



Auto Dealer Insurance Quote

Please print clearly, then email a scan or photo of every page to info@okcib.com or bring it to our office. Questions marked * are required. You can also fill this out online at okcib.com - just ask us for the link.

YOUR CONTACT INFORMATION

Cell Number * _____
Business Number _____
First Name * _____
Last Name * _____
Email * _____
Date of Birth (needed to start your quote) * _____ MM / DD / YYYY

QUESTIONS

Business Name _____

Additional Owners / Partners

Additional Owner / Partner #1

Full Name _____

Relationship to Applicant

☐ Spouse ☐ Domestic Partner ☐ Relative ☐ Friend ☐ Partner ☐ Business Partner

Date of Birth _____ MM / DD / YYYY

Additional Owner / Partner #2

Full Name _____

Relationship to Applicant

☐ Spouse ☐ Domestic Partner ☐ Relative ☐ Friend ☐ Partner ☐ Business Partner

Date of Birth _____ MM / DD / YYYY

More than 2? List the rest on an extra sheet.

(DBA) Doing Business As _____

Type of Business *

☐ LLC ☐ CORPORATION ☐ PARTNERSHIP ☐ SOLE PROPRIETOR

Driver License # (state next to it - OK is pre-selected) * _____ license # / state

Federal EIN _____

Dealer License # _____

Will there be a second owner or salesperson? *

☐ Yes ☐ No

Only if "Will there be a second owner or salesperson?" = Yes:

Second Owner / Salesperson Name *

Only if "Will there be a second owner or salesperson?" = Yes:

Second Owner / Salesperson Date of Birth *

MM / DD / YYYY

Only if "Will there be a second owner or salesperson?" = Yes:

Second Owner / Salesperson Driver License / State

license # / state

Address *

Street

City / State / ZIP

Mailing Address

Street

City / State / ZIP

I'd like a quote for the following insurance products: *

(check all that apply)

☐ Used Dealer ☐ Wholesale Used Dealer ☐ Uninsured Motorist (add to your policy)

☐ Surety Bond: \$25,000 Motor Vehicle Dealer Bond ☐ Surety Bond \$25,000 Wholesale Motor Vehicle Dealer Bond

☐ Surety Bond: \$50,000 Motor Vehicle Dealer Bond ☐ Surety Bond: \$50,000 Wholesale Motor Vehicle Dealer Bond

☐ Surety Bond \$1,000 City of Oklahoma City Occupation Bond ☐ Surety Bond: \$15,000 Used Motor Vehicle Rebuilder Bond

☐ Workers' Compensation

Only if "I'd like a quote for the following insurance products:" = Surety Bond:

Home Address (needed for the bond application) *

Street

City / State / ZIP

Only if "I'd like a quote for the following insurance products:" = Workers' Compensation:

W-2 Employee Payroll Annually \$ (for the Workers' Comp quote) *

Only if "I'd like a quote for the following insurance products:" = Workers' Compensation:

1099 Subcontractor / Contract Labor Payments Annually \$ (for the Workers' Comp quote)

When does your insurance expire?

MM / DD / YYYY

When do you want your policy to start? *

MM / DD / YYYY

Years Experience (minimum 2 years required) *

Driving Vehicles *

☐ Furnished Auto: Personal & Business Use ☐ Unfurnished Auto: Business Use Only

Number of Dealer Plates *

Number of Other Types of Plates You Have

Do you want Open Lot / Dealer Physical Damage coverage on your dealer's autos? *

☐ Yes ☐ No

Open Lot / Dealer Physical Damage - Lot Locations

Only if "Do you want Open Lot / Dealer Physical Damage coverage on your deal..." = Yes:

(this section)

Lot Location #1

Lot Location (street, city, state, ZIP) * _____

Maximum Value Per Auto \$ * _____

Average Value Per Auto \$ * _____

Average # of Autos on the Lot * _____

Maximum Number of Autos on the Lot * _____

Maximum Value of All Autos on the Lot \$ * _____

Theft Protection at This Location *

(check all that apply)

☐ Lights ☐ Cameras ☐ Fenced Lot ☐ Inside a Building ☐ Other

Only if "Theft Protection at This Location" = Other:

Other Theft Protection - Please Describe _____

Lot Location #2

Lot Location (street, city, state, ZIP) * _____

Maximum Value Per Auto \$ * _____

Average Value Per Auto \$ * _____

Average # of Autos on the Lot * _____

Maximum Number of Autos on the Lot * _____

Maximum Value of All Autos on the Lot \$ * _____

Theft Protection at This Location *

(check all that apply)

☐ Lights ☐ Cameras ☐ Fenced Lot ☐ Inside a Building ☐ Other

Only if "Theft Protection at This Location" = Other:

Other Theft Protection - Please Describe _____

More than 2? List the rest on an extra sheet.

Only if "Do you want Open Lot / Dealer Physical Damage coverage on your deal..." = Yes:

Do you store autos away from the locations listed above? *

☐ Yes ☐ No

Only if "Do you store autos away from the locations listed above?" = Yes:

If yes, where are they stored? * _____

Only if "Do you store autos away from the locations listed above?" = Yes:

And for how long? * _____

Are the keys or any device used to start or operate the auto left in or upon the auto at any time? *

☐ Yes ☐ No

Describe your key controls during normal business hours *

Describe your key controls after business hours *

Do you want Garage Keepers coverage on your customers' vehicles in your care? *

☐ Yes ☐ No

Garage Keepers - Customers' Vehicles in Your Care

Only if "Do you want Garage Keepers coverage on your customers' vehicles in ..." = Yes:

(this section)

Garage Keepers Location #1

Location (street, city, state, ZIP) *

Maximum Value Per Customer Auto \$ *

Average Value Per Customer Auto \$ *

Average Number of Customer Autos Stored at This Location *

Maximum Number of Customer Autos Stored at This Location *

Maximum Value of All Customer Autos Stored at This Location \$ *

Theft Protection at This Location *

(check all that apply)

☐ Lights ☐ Cameras ☐ Fenced Lot ☐ Inside a Building ☐ Other

Only if "Theft Protection at This Location" = Other:

Other Theft Protection - Please Describe

Garage Keepers Location #2

Location (street, city, state, ZIP) *

Maximum Value Per Customer Auto \$ *

Average Value Per Customer Auto \$ *

Average Number of Customer Autos Stored at This Location *

Maximum Number of Customer Autos Stored at This Location *

Maximum Value of All Customer Autos Stored at This Location \$ *

Theft Protection at This Location *

(check all that apply)

☐ Lights ☐ Cameras ☐ Fenced Lot ☐ Inside a Building ☐ Other

Only if "Theft Protection at This Location" = Other:

Other Theft Protection - Please Describe

More than 2? List the rest on an extra sheet.

Do you have coverage for this now? *

☐ Yes ☐ No

Only if "Do you have coverage for this now?" = Yes:

Who is it with now? _____

Only if "Do you have coverage for this now?" = Yes:

When does that policy expire? _____ MM / DD / YYYY

Any losses or claims in the past 3 years?

☐ Yes ☐ No

Notes

Upload your old policy

Please attach a copy with this form.

How would you like us to contact you?

☐ Call ☐ Email ☐ Text

I confirm the answers above are true and complete to the best of my knowledge. Sending this form does not bind coverage; nothing is in force until confirmed in writing by OKC Insurance Brokers.

Signature

Date