

Transportation Quick Quote Form

Named Insured BS WAY LLC US DOT 2980837 Date 3/6/2017
 DBA _____ FEIN / SSN _____ ICC# _____
 GARAGE ADD 8530 ROWAN LANE CITY HOUSTON STATE TX ZIP 77036 CO _____
 MAIL ADD _____ CITY _____ STATE _____ ZIP _____ CO _____
 BUS. TEL _____
 # _____ COMMODITIES GENERAL FREIGHT, BUILDING MATERIALS

AREA OF OPERATION / STATES TRAVELLED _____ RADIUS 1500
 EFFECTIVE DATE NEW VENTRY #YRS W/OWN AUTH _____ ANN. MILEAGE/PWR UNT _____
 PRIMARY LIABILITY 1,000,000 UM/UIM _____ PIP _____ H/NOA _____
 NON-TRUCKING LIA _____ UM/UIM _____ PIP _____ H/NOA _____
 PHYSICAL DAMAGE _____ TIV _____ PHYS.DED. _____
 CARGO LIMIT 100,000 CARGO DED. 1,000 TRL INT _____ TRL INT LIMIT _____

EQUIPMENT LIST:

1 YEAR	2010	MAKE	INTL	TYPE	GVW	VALUE	VIN
							3HSCUAPR0AN268591
2 YEAR		MAKE		TYPE	GVW	VALUE	VIN
3 YEAR		MAKE		TYPE	GVW	VALUE	VIN
4 YEAR		MAKE		TYPE	GVW	VALUE	VIN
5 YEAR		MAKE		TYPE	GVW	VALUE	VIN

DRIVER LIST:	DOB	EXP	DOH	DL#	STATE	3 YR MVR VIOLATIONS
1 JUAN A SERRAT FUNDORA	08/11/1989			41786900	TX	
2						
3						
4						
5						

PRIOR CARRIERS/LOSSES

CURRENT YR	POL#	#LOSSES	\$INCURRED
1 ST PRIOR	POL#	#LOSSES	\$INCURRED
2 ND PRIOR	POL#	#LOSSES	\$INCURRED

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

REMARKS

EXPIRING PREMIUM _____ AGENCY RENEWAL _____
 PRODUCER _____
 EMAIL _____
 PHO# _____ FAX# _____

