

**JLP AGENCY SERVICES**

JUAN LOUIS PEREIRA

3719 FRY RD SUITE C

KATY TX 77449

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

4460639000716043

Visa

12-18

717 :

4026 hwy 146

norte houston tx

77520

**INVOICE**

DATE:10/02/2015

TO: JOR MEX CARGO LLC

DESCRIPTION	AMOUNT
DOWN PAYMENT	\$2,460.75
PAID ON 10/02 WITH CC	\$1230.00
<b>BALANCE DUE 10/16/2015</b>	
	\$1230.75

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 JLPAGENCY@YAHOO.COM

**Merchant: JLP AGENCY SERVICES**

3719 N FRY RD C  
KATY, TX 77449  
US

(281) 599-3741

**Order Information****Description:****Order Number:****Customer ID:****P.O. Number:****Invoice Number:****Billing Information**

SILVIA MEDRANO  
JOR MEX

**Shipping Information****Shipping:** 0.00**Tax:** 0.00**Total: USD 1,230.00**

MasterCard XXXX9734

**Date/Time:** 02-Oct-2015 12:42:39 PDT  
**Transaction ID:** 7579786116  
**Transaction Type:** Authorization w/ Auto Capture  
**Transaction Status:** Captured/Pending Settlement  
**Authorization Code:** 00282B  
**Payment Method:** MasterCard XXXX9734



# TEXAS DEPARTMENT OF PUBLIC SAFETY

5805 N. LAMAR BLVD - BOX 4087 - AUSTIN, TEXAS 78773-0001



STEVEN C. McCRAW  
DIRECTOR

[www.dps.texas.gov](http://www.dps.texas.gov)  
DRIVER LICENSE DIVISION  
512-424-2600  
EN ESPANOL 512-424-7181

DAVID G. BAKER  
ROBERT J. BODISCH, SR.  
DEPUTY DIRECTORS

3 YEAR HISTORY RECORD: 09/30/2015

- THIS TYPE OF RECORD WILL NOT REFLECT COMPLETION OF A DRIVING SAFETY COURSE.
- THIS RECORD REFLECTS CONVICTIONS AND CRASH INVOLVEMENTS THAT ARE ALLOWED TO BE DISPLAYED BY LAW.

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REQUESTED BY:

PEREZ, MARIO  
4026 HWY 146  
BAYTOWN, TX 77520

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**PEREZ, MARIO**

12430 KATHRYN ST  
HOUSTON, TX 77015-0000

Date of Birth: 09/15/1953  
Sex: MALE  
Eye Color: BROWN

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**DRIVER LICENSE INFORMATION**

Driver License Number:	10483651	License Type:	CDL	License Class:	A
Date Originally Issued:	08/01/1990	Date Last Issued:	09/07/2012	Date of Expiration:	09/15/2017
Restrictions:	With Corrective Lenses; CDL Intrastate Only				
Endorsements:	NONE				

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**MEDICAL CERTIFICATE INFORMATION**

CDL Self-Certification Category: EXCEPTED INTERSTATE

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**STATUS INFORMATION**      *Driver eligibility reflects a person's eligibility to drive at the time this document was requested. Administrative Status details additional notes related to the person's record that do not affect driving eligibility.*

Driver Eligibility: **ELIGIBLE**  
Administrative Status: **NONE**

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**EVENT HISTORY**      *This section displays information relating to convictions and crash involvement.*

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EVENT 1	CONVICTION	SPEEDING EQUAL TO OR GREATER THAN 10% ABOVE POSTED LIMIT			
Offense Date:	03/24/2015	Conviction Date:	04/06/2015	County:	REFUGIO
CMV:	NO	State:	TX		
		HAZMAT:	NO	CDL:	YES

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End of Record

# TEXAS SECRETARY of STATE

## CARLOS H. CASCOS

[UCC](#) | [Business Organizations](#) | [Trademarks](#) | [Notary](#) | [Account](#) | [Help/Fees](#) | [Briefcase](#) | [Logout](#)

### BUSINESS ORGANIZATIONS INQUIRY - VIEW ENTITY

Filing Number:	802225479	Entity Type:	Domestic Limited Liability Company (LLC)
Original Date of Filing:	June 1, 2015	Entity Status:	In existence
Formation Date:	N/A		
Tax ID:	32057410790	FEIN:	
Duration:	Perpetual		
Name:	Jor_mex Cargo LLC		
Address:	26351 HALPIN RD HARLINGEN, TX 78552-6306 USA		

REGISTERED AGENT	FILING HISTORY	NAMES	MANAGEMENT	ASSUMED NAMES	ASSOCIATED ENTITIES
Name Jorge Medrano	Address 26351 Halpin Rd Harlingen, TX 78552 USA				Inactive Date

[Return to Filing](#)

[Return to Search](#)

#### Instructions:

- To place an order for additional information about a filing press the 'Order' button.

449 31 3324.

