



Physical Damage Express Rating Solution

## Physical Damage Application

Submission Date: 10/5/2017

Requested Effective Date: 10/5/2017

Rating Number: 326082

Application For: LAZARO LUIS DE ARMAS OLIVA

### Section 1 - Applicant Information

Applicant Name: LAZARO LUIS DE ARMAS OLIVA		Trade or DBA:		
Applicant Mailing Address: 12025 RICHMOND AVE APT 13109	City: HOUSTON	State: TX	County: 	Zip Code: 77084
Principal Garage Location: (if different) 12025 RICHMOND AVE APT 13109	City: HOUSTON	State: TX	County: HARRIS	Zip Code: 77084
Business Owner: (first, last) LAZARO LUIS DE ARMAS OLIVA		Title: (owner/officer/loss control/etc.) OWNER		
E-Mail Address:		Phone Number:		

Business Type:

☐ Corporation/LLC ☐ Partnership ☒ Individual ☐ Other

Federal ID #: (if corporation)	Date of Authority: 10/5/2017	U.S. DOT Number:
MC Number:	State Docket #:	Current DOT Safety Rating:
Operation Classification: (for-hire/private/other)	Carrier Operation: (interstate/intrastate/both)	Total Garage Locations: 1
Business Category(s): (i.e., dry van, flatbed, refrigerated, etc.) Flatbed		

### Section 2a - Coverage Requested

Coverage Type:	Requested Limits:	Details/Coverage Forms:
Physical Damage:	\$ 40,000 TIV	TIV for 1 Truck / 1 Trailers
Deductible Amount:	\$ 1,000 Amount	

### Section 2b - Supplemental Coverage Requested

Coverage Type:	Requested Limits:	Filings/Options/Coverage Forms:
Trailer Interchange:	\$ No Coverage Amount	Interchange Agreement Required
Terrorism Coverage:	<input checked="" type="checkbox"/> Reject <input type="checkbox"/> Include	PD Terrorism Form Required
Non-Trucking Liability:	<input checked="" type="checkbox"/> Reject <input type="checkbox"/> Include	*Third Party Coverage
Roadside Masters:	<input checked="" type="checkbox"/> Reject <input type="checkbox"/> Include	*Third Party Coverage
Other Coverage:	\$ Amount	

Supplemental coverage, if requested, may be issued under separate insurance policies and provided by separate insurance companies. A supplemental application may be required for requested Third Party Coverage.

### Section 3 - Radius and Area of Operations

**The Percentage Hauled entered for the Average Distance must total 100%**

Location Zip Code: 77084	1,500	Maximum Radius (miles)	City/State/County: HOUSTON, TX HARRIS
0% 0 - 25 miles	0% 25 - 50 miles	0% 50 - 100 miles	
0% 100 - 200 miles	0% 200 - 300 miles	0% 300 - 500 miles	
0% 500 - 1,000 miles	100% 1,000 - 1,500 miles	0% over 1,500 miles	

States and Cities Traveled: Alabama, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia, Wisconsin, Wyoming

**Note:** The radius is measured on a straight line from the street address of an auto's principal garaging to its farthest point of regular operations.

**Section 4 - Scheduled Equipment**

Year: 2012	Make: Kenworth	Model: T660	Serial Number (VIN): 1XKAA49X7CJ287980			
Type: Truck Tractor	GVW Class: Class 8: 33,001 lb And Over		Garage Zip: 77084	Owned?:	Value: (N/A if no PhysDam) \$20,000.00	
Lien Holder/Loss Payee: N/A		Address:		City:	State:	Zip Code:
Year: 2007	Make: Reitnouer	Model: Flat Bed	Serial Number (VIN): 1RNF48A217R018717			
Type: Flatbed	GVW Class: Trailer		Garage Zip: 77084	Owned?:	Value: (N/A if no PhysDam) \$20,000.00	
Lien Holder/Loss Payee: PORTER TRUCK SALES LP		Address: 135 McCARTY ST.		City: HOUSTON	State: TX	Zip Code: 77029

Coverage, if afforded, will be provided for specifically described equipment scheduled with the insurance company.

**NOTE:** Only complete "Lien Holder/Loss Payee" information if the above equipment have a Lien Holder.

**Section 5 - Scheduled Driver(s)**

Driver Name: (first, last) LAZARO DE ARMAS OLIVA	DOB: 9/10/1976	Married?: Yes	Date Hired (mm/yyyy): 9/1/2017	Driver Type: Owner-Operator
License Number: 37059159	State: TX	Issue Year (yyyy): 2014	CDL?: (yes/no) Yes	MVR Pts. (MV/Acc): No pts (0/0)

Current MVRs are required on all drivers and must be dated within 60 days of the coverage effective date.

**Section 6 - Loss History Information**

Policy Term:	Power Units:	#Claims:	Incurred Losses:	Insurance Company Name:
No prior coverage				
Applicant must submit verifiable Hard Copy Loss Runs for the policy periods entered.				

