

JLP AGENCY SERVICES*JUAN LOUIS PEREIRA*

3719 FRY RD SUITE C

KATY TX 77449

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

INVOICE**TO: HS TRUCKING LLC**

DESCRIPTION	AMOUNT
NEW BUSINESS DOWN PAYMENT	\$ 2,979.97
LIABILITY & CARGO & PHYSICAL DAMAGE	\$ 150.00
1ST PAYMENT 07/06/2017 CC 2708	\$ 1,200.00
2ST PAYMENT 07/06/2017 JORGE CC	\$ 1,000.00
3RD PAYMENT DUE 07/27/2017	\$ 929.97
10 PAYMENTS OF \$1,088.49 (1ST due 8/6/17)	
FIN W/ TRIUMPH	
	\$929.97

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

Description: down payment

Order Number:

P.O. Number:

Customer ID:

Invoice Number:

Billing Information

HS TRUCKING LLC

Shipping Information

Shipping: 0.00

Tax: 0.00

Total: USD 1,200.00

Date/Time: 06-Jul-2017 09:19:16 PDT
Transaction ID: 40183140832
Transaction Type: Authorization w/ Auto Capture
Transaction Status: Captured/Pending Settlement
Authorization Code: 101191
Payment Method: MasterCard XXXX2705

Merchant: JLP AGENCY SERVICES

3719 N FRY RD C
KATY, TX 77449
US

(281) 599-3741

Description: DOWN PAYMENT

Order Number:

P.O. Number:

Customer ID:

Invoice Number:

Billing Information

JORGE GERRERO
HS TRUCKING LLC

Shipping Information

Shipping: 0.00

Tax: 0.00

Total: USD 1,000.00

Date/Time: 06-Jul-2017 09:21:41 PDT
Transaction ID: 40183146467
Transaction Type: Authorization w/ Auto Capture
Transaction Status: Captured/Pending Settlement
Authorization Code: 04256D
Payment Method: Visa XXXX7892



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 #
	INSURER A: UNDERWRITERS AT LLOYDS	
	INSURER B:	
	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 <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"/>	2623TDUBMDJ17L2945	07/06/2017	07/06/2018	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 <input type="checkbox"/>				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> 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 \$
A		OTHER CARGO INSURANCE PHYSICAL DAMAGE	2623TDUBMDJ17L2945 2623TDUBMDJ17L2945	07/06/2017 07/06/2017	07/06/2018 07/06/2018	\$100,000 COVERAGE \$1,000 DED \$1,000 DED COMP & COLL

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

2007 VOLVO 4V4C9GH87N464655 VALUE \$21,000
2000 GREAT DANE TRAILER 1GRDM022XYM039807 VALUE \$21,000

CERTIFICATE HOLDER

FOR INSURANCE INFORMATION
PLEASE CALL
281-599-3741
281-599-3840 FAX
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
LOUIS PEREIRA

TEXAS LIABILITY INSURANCE CARD

COMPANY PHONE NO. 281-599-3741
COMPANY UNDERWRITERS AT LLOYDS
POLICY NUMBER 2623TDUBMDJ17L2470
EFFECTIVE DATE 07/06/2017
EXPIRATION DATE 07/06/2018
YEAR 2007
MAKE/MODEL VOLVO
VEHICLE IDENTIFICATION NUMBER 4V4C9GH87N464655
AGENCY JLP AGENCY SERVICES LLC
AGENCY PHONE NO. 281-599-3741

INSURED

HS TRUCKING LLC
12730 LABELLE LANE
HOUSTON TX 77015

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).

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