OWNER

September 25, 2015

Attn: LOUIS / JLP INSURANCE  
Re: JOR MEX CARGO LLC  
Quote: F909184

**This quote was based on the following information (and is valid for up to 30 days):**

Garaging City: HARLINGEN, TX  
Vehicles: 2006 KENW  
Drivers: ERICK LEROY MEDRANO  
Radius: 501+ Miles (48 States)  
Commodities: BUILDING MATERIALS, PIPE, LUMBER  
Pull: Single  
Losses: Pending  
Filings: Pending  
U.M.: Rejected  
P.I.P.: Rejected  
Yrs. in Bus.: NEW VENTURE

**Additional Coverages:**

Earned Freight: None  
Debris Removal (Cargo): None  
Debris Removal (P.D.): None  
Tarpaulin Coverage: None  
Towing Labor Storage: \$0  
TRIA (Cargo): Rejected  
TRIA (P.D.): Rejected

<b>Liability</b>	<b>Limit:</b> \$1,000,000	<b>Deductible:</b> \$1,000	<b>Premium:</b> \$7,462	
	<b>Carrier:</b> 0		<b>Policy Fee:</b>	\$0
			<b>Filing Fee:</b>	\$0
<b>Primary Cargo</b>	<b>Limit:</b> \$0	<b>Deductible:</b> \$0	<b>Premium:</b> \$0	
		<b>Reefer Ded.:</b> \$0	<b>Policy Fee:</b>	\$0
	<b>Carrier:</b> 0		<b>SLA Tax:</b>	\$0.00
			<b>TRIA:</b>	\$0.00
Deductible doubled for losses arising from fire, theft, upset, overturn, rollover or jack knife			<b>Association Fee:</b>	\$0
<b>Excess Cargo</b>	<b>Limit:</b> \$0	<b>Deductible:</b> \$0	<b>Premium:</b> \$0	
		<b>Reefer Ded.:</b> \$0	<b>Policy Fee:</b>	\$0
			<b>SLA Tax:</b>	\$0.00
Deductible doubled for losses arising from fire, theft, upset, overturn, rollover or jack knife				
<b>Physical Damage</b>	<b>Limit:</b> \$0	<b>Deductible:</b> \$0	<b>Premium:</b> \$0	
	<b>Carrier:</b> 0		<b>Policy Fee:</b>	\$0
			<b>SLA Tax:</b>	\$0.00
			<b>TRIA:</b>	\$0.00
Deductible doubled for losses arising from fire, theft, upset, overturn, rollover or jack knife			<b>Association Fee:</b>	\$0
<b>Total of Premiums:</b> \$ 7,462.35 <b>Total Fees:</b> \$0 <b>Total Tax:</b> \$0.00				

Down Payment Break Down: 25% of Premium - 10% Broker Commission = 15% of Premium (including taxes and fees)

\* Check to be made payable to Global Century Insurance \*

Continued on next page >>>

**Bind Check List:**



# Texas Department of Motor Vehicles

Certificate #: 237693VOID

Expires: 2017

USDOT: 2800646 Status: Unknown

**JOR MEX CARGO LLC**

Carrier Type: Common Carrier

Registration Period: 2 year(s)

Business Type

Certificate Expiration D

**The Login ID and Password are required to access your Internet account.**

**Account Setup****Login ID:** JORAM517

E-Mail Address:

jorguerman@gmail.com

Change Email

Phone Number:

Password:

██████████ 123 Y5C

\*Required\* Password must be 6-8

characters.

Re-Enter Password:

.....

\*Required\* Password must be 6-8

characters.

**Print this page before selecting "Submit".**

**Submit****Exit**

123456



Jorge Orlando &lt;jorguerman@gmail.com&gt;

## MCCS Receipt

1 message

noreply@txdmv.gov &lt;noreply@txdmv.gov&gt;

Wed, Sep 30, 2015 at 5:19 PM

### Payment Receipt Confirmation

Your payment was successfully processed. You may print this receipt page for your records by selecting Print from your browser.

#### Transaction Summary

**Receipt Contact Information**

Contact Name	MCD MCCS Help Desk	Contact Phone	800.299.1700	Contact Address
Contact Email	MCD_MCCS-HelpDesk@dmv.state.tx.us	Contact Url	http://www.txdmv.gov/motor-carriers	

Description	Texas.gov Price	Amount
MCCS/CMS		\$225.21

**Customer Information**

Customer Name	SILVIA H MEDRANO	Payment Type	Credit Card
Local Reference ID	608CS233963520	Credit Card Type	VISA
Receipt Date	9/30/2015	Credit Card Number	*****4004
Receipt Time	05:19:07 PM CDT	Order ID	172790678

**Payment Information**

Billing Name	SILVIA H. MEDRANO
Phone Number	8323391011
Fax Number	
This receipt has been emailed to the address below.	
Email Address	jorguerman@gmail.com

**Billing Information**

Billing Address	4026 HWY 146	Phone Number	8323391011
Billing City, State	BAYTOWN, TX		
ZIP/Postal Code	77520		
Country	US		

# MOTOR CARRIER IDENTIFICATION REPORT

(Application for U.S. DOT NUMBER)

<b>REASON FOR FILING</b> (Check Only One)				
<input type="checkbox"/> NEW APPLICATION	<input checked="" type="checkbox"/> BIENNIAL UPDATE OR CHANGES			
<input type="checkbox"/> OUT OF BUSINESS NOTIFICATION				
<input type="checkbox"/> REAPPLICATION (AFTER REVOCATION OF NEW ENTRANT)				
1. NAME OF MOTOR CARRIER <b>JOR MEX CARGO LLC</b>		2. TRADE OR D.B.A. (DOING BUSINESS AS) NAME		
3. PRINCIPAL ADDRESS 26351 HALPIN RD		4. CITY HARLIGEN	5. STATE/PROVINCE TEXAS	6. ZIP CODE + 4 78552
8. MAILING ADDRESS 26351 HALPIN RD		9. CITY HARLIGEN	10. STATE/PROVINCE TEXAS	11. ZIP CODE+4 78552
13. PRINCIPAL BUSINESS PHONE NUMBER (832) 731-2067		14. PRINCIPAL CONTACT CELL PHONE NUMBER		15. PRINCIPAL BUSINESS FAX NUMBER
6. USDOT NO. <b>2800646</b>	17. MC OR MX NO.	18. DUN & BRADSTREET NO.	19. IRS/TAX ID NO. EIN# <b>474149337</b> SSN#	
20. INTERNET E-MAIL ADDRESS		21. CARRIER MILEAGE (to nearest 10,000 miles for Last Calendar Year) YEAR		

