

QUICK QUOTE SHEET

TODAY'S DATE _____ TIME _____ COVERAGE DATE _____

CONTACT NAME _____ AGENCY JLP INSURANCE LLC CAB _____

TELE # 281 - 599 - 3741 FAX 281 - 599 - 3840 EMAIL _____

INSURED _____ DBA _____

GARAGING CITY _____ ST _____ ZIP _____

NATURE OF BUSINESS _____

COMMODITIES HAULED _____

YRS IN BUSINESS _____ 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. _____	_____	_____	\$ _____	\$ _____
2. _____	_____	_____	\$ _____	\$ _____
3. _____	_____	_____	\$ _____	\$ _____
4. _____	_____	_____	\$ _____	\$ _____

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

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

NAME OF DRIVERS

1. _____ 2. _____
 2. _____ 4. _____

FILING: TYPE _____ # _____

Provide all filing number(s)

LIABILITY \$ _____

UM

PIP

CARGO \$ _____ DED \$ 1000

PIP only available where mandatory

REEFER BREAKDOWN:

DED: \$

COMMENTS

