



**COMMERCIAL AUTO
QUICK QUOTE SHEET**

TODAY'S DATE 10/12/2017 TIME _____ COVERAGE DATE _____

CONTACT NAME LOUIS PERREIRA AGENCY JLP INSURANCE CAB _____

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

INSURED ALEXSSAO LLC DBA _____

GARAGING CITY 1800 PLATEAU VISTA BLVD APT 16107 ROUND ROCK ST TX ZIP 78664

NATURE OF BUSINESS TRUCKING FOR HIRE

COMMODITIES HAULED PIPES AND BUILDING MATERIALS

YRS IN BUSINESS NEW 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. <u>2005</u>	<u>INTERNATIONAL VIN:2HSCEAPR85C046935</u>	_____	\$ _____	\$ _____
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. Rigoberto Ramon Valdes Avila DOB: 02/18/1982 2. CDL:36300569

2. _____ 4. _____

FILING: YES TYPE 2966719 # _____

Provide all filing number(s)

LIABILITY \$ _____

UM

PIP

PIP only available where mandatory

CARGO \$ 100,000 DED \$ 1000

REEFER BREAKDOWN:

DED: \$

COMMENTS

CARGO ONLY

Send the completed app. with required documents via email to mgains@paramounttx.com, Attn: Salena
or fax to 866-514-2300