



COMMERCIAL AUTO QUICK QUOTE SHEET

TODAY'S DATE 07/29/2017 TIME _____ COVERAGE DATE _____

CONTACT NAME LOUIS PERREIRA AGENCY JLP INSURANCE CAB _____

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

INSURED DAVID CARBONELL CESPEDES DBA _____

GARAGING CITY 22814 ELM WIGN LN KATY ST TX ZIP 77450

NATURE OF BUSINESS TRUCKING FOR HIRE

COMMODITIES HAULED STEEL PIPES 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 _____ TRAILERS:

VEHICLE YEAR	MAKE MODEL	GVW	VALUE	DED
1. <u>2005/VOLVO</u>	<u>VIN:4V4NC9THX5N393393</u>	<u>80K</u>	<u>\$ 12K</u>	<u>\$ 100000</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>\$ 23K</u>	<u>\$ 100000</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. DAVID CARBONELL CESPEDES DOB: 10/28/1977 2. CDL:34551828

2. _____ 4. _____

FILING: TYPE _____ # _____

Provide all filing number(s)

LIABILITY \$ _____ UM PIP

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

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