



INTRAESTATE CARRIER

**COMMERCIAL AUTO
QUICK QUOTE SHEET**

USDOT 2929339

TODAY'S DATE 09/28/2016 TIME _____ COVERAGE DATE _____CONTACT NAME LILIBET QUINONES AGENCY JL INSUNANCE CAB _____TELE # 346-900-5993 FAX _____ - _____ - _____ EMAIL _____INSURED LILIBET QUINONES DBA JLA'Q TRANSPORT

GARAGING CITY _____ ST _____ ZIP _____

NATURE OF BUSINESS _____

COMMODITIES HAULED GENERAL FREIGHT PIPES AND BUILDING MATERIALS

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

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

RADIUS OF OPERATION ONLY TX TRAILERS: _____

VEHICLE YEAR	MAKE MODEL	GVW	VALUE	DED
1. <u>2011</u>	<u>MACK</u>	<u>80K</u>	<u>\$ 12K</u>	<u>\$ 1000</u>
2. <u>1999</u>	<u>LUFKIN</u>		<u>\$ 10K</u>	<u>\$ 1000</u>
3. _____			<u>\$ _____</u>	<u>\$ _____</u>
4. _____			<u>\$ _____</u>	<u>\$ _____</u>

TRAILER YEAR	MAKE MODEL	GVW	VALUE	DED
1. _____			<u>\$ _____</u>	<u>\$ _____</u>
2. _____			<u>\$ _____</u>	<u>\$ _____</u>
3. _____			<u>\$ _____</u>	<u>\$ _____</u>
4. _____			<u>\$ _____</u>	<u>\$ _____</u>

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

NAME OF DRIVERS
1. YUSET FROMETA DIAZ 06/17/1975 2. TX-23545188

2. _____ 4. _____

FILING: TYPE _____ # _____

Provide all filing number(s)

LIABILITY \$ _____ UM PIP

CARGO \$ _____ DED \$ _____ PIP only available where mandatory

REEFER BREAKDOWN: DED: \$

COMMENTS
TRUCK VIN # 1M1AW09Y1BM015372
TRALER VIN # 1L01B4822XI138611Send the completed app. with required documents via email to mgains@paramounttx.com, Attn: Salena
or fax to 866-514-2300