22. COMPANY OPERATION (Mark all that apply)

A. Interstate Carrier    B. Intrastate Hazmat Carrier    C. Intrastate Non-Hazmat Carrier    D. Interstate Hazmat Shipper    E. Intrastate Hazmat Shipper    F. Vehicle Registrant Only

13. OPERATION CLASSIFICATION (Circle All that Apply)

<input checked="" type="checkbox"/> A. Authorized For-Hire	D. Private Passengers (Business)	G. U. S. Mail	J. Local Government
B. Exempt For-Hire	E. Private Passengers (Non-Business)	H. Federal Government	K. Indian Tribe
C. Private Property	F. Migrant	I. State Government	L. Other

14. CARGO CLASSIFICATIONS (Circle All that Apply)

<input checked="" type="checkbox"/> A. GENERAL FREIGHT	F. LOGS, POLES, BEAMS, LUMBER	J. FRESH PRODUCE	P. GRAIN, FEED, HAY	V. COMMODITIES DRY BULK	BB. CONSTRUCTION
B. HOUSEHOLD GOODS	G. BUILDING MATERIALS	K. LIQUIDS/GASES	Q. COAL/COKE	W. REFRIGERATED FOOD	CC. WATER WELL
C. METAL; SHEETS; COILS; ROLLS	H. MOBILE HOMES	L. INTERMODAL CONT.	R. MEAT	X. BEVERAGES	<input checked="" type="checkbox"/> D. OTHER STEEL PIPES
D. MOTOR VEHICLES	I. MACHINERY, LARGE OBJECTS	M. PASSENGERS	S. GARBAGE, REFUSE, TRASH	Y. PAPER PRODUCTS	
E. DRIVE AWAY/TOWAWAY	N. OIL FIELD EQUIPMENT	T. U.S. MAIL	Z. UTILITY	AA. FARM SUPPLIES	
	O. LIVESTOCK	U. CHEMICALS			

15. HAZARDOUS MATERIALS CARRIED OR SHIPPED (Circle All that Apply)

C	S	A. DIV 1.1	B	NB	C	S	K. DIV 2.2A (Ammonia)	B	NB	C	S	U. DIV 4.2	B	NB	C	S	EE. HRCQ	B	NB
C	S	B. DIV 1.2	B	NB	C	S	L. DIV 2.3A	B	NB	C	S	V. DIV 4.3	B	NB	C	S	FF. CLASS 8	B	NB
C	S	C. DIV 1.3	B	NB	C	S	M. DIV 2.3B	B	NB	C	S	W. DIV 5.1	B	NB	C	S	GG. CLASS 8A	B	NB
C	S	D. DIV 1.4	B	NB	C	S	N. DIV 2.3C	B	NB	C	S	X. DIV 5.2	B	NB	C	S	HH. CLASS 8B	B	NB
C	S	E. DIV 1.5	B	NB	C	S	O. DIV 2.3D	B	NB	C	S	Y. DIV 6.2	B	NB	C	S	II. CLASS 9	B	NB
C	S	F. DIV 1.6	B	NB	C	S	P. Class 3	B	NB	C	S	Z. DIV 6.1A	B	NB	C	S	JJ. Elevated TEMP MAT.	B	NB
C	S	G. DIV 2.1	B	NB	C	S	Q. Class 3A	B	NB	C	S	AA. DIV 6.1B	B	NB	C	S	KK. INFECTIOUS WASTE	B	NB
C	S	H. DIV 2.1 LPG	B	NB	C	S	R. Class 3B	B	NB	C	S	BB. DIV 6.1 Poison	B	NB	C	S	LL. MARINE POLLUTANTS	B	NB
C	S	I. DIV 2.1 (Methane)	B	NB	C	S	S. COM LIQ	B	NB	C	S	CC. DIV 6.1 SOLID	B	NB	C	S	MM. HAZARDOUS SUB(RQ)	B	NB
C	S	J. DIV 2.2	B	NB	C	S	T. DIV 4.1	B	NB	C	S	DD. CLASS 7	B	NB	C	S	NN. HAZARDOUS WASTE	B	NB
													C	S	OO. ORM			B	NB

6. NUMBER OF VEHICLES THAT CAN BE OPERATED IN THE U.S.

	Straight Trucks	Truck Tractors	Trailers	Hazmat Cargo Tank Trucks	Hazmat Cargo Tank Trailers	Motor Coach	School Bus		Mini-bus		Van		Limousine	
							Number of vehicles carrying number of passengers (including the driver) below							
							1-8	9-15	16+	16+	1-8	9-15	1-8	9-15
OWNED		1												
TERM LEASED														
TRIP LEASED														

27. DRIVER INFORMATION

INTERSTATE	INTRASTATE	TOTAL DRIVERS		TOTAL CDL DRIVERS	
Within 100-Mile Radius				1	
Beyond 100-Mile Radius	1				

28. IS YOUR U.S. DOT NUMBER REGISTRATION CURRENTLY REVOKED BY THE FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION?

If Yes, enter your U.S. DOT Number.

