## Truck Quick Quote



## ATTENTION

UM/UIM

**Medical Payments** 

**General Liability** 

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## **Insured Information** Company Name: MOHAMED EL BEKKARI DOT #: 46676570 Business Entity Type: Sole proprietorship Operation description: Range of operation: O Interstate O Intrastate FEIN #: Radius of operation: Local only Garaging Address: 14117 LYNDORA LN Federal or State Filings Required?: Yes No City: PFLUGERVILLE Will policy cover all vehicles owned, operated, or under lease to applicant?: • Yes State: TX O NO ZIP: 78660 Is passanger transportation your primary business?: Yes No Owner's name: MOHAMED EL BEKKARI Maior cities: Other Has risk been cancelled or non-renewed in last 3 years?: O Yes O No Phone Number: 7372807404 Is risk covered by workers compensation?: $\ensuremath{\mathbb{C}}$ Yes $\ensuremath{\mathbb{C}}$ No Email Address: MAELBEKKKARI@GMAIL.COM Percentage of airport transportation?: 100.0 Years of primary liability coverage: 1.0 Do you have a scheduled route?: O Yes O No Business Start Date: 05/17/2023 Are you transporting physically disabled persons?: C Yes C No Desired Effective Date: 05/18/2023 Do you charge a fee for transporting passangers?: Yes No Is the vehicle handicap equipped?: O Yes O No Notes - Description of Operations: **Driver Information** Last 3 Years # of License number Date hired Year CDL issued Mov. Violations Name Dob State Accidents MOHAMED EL BEKKARI 06/04/1984 46676570 05/17/2023 ΤХ 2015 0 0 Vehicle Information Stated value Radius Make Vin Seating capacity Year 40000.0 1GVJ5V1236F431333 2007 Chevrolet 50.0 33 Loss Information (Previous career & loss information - must show current year and previous 2 years. If previously leased to another company, list that company.) Policy start date Policy numbers Policy end date Company name Premium amount Number of claims Total paid and reserved **Coverage and Limits** Liability Physical Damage Auto Liability 1,000,000 Deductible Other Limit 40000 Deductible 2500 $\checkmark$ Limit

Deductible

Deductible

Deductible

Cargo