



## COMMERCIAL AUTO QUICK QUOTE SHEET

TODAY'S DATE 6/14/2017 TIME \_\_\_\_\_ COVERAGE DATE \_\_\_\_\_

CONTACT NAME LOUIS PERREIRA AGENCY JLP INSURANCE CAB \_\_\_\_\_

TELE # 281 - 599 - 3741 FAX \_\_\_\_\_ - \_\_\_\_\_ EMAIL LP@JLPINSURANCELLC.COM

INSURED BS WAY LLC DBA \_\_\_\_\_

GARAGING CITY 8530 ROWAN LANE HOUSTON ST TX ZIP 77036

NATURE OF BUSINESS TRUCKING FOR HIRE

COMMODITIES HAULED STEL PIPES AND BUILDING MATERIALS

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. <u>2010 INTEL</u>	<u>3HSCUAPR0AN268591</u>	_____	\$ <u>37,000</u>	\$ <u>1,000</u>
2. _____	_____	_____	\$ _____	\$ _____
3. _____	_____	_____	\$ _____	\$ _____
4. _____	_____	_____	\$ _____	\$ _____

  

TRAILER YEAR	MAKE MODEL	GVW	VALUE	DED
1. <u>2015 UTILITY</u>	<u>1UYFS2533FA454802</u>	_____	\$ <u>31,166.77</u>	\$ <u>1,000</u>
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. JUAN A SERRAT FUNDORA 08/11/1989 TX41786900 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

FILING: TYPE \_\_\_\_\_ # \_\_\_\_\_

Provide all filing number(s)

LIABILITY \$ \_\_\_\_\_ UM PIP

PIP only available where mandatory

CARGO \$ \_\_\_\_\_ DED \$ \_\_\_\_\_ REEFER BREAKDOWN: \_\_\_\_\_ DED: \$ \_\_\_\_\_

**COMMENTS**

ONLY P/D

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