



COMMERCIAL AUTO QUICK QUOTE SHEET

TODAY'S DATE 09/14/2017 TIME _____ COVERAGE DATE _____
CONTACT NAME LOUIS PERREIRA AGENCY JLP INSURANCE CAB _____
TELE # 281 - 599 - 3741 FAX _____ - _____ EMAIL LP@JLPINSURANCELLC.COM
INSURED STRONG TRUCK LLC DBA _____
GARAGING CITY 301 W LITTLE YORK RD #1131 HOUSTON ST TX ZIP 77076
NATURE OF BUSINESS TRUCKING FOR HIRE
COMMODITIES HAULED STEEL PIPE AND BUILDING MATERIALS
YRS IN BUSINESS NEW VENTURE LOSSES 3 YRS LIA \$ _____ PD \$ 35K CG \$ _____

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

RADIUS OF OPERATION 1500 TRAILERS:

VEHICLE YEAR	MAKE MODEL	GVW	VALUE	DED
1. <u>2008 FRHT</u>	<u>VIN:1XPXD49XX8D762622</u>	<u>80K</u>	<u>\$ 35K</u>	<u>\$ 1000</u>
2. _____	_____	_____	<u>\$ _____</u>	<u>\$ _____</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. YOANDY CARRODEGUAS 02/09/1983 2. CDL#37125835
2. _____ 4. _____

FILING: TYPE _____ # _____

Provide all filing number(s)

LIABILITY \$ _____

UM

PIP

PIP only available where mandatory

CARGO \$ _____ DED \$ _____

REEFER BREAKDOWN:

DED: \$

COMMENTS

PHYSICAL DAMAGE ONLY

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