

INTRAESTATE CARRIER

Transportation Quick Quote Form

Date 09/28/2016

Named Insured LILIBET QUINONES US DOT 2929339 ICC# _____
 DBA JLA'Q TRANSPORT FEIN / SSN 882-75-5127 TXDOT# _____
 GARAGE ADD 310 PARRAMATA LN APT#1514 CITY HOUSTON STATE TX ZIP 77073 CO _____
 MAIL ADD _____ CITY _____ STATE _____ ZIP _____ CO _____
 BUS. TEL _____
 # 346-900-5993 COMMODITIES PIPES AND BUILDING MATERIALS

AREA OF OPERATION / STATES TRAVELLED TX RADIUS ONLY TX
 EFFECTIVE DATE 09/28/2016 #YRS W/OWN AUTH _____ ANN. MILEAGE/PWR UNT _____

PRIMARY LIABILITY 1000000 UM/UIM _____ PIP _____ H/NOA _____
 NON-TRUCKING LIA _____ UM/UIM _____ PIP _____ H/NOA _____
 PHYSICAL DAMAGE _____ TIV _____ PHYS.DED. _____
 CARGO LIMIT _____ CARGO DED. _____ TRL INT _____ TRL INT LIMIT _____

EQUIPMENT LIST:

YEAR	MAKE	TYPE	GVW	VALUE	VIN
1 YEAR <u>2011</u>	<u>MAKE MACK</u>	<u>TYPE TR</u>	<u>GVW 80K</u>	<u>VALUE 12K</u>	<u>VIN 1M1AW09Y1BM015372</u>
2 YEAR <u>1999</u>	<u>MAKE LUFKIN</u>	<u>TYPE FB</u>	<u>GVW</u>	<u>VALUE 10K</u>	<u>VIN 1L01B4822X1138611</u>
3 YEAR _____	<u>MAKE</u>	<u>TYPE</u>	<u>GVW</u>	<u>VALUE</u>	<u>VIN</u>
4 YEAR _____	<u>MAKE</u>	<u>TYPE</u>	<u>GVW</u>	<u>VALUE</u>	<u>VIN</u>
5 YEAR _____	<u>MAKE</u>	<u>TYPE</u>	<u>GVW</u>	<u>VALUE</u>	<u>VIN</u>

DRIVER LIST: DOB EXP DOH DL# STATE 3 YR MVR VIOLATIONS

1 YUSET FROMETA DIAZ 06/17/1975 TX-23545188

2

3

4

5

PRIOR CARRIERS/LOSSES

CURRENT YR	POL#	#LOSSES	\$INCURRED
1 ST PRIOR _____	<u>POL#</u>	<u>#LOSSES</u>	<u>\$INCURRED</u>
2 ND PRIOR _____	<u>POL#</u>	<u>#LOSSES</u>	<u>\$INCURRED</u>

HAS POLICY CANCELLED OR BEEN NON-RENEWED IN LAST 3 YEARS? _____ IF YES, WHY? _____

REMARKS

EXPIRING PREMIUM _____ AGENCY RENEWAL _____

PRODUCER _____

EMAIL _____

PHO# _____ FAX# _____

