

# Oak Tree Insurance Agency

## Trucking Quote Form

Fax: 405-844-3380      Email: mickeyworden@sbcglobal.net

	1. US DOT #:			
Insured Name	2. Commodities Hauled:			
	3. States Entered:			
Garaging Address	4. Have you been cancelled or non-renewed?	Yes	No	
	5. Filings Needed?	Yes	No	If yes, FMCSA Docket#
Physical Address	6. Do you have work comp?	Yes	No	
	7. Owner's Name:			
City	8. Owner's SS#:			
	9. Owner's DOB:			
State                  Zip	10. Owner's DL#:			
	11. Last 3 years – # of	Moving Violations:	Accidents:	
Desired Effective Date	12. Do you pull	Doubles	Triples	Both    Neither
	13. Do you allow non-employee passengers?	Yes	No	
# of Years in Business	14. FEIN:			

**Driver Information**

Name	Date of Birth	License #	State	Hired	# Yrs Driving Exp	Last 3 yrs - # of:	
						Moving Violations	Accidents

**Vehicle Information**

Year	Make	Trailer Type	GVW	Present Value	VIN	Radius	Full Coverage?
							Y    N
							Y    N
							Y    N
							Y    N

**Prior Carrier Information – We will need currently valued loss runs!!**

Policy Dates	Company Name	Policy #	Premium	# of Claims	Total paid in claims

**Coverage & Limits**

Liability Limit Needed:				<p><b><u>Cargo</u></b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Commodity</th> <th rowspan="2">% of Total Revenue</th> <th colspan="2">Value per truck</th> </tr> <tr> <th>Max</th> <th>Average</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				Commodity	% of Total Revenue	Value per truck		Max	Average												
Commodity	% of Total Revenue	Value per truck																							
		Max	Average																						
UM Coverage Needed:	Yes	No																							
Med Pay Needed:	Yes	No																							
Sign Here	Date			Cargo Limit:																					