

# INVOICE

## JLP AGENCY SERVICES

JUAN LOUIS PEREIRA

3719 FRY RD SUITE C

KATY TX 77449

Phone 281-599-3741 Fax 281-599-3840

INVOICE #1523  
DATE: 08/10/2017

TO: BE EXPRESS LLC

DESCRIPTION	AMOUNT
DEPOSIT FOR NEW POLICY	\$2437.15
TAXES &FEES	\$150.00
<b>PAID ON 08/10 CC</b>	\$ 1293.57
BALANCE ON DEPOSIT DUE 08/31/2017	
BALANCE	\$ 1293.57

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 [jlagency@yahoo.com](mailto:jlagency@yahoo.com)

## TEXAS LIABILITY INSURANCE CARD

COMPANY PHONE NO. 281 599 3741  
COMPANY HALLMARK COUNTY MUTUAL  
POLICY NUMBER A42515019  
EFFECTIVE DATE 08/10/2017  
EXPIRATION DATE 08/10/2018  
YEAR 2010  
MAKE/MODEL KENWORTH  
VEHICLE IDENTIFICATION NUMBER 1XKABD9X1AJ21465  
AGENCY JLP AGENCY SERVICES  
AGENCY PHONE NO. 281 599 3741

### INSURED

BE EXPRESS LLC  
6037 N FRY ROAD STE 109  
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 póliza de seguro debe ser mostrada cuando usted solicite o renueve su:

- o registro de vehículo de motor
- o licencia para conducir
- o etiqueta de inspección de seguridad para su vehículo.

Puede que usted tenga también que mostrar esta tarjeta o su póliza 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 vehículos, o de otra manera llenar los requisitos legales de responsabilidad civil. Fallo en llenar este requisito pudiera resultar en multas de hasta \$1,000, suspensión de su licencia para conducir y de su registro de vehículo de motor, y la retención de su vehículo por un periodo de hasta 180 días (a un costo de \$15 por día).

Use this format for a single sided fold up version.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/10/2017

<b>PRODUCER</b> JLP AGENCY SERVICES LLC 3719 N FRY RD SUITE C KATY TX 77449 281-599-3741 281-599-3840 FAX	<b>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.</b>	
	<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
<b>INSURED</b>  BE EXPRESS LLC 6037 N FRY ROAD STE 109 KATY TX 77449	INSURER A: HALLMARK COUNTY MUTUAL	
	INSURER B: GREAT LAKES INSURANCE	
	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	
		<b>GENERAL LIABILITY</b> <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		<b>AUTOMOBILE LIABILITY</b> <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	A42515019	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)	\$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
							\$
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> 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		<b>OTHER CARGO</b>	TBD08102017	08/10/2017	08/10/2018	\$100,000 COVERAGE \$1,000 DEDUCTIBLE	

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

2010 KENWORTH 1XKABD9X1AJ21465

## CERTIFICATE HOLDER

For insurance info please call

tel 281-599-3741

fax 281-599-3840

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