**Section 7 - General Questions**

☐ Yes ☒ No 1. Has the Applicant ever operated a trucking business under a different Authority or Name?  
If Yes, Please provide DOT#/MC# and Date of Operation (from/to):

- ☐ Yes ☒ No 2. Do you haul Hazardous Material?  
If Yes, Please describe: \_\_\_\_\_
- ☐ Yes ☒ No 3. Has the applicant ever filed for bankruptcy? If yes, enter date: N/A
- ☐ Yes ☒ No 4. Has the applicant's insurance been cancelled or non-renewed for any reason in the past 5 years?  
If Yes, Please explain: \_\_\_\_\_
5. Commodities Hauled:  
STEEL PIPES AND BUILDING MATERIALS

**Section 8 - Billing Options and Payment Information**

- ☐ \$2,446.51 (Pay in Full with no premium financing)
- ☐ \$729.76 Down Payment with Premium Finance Agreement

**Note:** You must select one payment type in order to request coverage.

**Applicant Signature**

**Certification Statement:** I Certify all particulars herein, attached to, provided with or submitted prior to completion of this application are warranted complete and no information has been withheld or suppressed. I agree that this Application and the terms and conditions of the policy in use by the insurer shall be the basis of any contract between the Insurer and the Applicant. I hereby authorize the Insurer or an authorized representative of the Insurer to verify all of the information I have provided in order to procure the insurance policy I am making application for. I also understand that failure to report completely and accurately may result in sanctions including but limited to voidance of the insurance policy, denial of claims and in civil or criminal penalties.

**MVR DISCLOSURE NOTICE:** In accordance with the Fair Credit Reporting Act (FCRA) your administrator and/or insurance company(s) may request limited consumer report information for purposes solely related to the underwriting and rating of insurance. The administrator and/or insurance company(s) may request MVRs for you or your driver(s) for the sole purpose of determining the insurability of your Physical Damage insurance program. The contents of your driver's MVR(s) will be compared to the underwriting criteria of the Physical Damage insurance carrier(s). By law no consumer report information acquired will be disclosed or provided to additional parties.

**FRAUD NOTICE: Please Read Carefully!**

**Texas:** Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

**DISCLAIMER:** THIS IS NOT A BINDER OF COVERAGE, AND THIS DOCUMENT DOES NOT PROVIDE INSURANCE COVERAGE! This is an application for insurance only and does not guarantee coverage to anyone in possession of this document, nor should this document be relied upon by any person or entity as evidence of the existence of insurance coverage. The general coverage descriptions in the application are for information purposes only and are abbreviated. You will need to refer to the actual insurance policy for all specific coverages, coverage amounts, terms, conditions, limitations and exclusions. If there is any conflict between the information contained within this application and the actual insurance policy, the policy provisions will prevail. To obtain a complete policy, please contact our office.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Applicant Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Producers Information:**

**Contact:** Juan Pereira  
**Agency:** JLP Insurance Services LLC  
**Email:** lp@jlpinsurancellc.com  
**Phone:** 281-599-3741 **Fax:** 281-599-3741

**Supplemental - Prior Applicant Experience****Prior Experience for Driver/Manager: (Enter the driver or current manager for whom the experience is begin entered.)**

Name:	Position Title:	DOB: (mm/dd/yyyy)
Experience Type: <input type="checkbox"/> Driving Only <input type="checkbox"/> Management Only <input type="checkbox"/> Both Driving and Management		Starting: (mm/dd/yyyy)

**Prior Experience History****Prior Experience: (List most recent first)**

Company Name:	DOT or MC#:	Position Title:	Starting: (mm/dd/yyyy)	Ending: (mm/dd/yyyy)
Description of Work Performed: (e.g., type of equipment used, commodities hauled, specific duties)				
Company Name:	DOT or MC#:	Position Title:	Starting: (mm/dd/yyyy)	Ending: (mm/dd/yyyy)
Description of Work Performed: (e.g., type of equipment used, commodities hauled, specific duties)				
Company Name:	DOT or MC#:	Position Title:	Starting: (mm/dd/yyyy)	Ending: (mm/dd/yyyy)
Description of Work Performed: (e.g., type of equipment used, commodities hauled, specific duties)				
Company Name:	DOT or MC#:	Position Title:	Starting: (mm/dd/yyyy)	Ending: (mm/dd/yyyy)
Description of Work Performed: (e.g., type of equipment used, commodities hauled, specific duties)				
Company Name:	DOT or MC#:	Position Title:	Starting: (mm/dd/yyyy)	Ending: (mm/dd/yyyy)
Description of Work Performed: (e.g., type of equipment used, commodities hauled, specific duties)				

If Prior Experience includes transportation management experience, please provide additional details below.

**Prior Management Experience**

Please provide a brief description of past trucking management experience and specific management position(s) held.

**Applicant Signature**

The undersigned applicant represents that the information provided herein is true and correct. I further understand that by applying for insurance, I authorize the insurance company or its representative to verify the information provided above.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_