

COMMERCIAL AUTO QUICK QUOTE SHEET

TODAY'S DATE 10/26/2017 TIME _____ COVERAGE DATE _____

CONTACT NAME LOUIS PEREIRA AGENCY JLP INSURANCE LLC CAB _____

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

INSURED CH&L TRUCKING LLC DBA _____

GARAGING CITY 6425 S GESSNER RD APT 2132 HOUSTON ST TX ZIP 77036

NATURE OF BUSINESS FOR HIRE TRUCKING

COMMODITIES HAULED SAND AND GRAVEL

YRS IN BUSINESS NEW LOSSES 3 YRS LIA \$ 500,000 PD \$ _____ CG \$ _____

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

RADIUS OF OPERATION 200 TRAILERS:

VEHICLE YEAR	MAKE MODEL	GVW	VALUE	DED
1. <u>MACK 2007</u>	<u>VIN 1M2AT04Y87M003089</u>	<u>DUMP TRUCK 25K</u>	<u>\$ 20K</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>\$ _____</u>	<u>\$ _____</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. RASIEL MAZOLA - OLIVA DOB 04/26/1989 TX 40659823 2. _____

3. _____ 4. _____

FILING: YES TYPE USDOT # 3061840

Provide all filing number(s)

LIABILITY \$ 500,000

UM

PIP

PIP only available where mandatory

CARGO \$ _____ DED \$ _____

REEFER BREAKDOWN:

DED: \$

COMMENTS