29. PLEASE ENTER NAME(S) OF SOLE PROPRIETOR(S), OFFICERS OR PARTNERS AND TITLES (e.g. PRESIDENT, TREASURER, GENERAL PARTNER, LIMITED PARTNER)

1. **ERIK LEROY MEDRANO, OWNER**  
(Please print Name)

10. CERTIFICATION STATEMENT (to be completed by an authorized official)

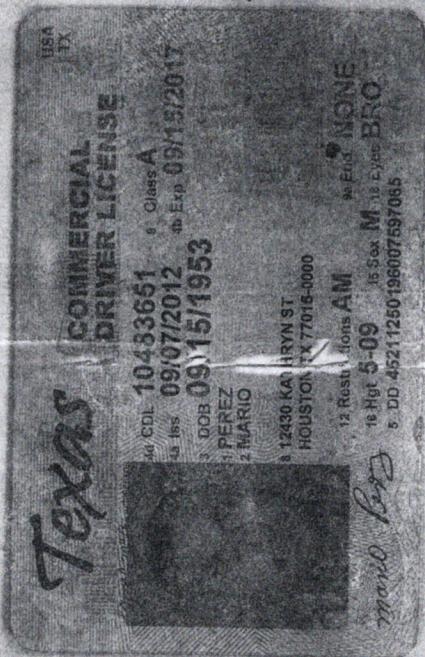
I, **ERIK MEDRANO**  
(Please print Name)

I certify that I am familiar with the Federal Motor Carrier Safety Regulations and/or Federal Hazardous Materials Regulations. Under penalties of perjury, I declare that the information entered on this report is, to the best of my knowledge and belief, true, correct, and complete.

Date **10/01/2015**

Title **OWNER**  
(Please print)

Signature **ERIK MEDRANO**



SILVIA MEDRANO

TXDOT 00010441SC

LISTA DE CAMIONES

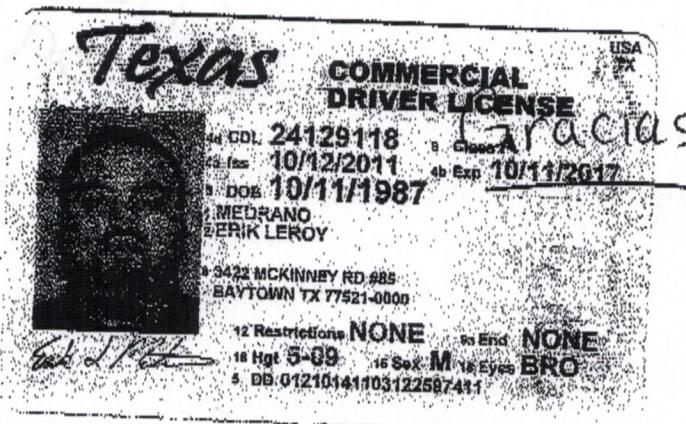
KW. 2003 1XKAD49X33J896068 \$ 15,000.00  
KW 1998 1XKDB9XOWJ789033 \$ 10,000.00  
KW. 1997 1XKADR9X1VJ734911 \$ 10,000.00

TRAILERS

1999 TCFT 1TTF45206X1060382  
1999 DPRT 1D9DS2626XF266028  
1996 UTIL 1UYTS2533TA861209

CHOFERES

	D.O.B.	D.L.#
JORGE MEDRANO	09/13/58	15748173
ERIK MEDRANO	10/11/87	24129118
DANIEL MARTINEZ	07/06/84	00599016
SELVIN A DIAZ	10/14/71	26463502



## TEXAS LIABILITY INSURANCE CARD

COMPANY PHONE NO.	COMPANY	
925-493-7525	GLOBAL HAWK INSURANCE	
POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE
TXJ114694	10/03/2015	10/03/2016
YEAR	MAKE/MODEL	VEHICLE IDENTIFICATION NUMBER
2006	KENWORTH	1XKAD49X66J116956
AGENCY	AGENCY PHONE NO.	
JLP AGENCY SERVICES	281-599-3741	

### INSURED

JOR MEX CARGO LLC  
26351 HALPIN RD  
HARLINGEN TX 78552

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.

### 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).

## SPANISH TRANSLATION

## TRADUCCION DE ESPANOL

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

Puede que usted tenga tambin 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 retencin 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.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/06/2015

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 CONFERNS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED JOR MEX CARGO LLC 26351 HALPIN RD HARLINGEN TX 78552		INSURERS AFFORDING COVERAGE	NAIC #
		INSURER A: GLOBAL HAWK INSURANCE	
		INSURER B: PENNSYLVANIA MANUFACTURERS	
		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	ADDL 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  <input type="checkbox"/> <input type="checkbox"/>  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  <input type="checkbox"/> <input type="checkbox"/>	TXJ114694	10/03/2015	10/03/2016	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 <input type="checkbox"/>  <input type="checkbox"/>				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUS: <input type="checkbox"/> OTHER: <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B		OTHER CARGO	811501-c23736	10/06/2015	10/06/2016	\$100,000 COVERAGE \$1000 DEDUCTIBLE

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

2006 KW 1XKAD49X66J116956

## CERTIFICATE HOLDER

## CANCELLATION

FOR INSURANCE INFORMATION CALL 281-599-3741 FAX 281-599-3840 EMAIL JLPCERT@GMAIL.COM	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
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## Motor Truck Cargo

Pennsylvania Manufacturers Association Insurance Company  
380 Sentry Parkway, PO Box 3031 • Blue Bell, PA 19422

**WE ARE PLEASED TO OFFER THE FOLLOWING CARGO LIABILITY BINDER**

Group Program For: **United Truckers Association**

Date: **10/6/2015**

Master Policy Number: **811501**

Client Policy Number: **811501-C23736**

**NAMED INSURED INFORMATION**

Named Insured:	<b>JOR MEX CARGO LLC</b>	Account Number: <b>C23736</b>
Mailing Address:	<b>26351 HALPIN RD HARLINGEN, TX 78552</b>	Quote Number: <b>Q44374</b>
Policy Period:	From <b>10/6/2015</b> to <b>10/6/2016 12:01 A.M.</b> standard time at the address of the named insured as stated.	

