

# Dealers & Non-Dealers Renewal Application

COLUMBIA INSURANCE COMPANY  
 NATIONAL FIRE & MARINE INSURANCE COMPANY  
 NATIONAL INDEMNITY COMPANY  
 NATIONAL INDEMNITY COMPANY OF MID-AMERICA  
 NATIONAL INDEMNITY COMPANY OF THE SOUTH  
 NATIONAL LIABILITY & FIRE INSURANCE COMPANY

OGA, Inc.  
 630 NE 63rd Street  
 Oklahoma City, OK 73105  
 (405) 840-9393 FAX: (405) 840-9388

Policy Term From: \_\_\_\_\_ To \_\_\_\_\_

Named Insured: \_\_\_\_\_

Policy No: \_\_\_\_\_

Renewal Date: \_\_\_\_\_

**I. Complete the following: Any changes to be made at renewal – if yes, explain.**

- |                                       | Yes                      | No                       |       |
|---------------------------------------|--------------------------|--------------------------|-------|
| (a) Coverages                         | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| (b) Limits                            | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| (c) Deductibles                       | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| (d) No. of Plates held – including #s | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| (e) Location                          | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

**II. SCHEDULE OF ALL EMPLOYEES (including all family members licensed to drive)**

Loc. No.	Name	Duty Full/Part-Time	Estimated Annual Payroll	Date of Birth	Drivers License #	State Licensed	Number of Accidents	Number of Violations

**III. Please list all vehicles owned by you or used in your business that are NOT vehicles held for sale:**

YEAR, MODEL, BODY TYPE, AND SERIAL NUMBER	CURRENT VALUE	WHERE GARAGED	GROSS VEHICLE WEIGHT (TRUCKS)	LOSS PAYABLE NAME & ADDRESS	EXCL.

Do you desire the following coverage for these vehicles?  
 Liability  Yes  No  
 Physical Damage  Yes  No

**IV. Any change in operation or exposure? If yes, explain** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Remarks: \_\_\_\_\_  
 \_\_\_\_\_

The Applicant's representative acknowledges that he/she has advised the insured and the insured agrees that if the foregoing statements and answers are materially false, the Company shall have the right to rescind any policy it may issue or any renewal thereof. All terms, conditions, and applicable endorsements of the previous policy shall apply. Representations made on the Insured's original Company application shall survive renewal unless modified by this document.

Date \_\_\_\_\_

\_\_\_\_\_  
 Applicant's Representative

\_\_\_\_\_  
 Address of Applicant's Representative