



**COMMERCIAL AUTO
QUICK QUOTE SHEET**

TODAY'S DATE 8/10/2017 TIME _____ COVERAGE DATE _____
CONTACT NAME LOUIS PERREIRA AGENCY JLP INSURANCE CAB _____
TELE # 281 - 599 - 3741 FAX _____ - _____ EMAIL LP@JLPINSURANCELLC.COM
INSURED ML CARGO LLC DBA _____
GARAGING CITY 22903 WEST FAIRFAX VILLAGE CIRCLE SPRING _____ ST _____ TX _____ ZIP 77073
NATURE OF BUSINESS FOR HIRE TRUCKING
COMMODITIES HAULED STEEL PIPE AND BUILDING MATERIALS
YRS IN BUSINESS 1 LOSSES 3 YRS _____ LIA \$ 1,000,000 PD \$ 25,000 CG \$ _____

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

RADIUS OF OPERATION 200 TRAILERS:

VEHICLE YEAR	MAKE MODEL	GVW	VALUE	DED
1. <u>1998/ FRHT</u>	<u>VIN 1FUPCSZB8WP954431</u>	<u>TT</u>	<u>\$ 15,000</u>	<u>\$ 1,000</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>1997 REIT</u>	<u>VIN 1RNFYBA248R003416</u>	<u>DUMP</u>	<u>\$ 10,000</u>	<u>\$ 1,000</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. Deny Grando Castillo DL 37627419 DOB 08/20/1985

2. _____ 4. _____

FILING: YES TYPE USDOT # 1826312

Provide all filing number(s)

LIABILITY \$ _____

UM

PIP

CARGO \$ 100,000 DED \$ _____

PIP only available where mandatory

REEFER BREAKDOWN:

DED: \$

COMMENTS CARGO & P/D

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