**LIMITS OF INSURANCE**

Per Vehicle Limit:	<b>\$100,000</b>	ALL COVERAGE COMBINED Subject to the following Sublimits:
Per Occurrence Limit:	<b>\$100,000</b>	The maximum this policy will pay for any one occurrence
Deductible:	<b>\$1,000</b>	Per occurrence on all perils.

**Coverages:** **Coverage Details and Limits**

<b>INCLUDED</b>	<b>Motor Truck Cargo</b>	THIS IS A TEMPORARY BINDER - A COMPANY BINDER AND COMPANY ISSUED POLICY WILL FOLLOW. PLEASE NOTIFY US IMMEDIATELY IF YOU DO NOT RECEIVE YOUR POLICY WITHIN 30 DAYS.
<b>INCLUDED</b>	<b>Radius Limitation</b>	Coverage is excluded for any loss or property damage that occurs outside of the radius of operations listed on the Motor Truck Cargo Carriers Declarations and Binder. Please refer to the Carriers Declarations and/or policy form for details.
<b>NOT COVERED</b>	<b>Refrigeration Breakdown Coverage</b>	Not Covered.
<b>NOT COVERED</b>	<b>Terrorism Coverage</b>	Not Covered.

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TOTAL COST

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Premium, Underwriting Charges:	\$ 1,091.98
Rep Fees:	\$ 0.00
Program Broker Fee:	\$ 50.00
Association Dues:	\$ 60.00
Surplus Lines Tax & Stamping:	\$ 0.00
Total Cost:	\$ 1,201.98
Terrorism: (Additional Premium if Requested)	\$ Not Covered
Minimum Premium Earned:	\$ 274.49

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BINDER TERMS AND CONDITIONS

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The coverage provided by this policy is subject to certain terms and conditions. Read the entire policy carefully. You must pay at least the minimum earned premium as shown above in the total cost section of this Binder, if you cancel this policy.

This Binder contains a broad outline of coverage and does not include all the terms, conditions and exclusions of the policy (or policies) that may be issued to you. The policy (or policies) contain the full and complete agreement with regard to coverage. In the event of any inconsistency between the Binder and the policy, the policy language shall control.

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POLICY FORMS

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PMA Motor Truck Cargo Legal Liability Policy - 1 (1/3/2013)

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IMPORTANT NOTICE

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Any target commodity that is not a reported hauled commodity on the application has NO coverage. Any target commodity that is reported on the application is a fully covered loss to collision, overturn, etc. Theft of target commodities will have a \$50,000 limitation and deductible will be increased to \$5,000.

PREMIUM FINANCE INFORMATION: Finance premiums should be made payable and mailed to Insurance Administrators, Inc. 309 Stuart Place Rd., Harlingen, Texas 78552.  
(Insurance Administrators, Inc is a wholly owned subsidiary of Texas Associated Underwriters, Inc.)

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AGENT INFORMATION

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Agent: JLP Insurance Services LLC

Agent Billing ID: A947

Contact Name: Marjorie Ordonez

Mailing Address: 3719 Fry Rd. Ste C  
Katy, TX 77449

Contact Information: Phone: 281-599-3741  
Fax: 281-599-3840  
[marjoriejlpins@gmail.com](mailto:marjoriejlpins@gmail.com)

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TO FILE A CLAIM CONTACT

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Eric Kaitz  
Fax: 480-556-0201

Email: ekaitz@itmagency.com

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OFFICE OF FOREIGN ASSETS CONTROL (OFAC) DISCLOSURE NOTICE

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N/A

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SCHEDULED EQUIPMENT (subject to change upon written notification.)

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Year	Make	Type	Equip #	VIN #
2006	Kenworth	Truck	111693	1XKAD49X66J116956

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## SCHEDULED DRIVERS (subject to change upon written notification and MVR review.)

Name	CDL
MEDRANO, ERIK	24129118

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## COMMODITIES HAULED

<u>Commodity Class</u>	<u>Commodity</u>
Flatbed Commodities	Building Materials 50% Lumber, Pallets & Wood (processed) 25% Pipe (other than Copper) 25%

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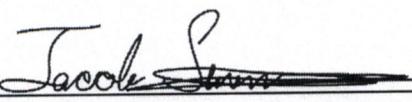
## GARAGE LOCATION(S)

Location	Max Radius
26351 HALPIN RD HARLINGEN, TX 78552	2000 miles

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This Binder, including all endorsements issued therewith, is hereby

Authorized  
Representative



Date 10/6/2015

Associated Underwriters, Inc.

