



Named Insured: _____ DBA: _____

Contact Name: _____ Phone: () - - Fax: () - - Tax ID#: _____

Email address: _____ DOT#: _____ MC#: _____ Currently Insured: Yes No

Mailing Address: _____

Garaging Address: _____

Coverages / Limits Requested:

- Auto Liability** \$750,000 \$1,000,000 Hired / Non-owned
- Physical Damage** \$1,000 Ded \$2,500 Ded
- Motor Truck Cargo** \$50,000 \$100,000 \$150,000 \$250,000
- MTC Ded** \$1,000 \$2,500 Reefer Breakdown \$2,500
- Trailer Interchange** \$25,000 \$40,000
- General Liability** \$ 1,000,000 / \$2,000,000

Radius	Percent
0-50 miles	_____ %
51-200 miles	_____ %
201-300 miles	_____ %
301-500 miles	_____ %
Over 500 miles	_____ %
Average Radius	_____
Max Radius	_____

Paper Products <input type="checkbox"/>	Machinery / Heavy Equip <input type="checkbox"/>	Intermodal Containers <input type="checkbox"/>	Frozen Seafood <input type="checkbox"/>
Auto Hauler <input type="checkbox"/>	Electronics <input type="checkbox"/>	General Dry Freight <input type="checkbox"/>	Garbage Hauler <input type="checkbox"/>
Building Materials <input type="checkbox"/>	Household goods mover <input type="checkbox"/>	Produce <input type="checkbox"/>	Sand & Gravel <input type="checkbox"/>

TRACTORS:

#	Year	Make	SERIAL / VIN#	Stated Value	GVW
1.					
2.					
3.					
4.					
5.					
6.					
7.					

DRIVERS:

#	Driver Name	Date of Birth	Hire Date	License #	State	# YEARS EXPERIENCE	S. Security #
1.							
2.							
3.							
4.							
5.							

**By completing and signing this application, I am authorizing quotes on behalf of me and my company. The information included is true and accurate to the best of my knowledge. I understand this information is used in rating quotes for my insurance policies. Should the information change, the quote given to me is subject to change.

X _____ X
Signature of Authorized Party Date Signed

OCIA Insurance Agency LLC 417 Main Street Suite D Islip, NY 11751 Phone – (516) 550-7128 Fax – (516)-550-7281	Joseph Jendruczyk joe@ociainsurance.com
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