

OGA, Inc.

Commercial Auto / Public Auto Questionnaire

Date: _____
Agency Name: _____
Phone No.: _____
Fax No.: _____
Submitted By: _____

CALL: Vicki Smith
405-840-9393 or 800-299-1951
Fax 1-800-771-8116
Email: vsmith@youroga.com

Current Policy Expiration Date: _____ Quote Need By: _____

Insured: _____

Address: _____ Garaging Address: _____

Years In Business _____ County _____

Description of Units:

YEAR:	MAKE / MODEL:	STATED VALUE: (Must be Current Market Value)	GVW:	PASSENGER CAPACITY (If public Auto)
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(add additional page if needed)

Radius of operation: _____ 0-50 _____ 51-100 _____ 101- 150 _____ 151-200 _____ 201- 300 _____ 301-500 _____ Over 500

Occupation or Business _____

Type of Cargo Hauled _____

Does Applicant Haul for Others Yes _____ No _____ If Hauls for others, Who? _____

Handicapped Equipment Yes _____ No _____ If yes describe _____

Anti-Lock Brakes Yes _____ No _____ Drivers Side Air Bags Yes _____ No _____

Drivers Information:

Name:	DOB:	Lic.# & Type:	State:	Violations:	Years Exp.:	Hire Date:
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(add additional page if needed)

Limits and Coverages:

Liability Limits: _____ UM/UIM Limits: _____ Medical Payments: _____ Physical Damage Deductible: _____

Prior Carrier Last 3 years and Loss Information:

Name of Insurance Company: _____ Describe Losses, Dates, Details, Amount Paid and Current Reserve:

1. _____

2. _____

3. _____

Any filing Required: MC#: _____ USDOT#: _____ States: _____

Have Policies Ever Been: Declined _____ Cancelled _____ Non Renewed _____