

# Commercial Auto Quick Quote Sheet



To be used for quoting purposes only and is NOT an application for coverage.

Phone: 1-800-632-0342

Fax: 479-521-3195

Email: [newsubmissions@YourOGA.com](mailto:newsubmissions@YourOGA.com)

Agency:  Phone:

Contact:  Email:

**NAME:**  Quote Needed By Date:  not ASAP  
 Individual  Partnership  Corporation  
 Garaging Location(s):  Current Policy Expiration Date:   
 City:  State:  Zip:  Current Pricing:

**Description of Operations:**   For Hire  Not For Hire

How many years with truck insurance in your name?  How many years experience in trucking industry?

Named Insured's DOT#  MC#

Yes No

- 1. Are filings required? If yes, list major cities traveled through or into:
- 2. Do you transport anhydrous ammonia, explosives, gasoline, LPG, acids or chemicals?
- 3. Is all equipment owned by you scheduled below? If no, explain:
- 4. Have you had any policy cancelled or non-renewed in the past 3 years? If yes, give reason:
- 5. Do you pull double or triple trailers?

DRIVER INFORMATION	Must be completed for all drivers. (If additional space is needed, attach a separate list)					
Driver's Name	Drivers License	Date of Birth	Date of Hire	# Years Driving Similar Equipment	# Violations Past 3 Years	# Accidents Past 3 Years
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Schedule of Autos		(If additional space is needed, attach a separate list)				
Year	Make	Body Type* incl. bed type	GVW or GCW**	Radius	Stated Value	Owner's Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

\*Body Type = Truck, Tractor, Semi-Trailer, Trailer or Utility Trailer. \*\*(GVW) = Gross Vehicle Weight or (GCW) = Gross Combined Weight.

Commodities Transported					
Commodity	% of Loads	Average Value	Commodity	% of Loads	Average Value
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Prior Carrier Information** (past 3 years)

Company Name / Policy Dates	Company Name / Policy Dates	Company Name / Policy Dates

**Loss Information** - Please provide details of losses including both "At Fault" and "Not At Fault".

Date of loss	Details	Driver's Name	Paid / Reserved

**COVERAGES** (Scheduled Autos)

	Limits		
<input type="checkbox"/> Auto Liability -	\$		
<input type="checkbox"/> Uninsured (UM) & Underinsured (UIM) Motorists	\$		
<input type="checkbox"/> Medical Payments	\$		
<input type="checkbox"/> Physical Damage – Specified Causes of Loss	Stated Amount(s) per Schedule	\$	Deductible
Collision	Stated Amount(s) per Schedule	\$	Deductible
<input type="checkbox"/> Cargo Liability	\$	Per Power Unit \$	Deductible
<input type="checkbox"/> Garagekeepers Legal Liability (wrecker service only)	\$	Per location (excludes "on-hook" or "in-tow")	

If "On-Hook" or "In-Tow" coverage is desired, please complete the Cargo Liability section above.