



**COMMERCIAL AUTO  
QUICK QUOTE SHEET**

TODAY'S DATE 09/18/2017 TIME \_\_\_\_\_ COVERAGE DATE \_\_\_\_\_  
CONTACT NAME LOUIS PERREIRA AGENCY JLP INSURANCE CAB \_\_\_\_\_  
TELE # 281 - 599 - 3741 FAX \_\_\_\_\_ - \_\_\_\_\_ EMAIL LP@JLPINSURANCELLC.COM  
INSURED PEDRO A MARTINEZ DBA \_\_\_\_\_  
GARAGING CITY 4210 KENDALL ROCK LANE KATY ST TX ZIP 77449  
NATURE OF BUSINESS TRUCKING FOR HIRE  
COMMODITIES HAULED STEEL PIPES AND BUILDING MATERIALS  
YRS IN BUSINESS NEW LOSSES 3 YRS LIA \$ \_\_\_\_\_ PD \$ \$ 57,150 CG \$ \_\_\_\_\_  
Attach Loss Report(s) for all Accident(s)

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

VEHICLE YEAR	MAKE MODEL	GVW	VALUE	DED
1. <u>2014/KENWORTH</u>	<u>VIN:1XKYDP9X6EJ398790</u>	<u>80K</u>	<u>\$ \$ 42,150</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>2004/TRANSCRAFT</u>	<u>VIN:1TTF4820742011764</u>	_____	<u>\$ \$ 15K</u>	<u>\$ 1000</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. PEDRO A MARTINEZ DOB:09/23/1970 2. CDL:36432159  
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](mailto:mgains@paramounttx.com), Attn: Salena  
or fax to 866-514-2300