



**ONE GENERAL AGENCY (OGA) – PROSPECTIVE AGENT QUESTIONNAIRE**

Thank you for your interest in One General Agency. Please complete all sections of this questionnaire.

**NOTE:** Additional documentation is required.

**Agency Information:**

Agency Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Do you have more than one location? Yes No

If yes, please list additional locations: \_\_\_\_\_

Accounting Contact: \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Agency Principals (Full Names)	Title	E-Mail Address
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Please attach staff list.

Are you a member of an Agency Group or Cluster? Yes No

If yes, please list \_\_\_\_\_

**Please include the following:**

1. Copy of your E&O policy declarations page
2. W-9
3. Agency license
4. Agency staff list

Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Please return the signed and completed application along with the supporting documents by email to [info@YourOGA.com](mailto:info@YourOGA.com) or by fax at 800-771-8116.

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