



PHONE: (925)493-7525

FAX: (925)493-7526

QUICK QUOTE SHEET

EMAIL FMagallon@GCIB.net

TODAY'S DATE 08/7/2017 TIME _____ COVERAGE DATE _____
CONTACT NAME LOUIS PERREIRA AGENCY JLP INSURANCE CAB _____
TELE # 281 - 599 - 3741 FAX 281 - 599 - 3840 EMAIL LP@JLPINSURANCELLC.COM
INSURED YARITZA SANTA CRUZ DBA _____
GARAGING CITY 548 FM 1489 BROOKSHIRE ST TEXAS ZIP 77423
NATURE OF BUSINESS HIRED FOR TRUCK
COMMODITIES HAULED SAND AND GRAVEL
YRS IN BUSINESS _____ LOSSES 3 YRS _____ LIA \$ 1,000,000 PD \$ _____ CG \$ _____

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

RADIUS OF OPERATION 100 TRAILERS:

VEHICLE YEAR	MAKE MODEL	GVW	VALUE	DED
1. <u>1999/FRHT</u>	<u>VIN:1FUYSSEB8XL969341</u>	_____	<u>\$ 12K</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>2015 Vantage Trailer</u>	<u>VIN:4E7AA3929FATA4893</u>	_____	<u>\$ 50K</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. YAINER VAZQUEZ VEGA 10/28/1984 2. CDL:40403663
3. _____ 4. _____

FILING: YES TYPE USDOT: 2997161 # _____

Provide all filing number(s)

LIABILITY \$ 1,000,000

UM

PIP

PIP only available where mandatory

CARGO \$ _____ DED \$ _____

REEFER BREAKDOWN:

DED: \$

COMMENTS

Send the completed app. with required documents, indication quote will be provided within two hours. If you did not receive please contact your underwriter or marketing rep, or call Kelly @ (925)493-7525 ext. 115 or Charan @ (925)493-7525 ext. 162.
Lic #0E52042