### INSTALLMENT SCHEDULE

1	11/02/2015	693.48	2	12/02/2015	693.48	3	01/02/2016	693.48
4	02/02/2016	693.48	5	03/02/2016	693.48	6	04/02/2016	693.48
7	05/02/2016	693.48	8	06/02/2016	693.48	9	07/02/2016	693.48
10	08/02/2016	693.49						

LENDER:

450 Skokie Blvd, Ste 1000

**FIRST INSURANCE<sup>®</sup>**  
FUNDING  
A WINTRUST COMPANY

**COMMERCIAL  
PREMIUM FINANCE AGREEMENT**

Northbrook, IL 60062-7917  
P:(800) 837-2511 F:(800) 837-3709  
[www.firstinsurancefunding.com](http://www.firstinsurancefunding.com)  
Quote #: 6018402

INSURED/BORROWER (Name and Address as shown on Policy) JOR MEX CARGO LLC 26351 HALPIN RD HARLINGEN, TX 78552	Customer ID: N/A	AGENT or BROKER (Name and Business Address) JUAN LOUIS PEREIRA DBA JLP AGENCY SVCS 3719 FRY RD SUITE C KATY, TX 77449
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**LOAN DISCLOSURE**

Total Premiums, Taxes and Fees	Cash Down Payment	Unpaid Premium Balance	Documentary Stamp Tax (only applicable in Florida)	Amount Financed (amount of credit provided on your behalf)	FINANCE CHARGE (dollar amount the credit will cost you)	Total of Payments (amount paid after making all scheduled payments)	ANNUAL PERCENTAGE RATE (cost of credit as a yearly rate)
8,913.00	2,460.75	6,452.25	0.00	6,452.25	482.56	6,934.81	16.000 %

**YOUR PAYMENT SCHEDULE WILL BE:** *Mail Payments to: FIRST Insurance Funding Corp., PO Box 7000, Carol Stream, IL 60197-7000*

Number of Payments	Amount of Each Payment	First Installment Due	11/02/2015
10	See Installment Schedule	Installment Due Dates	2nd (Monthly)

**SECURITY INTEREST.** INSURED/BORROWER ("Insured") grants and assigns LENDER a security interest in the financed policies and any additional premiums required under the financed policies, including (but only to the extent permitted by applicable law) all return premiums, dividend payments (not applicable in KY), and loss payments which reduce unearned premium, subject to any mortgagee or loss payee interest. If any circumstances exist in which premiums related to any financed policy could become fully earned in the event of loss, LENDER shall be named a loss-payee with respect to such policy.

**FINANCE CHARGE.** The finance charge begins accruing on the earliest effective date of the policies listed in the Schedule of Policies. The finance charge may include a nonrefundable service charge equal to the maximum amount permitted by law (\$10 in AK, DE, NY & PA; \$25 in NV; \$12 in NJ; \$15 in NC, RI & VA; \$16 in MA; \$20 in FL). The finance charge is computed using a 365-day calendar year.

**LATE PAYMENT.** A late charge will be assessed on any installment at least 5 days in default (7 days in VA; 10 days in MA & TX; or later date as required by law. This late charge will equal 5% of the delinquent installment or the maximum late charge permitted by law, whichever is less (greater of \$10 or 5% in FL; greater of \$25 or 1.5% in NJ; \$5 maximum in DE, MT and ND; \$100 maximum in MD; 5% in VA).

**PREPAYMENT.** Insured is entitled to a refund of the unearned finance charge if the loan is prepaid in full. The refund shall be computed according to applicable law. In VA the refund shall be calculated using the short rate method. In CA the rebate is in compliance with *Cal Fin Code § 18629*.

**SCHEDULE OF POLICIES**

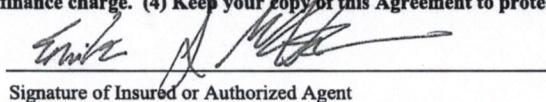
Policy Number	Full Name of Insurance Company and Name of General Agent or Company Office to Which Premium is Paid	Coverage	Policy Term	Effective Date	Premiums, Taxes and Fees
TBD	C02287-GLOBAL HAWK INSURANCE CO RRG G01770-GLOBAL CENTURY INSURANCE BROKERS, INC. [ME:25.000 %, CX:0] [90%PR]	AUTO BCAU	12	10/02/2015 ERN TXS/FEES FIN TXS/FEES	7,462.00 250.00 0.00
TBD	C01489-PENNSYLVANIA MFRS ASSN INS G02859-TEXAS ASSOCIATED UNDERWRITERS, INC. [CX:0] [90%PR]	CRGO	12	10/02/2015 ERN TXS/FEES FIN TXS/FEES	1,091.00 60.00 50.00
				TOTAL	8,913.00

Q# 6018402, PRN: 100215, CFG: A00801, RT: A00801-IMM, DD: N/A, BM: Invoice, P/F: 91.90 Qtd For: A00801 Original, Memo 0

**INSURED'S AGREEMENT:**

- In consideration of the premium payment by LENDER to the insurance companies listed in the Schedule of Policies, their representative or the Agent or Broker listed above, Insured promises to pay, to the order of LENDER, the Total of Payments subject to all of the provisions of this Agreement.
- POWER OF ATTORNEY.** INSURED IRREVOCABLY APPOINTS LENDER AS ITS "ATTORNEY-IN-FACT" with full power of substitution and full authority, in the event of default under this Agreement, to (i) cancel the financed policies in accordance with the provisions contained herein, (ii) receive all sums assigned to LENDER, and (iii) execute and deliver on behalf of Insured all documents relating to the insurance policies listed on the Schedule of Policies ("Financed Policies") in furtherance of this Agreement (clauses (ii) and (iii) are not applicable in Florida). This right to cancel will terminate only after Insured's indebtedness under this Agreement is paid in full.
- SIGNATURE & ACKNOWLEDGEMENT.** Insured has signed and received a copy of this Agreement. If Insured is not an individual, the undersigned is authorized to sign this Agreement on behalf of Insured. All named Insured(s), jointly and severally if more than one, agree to all provisions set forth in this Agreement. **Insured acknowledges and understands that entry into this financing arrangement is not required as a condition for obtaining insurance coverage.**

**NOTICE TO INSURED:** (1) Do not sign this Agreement before you read both pages of it, or if it contains any blank space. (2) You are entitled to a completely filled-in copy of this Agreement. (3) Under the law, you have the right to pay off in advance the full amount due and under certain conditions to receive a partial refund of the finance charge. (4) Keep your copy of this Agreement to protect your legal rights.

