



**COMMERCIAL AUTO APPLICATION**  
irbinding@mdjensvold.com

<b>1. Agency Information</b>					
Submitting Agency: <b>JLP INSURANCE</b>		Phone <b>281-599-3741</b>			
Contact Person <b>LOUIS PERREIRA</b>		Email: <b>LP@JLPINSURANCELLC.COM</b>			
<b>2. Applicant Information</b>					
Applicant <b>LG EXPRESS LLC</b>			Effective Date:		
Mailing Address: <b>2013 N FRY RD APT 1409</b>		City <b>KATY</b>	State: <b>TEXAS</b>	Zip <b>77449</b>	
Garage Address ( if different from mailing)		City	State	Zip	
Description of Operations : <b>FOR HIRE TRUCKING</b>			MC#:	US DOT #/TXDMV #: <b>3022352</b>	
Radius Of Operations: <b>1500</b>			Major Cities Traveled: <b>HOUSTON , NORLEANS,DENVER</b>		States Traveled: <b>TX , OK , LA</b>
Applicants Contact Person: <b>FELIPE GUANCHE CAMEJO</b>			Telephone No. <b>754-423-0157</b>	Yrs In Business: <b>NEW VENTURE</b>	
Previous Carriers	2014-2015		Loss Information :		
	2013-2015		<b>MUST ATTACH 3 to 5 YRS CURRENT VALUED LOSS RUNS</b>		
<b>3. Coverage Requested</b>					
<b>Auto Liability</b>		<b>Physical Damage</b>		<b>Motor Truck Cargo</b>	
CSL:	<b>1,000,000</b>	Comprehensive		Limit:	<b>100,000</b>
UM/UIM		Specified Perils		Ded:	<b>1,000</b>
PIP:		Collision		Refrigeration Breakdown	Yes <input type="checkbox"/>
Hired Auto (Cost of Hire)		Deductible			No <input type="checkbox"/>
<b>Trailer Interchange</b>					
Limit:		# of Units	Is there a signed trailer interchange agreement in place?		
			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		

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**HOUSTON**  
13105 NORTHWEST FWY, SUITE 790  
HOUSTON, TEXAS 77040  
TELEPHONE: (713) 939-8585  
and (800) 635-7406  
FAX: (713) 939-0560

**LUBBOCK**  
4920 SOUTH LOOP 289, SUITE 101  
LUBBOCK, TEXAS 79414  
TELEPHONE: (806) 698-6653  
and (800) 635-7406  
FAX: (806) 698-6694

**SAN ANTONIO**  
12042 BLANCO RD., SUITE 201  
SAN ANTONIO, TEXAS 78216  
TELEPHONE: (210) 477-9082  
and (855) 259-9357  
FAX: (210) 340-7922





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4. Commodities Hauled

Commodity	Maximum Value	Average Value
STEEL PIPES AND BUILDING MATERIALS	100,000	50,000

5. Drivers (Indicate O for Owner/Operator or E for Employee) Please attach MVR's

Name	O/E	Date of Hire	Date of Birth	Years of Experience	Drivers License #	State	# of Accidents/Violations
FELIPE GUANCHE CAMEJO			10/04/1985		CDL:3882964	TX	

6. Vehicles (Attach separate schedule if needed)

Tractors (YR/Make/Model)	Type	VIN	Stated Amount
2007/FRHT	TT	1FUJA6AV47LY20355	15K
Trailers (YR/Make/Model)	Type	VIN	Stated Amount
Signature of Agent		Date	07/05/2017





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**IF NEW VENTURE PLEASE COMPLETE THIS PAGE FOR REVIEW**

<b>7. New Venture Section (Complete if applicant has been in business for less than 2 full years)</b>		
1. Has the applicant been involved in any accidents in the past 3 years?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/> If yes, give details below
2. How many years of experience does the applicant have hauling these type of commodities with like-kind equipment		
3. Does the applicant expect to increase the number of autos within the next 12 months	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/> If Yes, give details below.
4. Has the applicant ever had their own insurance in the past under a different authority?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/> If Yes, give details below.