

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: 09/20/2017

TO: SKYBOYS TRUCKING

DESCRIPTION	AMOUNT
DEPOSIT FOR NEW POLICY	\$3563.80
TAXES & FEES	\$150.00
PAID ON 09/20 CC	\$ 1856.90
BALANCE ON DEPOSIT DUE 10/11/17	
BALANCE	\$ 1856.90

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

Merchant: JLP AGENCY SERVICES

3719 N FRY RD C
KATY, TX 77449
US

(281) 599-3741

Order Information

Description: half dep
Order Number:
Customer ID:

P.O. Number:
Invoice Number:

Billing Information

skyboys trucking

Shipping Information

Shipping: 0.00
Tax: 0.00
Total: USD 1,856.90

Payment Information

Date/Time: 20-Sep-2017 09:34:23 PDT
Transaction ID: 40318306282
Transaction Type: Authorization w/ Auto Capture
Transaction Status: Captured/Pending Settlement
Authorization Code: 050967
Payment Method: Visa XXXX9705

3563.80
3713.80

Insurance Company: **Hallmark County Mutual Insurance Company 1-800-677-5170**
Policy Number: **A42515453-00**

Named and Address of Insured:
**SKYBOYS TRUCKING
16100 CAIRNWAY DR SUITE 335
HOUSTON, TX 77084**

Effective Date: **09/20/2017** Expiration Date: **09/20/2018**

Vehicle: Year/Make/Model/Vin
**1998 VOLVO W/ATTACHED TRAILER
4VG7DAJH5WN757380**

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.

Business Auto 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:

- ☐ Motor vehicle registration
- ☐ Driver's license
- ☐ Motor vehicle safety inspection sticker

You may also 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:

- ☐ Registro de vehículo de motor
- ☐ Licencia de conductor
- ☐ Etiqueta engomada de la inspección de la seguridad del vehículo de motor

Usted puede también ser pedido demostrar esta tarjeta o su póliza si usted tiene un accidente o si un oficial de la paz pide verlo.

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 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).

Insurance Company:

Policy Number:

Named and Address of Insured:

Effective Date:

Expiration Date:

Vehicle: Year/Make/Model/Vin

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/20/2017

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.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED SKYBOYS TRUCKING 16100 CAIRNWAY DR # 335 HOUSTON TX 77084	INSURER A: HALLMARK COUNTY MUTUAL	
	INSURER B: EVANSTON INSURANCE COMP	
	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	A42515453-00	09/20/2017	09/20/2018	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		OTHER CARGO	4IM32299	09/20/2017	09/20/2018	250,000 COVERAGE 1,000 DEDUCTIBLE

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

1998 VOLVO 4VG7DAJH5WN757380

CERTIFICATE HOLDER

For insurance info please call

tel 281 599 3741
fax 281 599 3840

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