  
Signature of Insured or Authorized Agent

10-2-15

Date

Signature of Agent

10-2-15

Date

The undersigned hereby warrants and agrees to the Agent or Broker Representations and Warranties set forth herein.

**ADDITIONAL PROVISIONS OF PREMIUM FINANCE AGREEMENT**

**4. EFFECTIVE DATE.** This Agreement will not become effective until it is accepted in writing by LENDER.

**5. DEFAULT/CANCELLATION.** Insured is in default under this Agreement if (a) a payment is not received by LENDER when it is due, (b) a proceeding in bankruptcy, receivership, insolvency or similar proceeding is instituted by or against Insured, or (c) Insured fails to comply with any of the terms of this Agreement; provided, however, when required by law, Insured may be deemed in default only under clause (a) above. Clauses (b) and (c) are not applicable in FL, MD, NV, NC or VA. At any time after default, LENDER can demand and has the right to receive immediate payment of the total unpaid amount due under this Agreement even if LENDER has not received any refund of unearned premium. If Insured is in default, LENDER has no further obligation under this Agreement to pay premiums on Insured's behalf, and LENDER may pursue any of the remedies provided in this Agreement or by law. If a default by Insured results in cancellation of the Financed Policies, Insured agrees to pay a cancellation charge where allowed by law (not permitted in AK, FL, KS, KY, NV, NY, NC, PA, SC, TX or VA). If cancellation or default occurs, where permitted by law, Insured agrees to pay LENDER interest on the balance due at the contract rate or at the maximum lawful rate, whichever is less, until the balance is paid in full or until such other date as provided by law.

**6. LIMITATION OF LIABILITY.** Insured understands and agrees that LENDER or its assignee is not liable for any losses or damages to Insured or any person or entity upon the exercise of LENDER's right of cancellation, except in the event of willful or intentional misconduct by LENDER, except in KY.

**7. RETURNED CHECK CHARGE.** If Insured's check is dishonored for any reason and if permitted by law, Insured will pay LENDER a returned check charge equal to the maximum fee permitted by law (\$0 in KY; \$15 in FL & NV; \$20 in VA; maximum of \$25 in MD).

**8. REINSTATEMENT.** Once a Notice of Cancellation has been sent to any insurance company, LENDER has no duty to ask that the Financed Policy be reinstated, even if LENDER later receives a payment from Insured. If LENDER requests reinstatement, such request does not guarantee coverage will be reinstated by the insurance company. Payments that LENDER receives after sending a Notice of Cancellation may be applied to Insured's account without changing any of LENDER's rights under this Agreement.

**9. LENDER'S RIGHTS AFTER THE POLICIES ARE CANCELLED.** After any Financed Policy is cancelled by any party, LENDER has the right to receive all unearned premiums and other funds assigned to LENDER as security herein and to apply them to Insured's unpaid balance under this Agreement or any other agreement between Insured and LENDER (in VA, only to this Agreement). Receipt of unearned premiums does not constitute payment of installments to LENDER, in full or in part. Any amounts received by LENDER after cancellation will be credited to the balance due with any excess paid to Insured; the minimum refund is the greater of \$1.00 or the minimum amount allowed by law (no minimum in VA). Any deficiency shall be immediately paid by Insured to LENDER. Insured agrees that insurance companies may rely exclusively on LENDER's representations about the financed policies.

**10. ASSIGNMENT.** Insured may not assign any Financed Policy without LENDER's written consent. LENDER may transfer its rights under this Agreement without the consent of Insured.

**11. AGENT OR BROKER.** Insured agrees that the Agent or Broker issuing the policies or through whom the policies were issued is not the agent of LENDER, except for any action taken on behalf of LENDER with the express authority of LENDER, and LENDER is not bound by anything the Agent or Broker represents to Insured, orally or in writing, that is not contained in this Agreement. Where permissible by law, LENDER may pay some portion of the finance charge or other form of compensation to the Agent or Broker executing this Agreement for aiding in the administration of this Agreement (not applicable in VA), and in NY the Agent or Broker may assess a fee to Insured for obtaining and servicing the Financed Policies pursuant to NY CLS Ins § 2119. Any questions regarding this payment should be directed to the Agent or Broker.

**12. COLLECTION COSTS.** Insured agrees to pay reasonable attorney fees, court costs, and other collection costs to LENDER to the extent permitted by law if this Agreement is referred to an attorney or collection agent who is not a salaried employee of LENDER to collect money that Insured owes (not permitted in KY or MD).

**13. GOVERNING LAW.** This Agreement is governed by and interpreted under the laws of the state where Insured resides, except for conflict of laws principles thereof. If any court finds any part of this Agreement to be invalid, such finding shall not affect the remaining provisions of this Agreement.

**14. WARRANTY OF ACCURACY.** Insured represents and warrants that to the best of its knowledge (i) the Financed Policies are in full force and effect and that Insured has not and will not assign any interest in the policies except for the interest of mortgagees and loss payees, (ii) that none of the Financed Policies are for personal, family or household purposes, (iii) the Cash Down Payment and any past due payments have been paid in full to the Agent or Broker in cash or other immediately available funds, (iv) all information provided herein or in connection with this Agreement is true, correct, complete and not misleading, (v) Insured is not insolvent nor presently involved in any insolvency proceeding, (vi) Insured has no indebtedness to the insurers issuing the Financed Policies, and (vii) there is no provision in the Financed Policies that would require LENDER to notify or obtain consent from any other party to effect cancellation of such policies.

