

OGA, Inc.

TRUCKERS QUESTIONNAIRE

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

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:** _____

Name _____

DBA: _____

Contact Person: _____ Phone # _____

Mailing Address: _____

Garaging Address: _____ Years In Business _____

City: _____ State: _____ ZIP: _____

Operations

Do you own any vehicles which will not be covered under this policy? Yes _____ No _____

Do you allow relatives to ride? Yes _____ No _____

Do you lease, rent or interchange your equipment with other? Yes _____ No _____

Do you pull doubles or triple trailers? Yes _____ No _____

Do you operate as a broker? Yes _____ No _____

Commodities Transported

Commodity:	Percentage of Loads:	Maximum Value:	Average Value:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Radius of operation: _____ Describe usual route(s) including largest cities entered:

HAZMAT: YES _____ NO _____ If yes specific Commodity _____

FILINGS:

MC#: _____ USDOT#: _____ STATES: _____

Prior Carrier Last 3 years:

Name:	Policy Date:	Policy #:	Premium :	No. Units:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Has Truck Policies Ever Been: Declined _____ Cancelled _____ Non Renewed _____

Loss Information:

Describe Losses, Dates, Details, Amount Paid and Current Reserve: _____

Drivers Information:

Name: _____ DOB: _____ Lic.# & Type: _____ State: _____ Violations: _____ Years Exp.: _____ Hire Date: _____
(i.e. CDL - A, CDL- B, etc.)

Limits and Coverages:

Liability Limits: _____ UM/UIM Limits: _____

Medical Payments: _____ Physical Damage Deductible: _____

Hired and Non-Owned: Yes ___ No ___ (If yes, a Specific Hired & Non-Owned supplemental form is required)

General Liability: _____ Cargo: _____ Ded.: _____
(Need non-driver payroll) (Highest Value)

Reefer Coverage: Yes _____ No _____

Trailer Interchange: Yes _____ No _____ (If Yes, include copy of Trailer Interchange Agreement)

Description of Units:

YEAR: _____ MAKE / MODEL: _____ STATED VALUE: _____ GVW: _____ VEHICLE TITLED: _____ GARAGE LOCATION: _____
(Must be Current Market Value)

Add additional sheet(s) if needed.

If agent request coverage to be bound the following is required

- ❖ Specific Company Applications
- ❖ Uninsured Motorist Form
- ❖ Current 3 year Company Loss Runs
- ❖ Mileage reports for prior 4 quarters (Schedule "B" Pro-Rate Sheet)