



PHONE: (925)493-7525

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QUICK QUOTE SHEET

EMAIL FMagallon@GCIB.net

TODAY'S DATE _____ TIME _____ COVERAGE DATE _____

CONTACT NAME LOUIS PERREIRA AGENCY JLP INSURANCE CAB _____

TELE # 281 - 599 - 3741 FAX 281 - 599 - 3840 EMAIL LP@JLPINSURANCELLC.COM

INSURED _____ DBA _____

GARAGING CITY _____ ST _____ ZIP _____

NATURE OF BUSINESS _____

COMMODITIES HAULED _____

YRS IN BUSINESS _____ LOSSES 3 YRS _____ LIA \$ _____ PD \$ _____ CG \$ _____

Attach Loss Report(s) for all Accident(s)

RADIUS OF OPERATION _____ TRAILERS:

VEHICLE YEAR	MAKE MODEL	GVW	VALUE	DED
1. _____	_____	_____	\$ _____	\$ _____
2. _____	_____	_____	\$ _____	\$ _____
3. _____	_____	_____	\$ _____	\$ _____
4. _____	_____	_____	\$ _____	\$ _____

TRAILER YEAR	MAKE MODEL	GVW	VALUE	DED
1. _____	_____	_____	\$ _____	\$ _____
2. _____	_____	_____	\$ _____	\$ _____
3. _____	_____	_____	\$ _____	\$ _____
4. _____	_____	_____	\$ _____	\$ _____

OWNER DRIVEN: Attach MVR's for all driver(s) and owner(s) no more than 30 days old.

NAME OF DRIVERS

1. _____ 2. _____
3. _____ 4. _____

FILING: TYPE _____ # _____

Provide all filing number(s)

LIABILITY \$ _____

UM

PIP

PIP only available where mandatory

CARGO \$ _____ DED \$ _____

REEFER BREAKDOWN:

DED: \$

COMMENTS

Send the completed app. with required documents, indication quote will be provided within two hours. If you did not receive please contact your underwriter or marketing rep, or call Kelly @ (925)493-7525 ext. 115 or Charan @ (925)493-7525 ext. 162.
Lic #0E52042