



**COMMERCIAL AUTO
QUICK QUOTE SHEET**

TODAY'S DATE _____ TIME _____ COVERAGE DATE _____

CONTACT NAME LOUIS PERREIRA AGENCY JLP INSURANCE CAB _____

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

INSURED _____ DBA _____

GARAGING CITY _____ ST TX ZIP _____

NATURE OF BUSINESS TRUCKING FOR HIRE

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: YES 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 via email to mgains@paramounttx.com, Attn: Salena
or fax to 866-514-2300