER A42510284-01
EFFECTIVE DATE 08/10/2017
EXPIRATION DATE 08/10/2018
YEAR 1999
MAKE/MODEL KENWORTH
VEHICLE IDENTIFICATION NUMBER 1XKWDB9X2XR815093
AGENCY JLP AGENCY SERVICES
AGENCY PHONE NO. 281-599-3741

INSURED

SRT EXPRESS LLC
18823 NORTH LYFORD
KATY TX 77449

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 pliza de seguro debe ser mostrada cuando usted solicite o renueve su:

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

Puede que usted tenga tambien 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 retencion de su vehculo por un periodo de hasta 180 das (a un costo de \$15 por da).

Use this format for a single sided fold up version.

TEXAS LIABILITY INSURANCE CARD

COMPANY PHONE NO. 281-599-3741
COMPANY HALLMARK COUNTY MUTUAL
POLICY NUMBER A42510284-01
EFFECTIVE DATE 08/10/2017
EXPIRATION DATE 08/10/2018
YEAR 2002
MAKE/MODEL TRANSCRAFT
VEHICLE IDENTIFICATION NUMBER 1TTF4820122008999
AGENCY JLP AGENCY SERVICES
AGENCY PHONE NO. 281-599-3741

INSURED

SRT EXPRESS LLC
18823 NORTH LYFORD
KATY TX 77449

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