

USDOT# 2451752 MC# 846396 TXDMV# 006768269C

# Transportation Quick Quote Form

Date 12/28/16

Named Insured Armando Cabrera US DOT \_\_\_\_\_ ICC# \_\_\_\_\_  
DBA ACA Trucking FEIN / SSN \_\_\_\_\_ TXDOT# \_\_\_\_\_  
GARAGE ADDR 2150 Katy Fort Bend Rd CITY APT 931 Katy STATE TX ZIP 77493 CO \_\_\_\_\_  
MAIL ADDR \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ CO \_\_\_\_\_  
BUS. TEL \_\_\_\_\_  
# \_\_\_\_\_ COMMODITIES Flatbed

AREA OF OPERATION / STATES TRAVELLED \_\_\_\_\_ RADIUS 500  
EFFECTIVE DATE 3 years #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	2002	MAKE	PTRB	TYPE	TR	GVW	VALUE	VIN	1XP5DPB9X22D573417
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 Armand Cabrera 2/27/90 367 54976 TX

2 \_\_\_\_\_  
3 \_\_\_\_\_  
4 \_\_\_\_\_  
5 \_\_\_\_\_

## PRIOR CARRIERS/LOSSES

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



ASDOT # 2451752  
MC # 846396  
TX DMV # 00676826AC

NO physical damage



COMMERCIAL AUTO  
QUICK QUOTE SHEET

TODAY'S DATE 12/28/16 TIME 4:10 COVERAGE DATE \_\_\_\_\_  
CONTACT NAME Louis Pereira AGENCY JLP Insurance CAB \_\_\_\_\_  
TELE # \_\_\_\_\_ FAX \_\_\_\_\_ EMAIL \_\_\_\_\_  
INSURED Armando Cabrera DBA ACA Trucking  
GARAGING CITY 2150 Katy Fort Bend Rd APT 931 Katy TX ZIP 77493  
NATURE OF BUSINESS FOR Hire  
COMMODITIES HAULED Flatbed  
YRS IN BUSINESS 3yrs LOSSES 3 YRS LIA \$ \_\_\_\_\_ PD \$ \_\_\_\_\_ CG \$ \_\_\_\_\_  
Attach Loss Report(s) for all Accident(s)

RADIUS OF OPERATION \_\_\_\_\_ TRAILERS:

VEHICLE YEAR	MAKE MODEL	GVW	VALUE	DED
1. <u>2002</u>	<u>PTRB</u>	<u>1XPSDB9X22D573A17</u>	<u>\$</u>	<u>\$</u>
2. _____	_____	_____	\$ _____	\$ _____
3. _____	_____	_____	\$ _____	\$ _____
4. _____	_____	_____	\$ _____	\$ _____

  

TRAILER YEAR	MAKE MODEL	GVW	VALUE	DED
1. _____	_____	_____	\$ _____	\$ _____
2. _____	_____	_____	\$ _____	\$ _____
3. _____	_____	_____	\$ _____	\$ _____
4. _____	_____	_____	\$ _____	\$ _____

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

NAME OF DRIVERS  
1. Armando Cabrera DOB 2/27/90 CDL 36754976 TX  
2. \_\_\_\_\_ 4. \_\_\_\_\_

FILING: TYPE \_\_\_\_\_ # \_\_\_\_\_  
Provide all filing number(s)

LIABILITY \$ 1,000,000 UM PIP  
CARGO \$ 100,000 DED \$ 1000 PIP only available where mandatory  
REEFER BREAKDOWN: DED: \$

COMMENTS

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