



Graham-Rogers, Inc.

Transportation Department

Phone: (800) 456-8123 Fax: (918) 336-4842

Quick Quote

AGENCY INFORMATION			
AGENCY NAME	AGENT CODE	CITY	STATE
CONTACT NAME	PHONE	FAX	EMAIL

INSURED INFORMATION	
INSURED NAME	1. US DOT #* _____
GARAGING ADDRESS	2. IS THERE BROKER AUTHORITY UNDER THIS FMCSA #? NO YES (MC# _____)
PHYSICAL ADDRESS	3. COMMODITIES HAULED _____
CITY	4. STATES ENTERED _____
STATE ZIP	5. MAJOR CITIES _____
DESIRED EFFECTIVE DATE	6. HAS RISK BEEN CANCELLED OR NON-RENEWED IN LAST 3 YEARS? YES NO
# OF YEARS PRIMARY LIABILITY COVERAGE UNDER ABOVE NAME	7. IS RISK COVERED BY WORKERS' COMPENSATION? YES NO
IF NON-TRUCKING LIABILITY, NAME OF COMPANY LEASED TO	8. HOW MANY YEARS HAS INSURED OWNED COMMERCIAL EQUIPMENT?
	9. FILINGS NEEDED? YES NO (IF YES, FMCSA DOCKET # _____)
	10. OWNER'S NAME _____ OWNER'S SSN: _____
	11. DO YOU PULL: DOUBLES TRIPLES BOTH NEITHER
	12. DO YOU ALLOW NON-EMPLOYEE PASSENGERS? YES NO

NAME	DATE OF BIRTH	LICENSE NUMBER	STATE	HIRED	# YRS COMM'L DRIVING EXP.	LAST 3 YRS - # OF	
						MOV. VIOLATIONS	ACCIDENTS

VEHICLE INFORMATION						
YEAR	MAKE	TRAILER TYPE	GVW	PRESENT VALUE	VIN #	RADIUS (MILES)

PRIOR CARRIER PREVIOUS CARRIER & LOSS INFORMATION - MUST SHOW CURRENT YEAR AND PREVIOUS 2 YEARS. IF PREVIOUSLY LEASED TO ANOTHER COMPANY, LIST THAT COMPANY.

POLICY DATES	COMPANY NAME or PREVIOUS LESSEE NAME	POLICY NUMBERS	PREMIUM AMOUNT	# OF CLAIMS	TOTAL PAID & RESERVED

COVERAGE & LIMITS

LIABILITY PRIMARY LIABILITY or (SELECT ONE)
NON-TRUCKING LIABILITY

AUTO LIABILITY LIMIT _____

UNINSURED MOTORIST LIMIT _____

UNDERINSURED MOTORIST LIMIT _____

MEDICAL PAYMENTS _____

HIRED AUTO Liab _____ Phys Dmg _____ Cargo _____

NON-OWNED AUTO(S) _____ # OF EMPLOYEES _____

TRAILER INTERCHANGE (UIIA AGREEMENT REQUIRED) _____

OTHER (_____) _____

PHYSICAL DAMAGE **DEDUCTIBLE**

SPECIFIED CAUSES OF LOSS & COLLISION COLLISION _____

COMPREHENSIVE & COLLISION OTHER THAN COLLISION _____

CARGO

COMMODITY TRANSPORTED	% OF TOTAL REVENUE	VALUE PER TRUCK LOAD	
		MAXIMUM	AVERAGE

CARGO LIMIT _____ REEFER DEDUCTIBLE(S) _____
CARGO DEDUCTIBLE(S) _____