**15. ADDITIONAL PREMIUMS.** Insured agrees to fully and timely comply with all audits and pay to the insurance company any additional amount due in connection with the Financed Policies. The Amount Financed shall be applied to the Financed Policies' premium amounts and Insured shall be responsible for any additional premiums or other sums. Insured, or Agent/Broker, may request that LENDER finance additional policies and/or additional premium during the term of this Agreement, and if LENDER agrees, this Agreement shall be deemed amended accordingly. Should LENDER assign an account number to further extensions of credit, then a) this Agreement and loan documents identified by the assigned account number(s) shall be deemed to comprise a single and indivisible loan transaction, b) Insured shall irrevocably appoint LENDER as its attorney in fact in connection with additional amount financed, c) default under any component of the transaction shall constitute a default under the entire transaction, and d) unearned premium relating to any component of the transaction may be collected and applied to the entire loan transaction balance.

**16. CORRECTIONS.** LENDER may insert the names of the insurance companies and policy numbers, if this information is not known at the time Insured signs this Agreement. LENDER is authorized to correct patent errors or omissions in this Agreement (not applicable in KY or VA).

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Federal law requires all financial institutions to obtain, verify and record information that identifies each person or entity that is granted a loan. LENDER will require such information as LENDER deems reasonably necessary for proper identification, such as your name, street address, FEIN or SSN. LENDER will use this information only to process this Agreement and will not share this information with outside parties except to the extent necessary to complete this transaction.

**AGENT OR BROKER REPRESENTATIONS AND WARRANTIES**

Unless previously disclosed in writing to LENDER or specified in the Schedule of Policies, the Agent or Broker executing this Agreement expressly represents, warrants, and agrees as follows: (1) Insured has received a copy of this Agreement and has authorized this transaction, Insured's signature is genuine, and the cash down payment has been received from Insured, (2) the information contained in the Schedule of Policies including the premium amount is correct and accurately reflects the necessary coverage, (3) the policies listed in the Schedule of Policies (a) are in full force and effect, (b) are cancellable by Insured or LENDER (or its successors or assigns), (c) will generate unearned premiums which will be computed on the standard short rate or pro rata basis, and (d) do not contain any provisions which affect the standard short rate or pro rata premium computation, including but not limited to direct company bill, audit, reporting form, retrospective rating, or minimum or fully earned premium, (4) the Agent or Broker is either the insurer's authorized policy issuing agent or the broker placing the coverage directly with the insurer, except where the name of the Issuing Agent or General Agent is listed in the Schedule of Policies, (5) to the best of the Agent or Broker's knowledge, there are no bankruptcy, receivership, or insolvency proceedings affecting Insured, (6) Agent or Broker will hold harmless and indemnify LENDER and its successors and assigns against any loss or expense (including attorney's fees, court costs, and other costs) incurred by LENDER and resulting from Agent or Broker's violations of these Representations and Warranties or from Agent or Broker's errors, omissions, or inaccuracies in preparing this Agreement, (7) Agent or Broker will (a) hold in trust for LENDER any payments made or credited to Insured through or to Agent or Broker by the insurance companies or LENDER, and (b) pay these monies and the unearned commissions to LENDER upon demand to satisfy the outstanding indebtedness under this Agreement, and (8) to fully and timely assist with all payroll audits.

NC License #482. CA License #1850. VA License #PF146. California Borrowers: **FOR INFORMATION CONTACT THE DEPARTMENT OF FINANCIAL INSTITUTIONS, STATE OF CALIFORNIA**



Customer Service	Certificate	Insurance	Vehicles	Supplemental	History	Print Cab Card	Log Out
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JOR MEX CARGO LLC		Business Type: Corporation
Certificate #: 006945178C	Carrier Type: Common Carrier	Certificate Expiration Date: 9/30/2017
Expires: 2017	Registration Period: 2 year(s)	DBA:
USDOT: 2800646 Status: Unknown		

[Add Vehicle](#)[Copy](#) [Excel](#) [PDF](#) [Print](#)Search: 

## Vehicle Listing

Vehicle Make	Unit #	Model Year	VIN	TOW	HAZ	HHG	BUS	Other	Status	Current Exp.	Renewal Exp.	Edit	#	Delete
KENWORTH	109	2006	1XKAD49X66J116956						✓ Active		9/30/2017		1	

Showing 1 to 1 of 1 entries



Customer Service	Certificate	Insurance	Vehicles	Supplemental	History	Print Cab Card	Log Out
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JOR MEX CARGO LLC		Business Type: Corporation
Certificate #: 006945178C	Carrier Type: Common Carrier	Certificate Expiration Date: 9/30/2017
Expires: 2017	Registration Period: 2 year(s)	
USDOT: 2800646 Status: Unknown		DBA:



Carrier is authorized for intrastate operations.

Physical Address:  
26351 HALPIN RD  
HARLINGEN TX 78552 6306  
USA

Mailing Address:  
26351 HALPIN RD  
HARLINGEN TX 78552 6306  
USA

Phone #: 8327312067  
Fax #:  
  
Hazardous Type: No  
Bus: No  
Household Goods: No  
Other: Yes

Certificate Status: Active  
Last modified By: ghins  
Status Reason: Registered  
  
Status Effective Date: 10/6/2015 10:14:08 AM  
Last Modified Date: 10/6/2015 10:14:08 AM  
Insurance Status: Active  
  
Safety Rating: Active