OKC Insurance Brokers
11901 N MacArthur Blvd STE D9, Oklahoma City, OK 73162
(405) 509-9433 | OKCIB.com

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

Number of moving violations / tickets in the past 3 years (you) _____

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

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

Number of moving violations / tickets in the past 3 years (second owner / salesperson)

_____

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) * _____

Years in Business _____

Website (if any) _____

Driving Vehicles *

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

Will anyone under 18 drive your dealer autos?

☐ Yes ☐ No

Young Driver Questionnaire (one for each driver under 18; the young driver should answer these)

Only if "Will anyone under 18 drive your dealer autos?" = Yes:

(this section)

Young Driver #1

Young driver's full name _____

Young driver's date of birth _____ MM / DD / YYYY

Driver's license or permit # and state _____

Do you live with your parents?

☐ Yes ☐ No

Only if "Do you live with your parents?" = Yes:

Single or dual (two-parent) household?

☐ Single ☐ Dual

Only if "Do you live with your parents?" = No:

If you do not live with your parents, where do you live? _____

Do you attend school?

☐ Yes ☐ No

Only if "Do you attend school?" = Yes:

Name and address of school _____

Highest grade completed _____

High school grade average _____

College grade average (if any) _____

School / community activities _____

Honors for scholastic or other achievements _____

Have you ever been expelled, suspended, or placed on probation by any school?

☐ Yes ☐ No

Only if "Have you ever been expelled, suspended, or placed on probation by a..." = Yes:

School discipline: please explain

_____

_____

_____

How many days a week do you drive to school? _____

Distance to school, one way (miles) _____

Name and address of employer, if any _____

Describe your job duties _____

How many days a week do you drive to work? _____

Distance to work, one way (miles) _____

Which car do you drive to school / work? (year / model) _____

Do you own, or have you helped pay for, any auto in the household?

☐ Yes ☐ No

Only if "Do you own, or have you helped pay for, any auto in the household?" = Yes:

Auto you own or helped pay for: please explain

_____

_____

_____

How long have you been driving? _____

Have you taken an accredited driver training course? (If yes, send us the certificate)

☐ Yes ☐ No

Describe your use of alcoholic beverages and drugs

_____

_____

_____

1. Do you have any driving limitations set by your parents?

☐ Yes ☐ No

Only if "1. Do you have any driving limitations set by your parents?" = Yes:

1. What are they?

_____

_____

_____

2. Do you allow others to use your car?

☐ Yes ☐ No

Only if "2. Do you allow others to use your car?" = Yes:

2. Who, and why?

_____

_____

_____

3. Has your driver's license or permit ever been revoked or suspended?

☐ Yes ☐ No

Only if "3. Has your driver's license or permit ever been revoked or suspended?" = Yes:

3. Give dates and details

_____

_____

_____

4. Have you ever received a ticket, citation, or warning for any traffic violation other than parking?

☐ Yes ☐ No

Only if "4. Have you ever received a ticket, citation, or warning for any tr..." = Yes:

4. Give dates and details

5. Have you ever been in an accident as a driver?

☐ Yes ☐ No

Only if "5. Have you ever been in an accident as a driver?" = Yes:

5. Give dates and details

6. Have you ever been arrested or detained for any reason, other than a traffic violation?

☐ Yes ☐ No

Only if "6. Have you ever been arrested or detained for any reason, other th..." = Yes:

6. Give dates and details

7. Is the auto you drive modified or equipped with special equipment, modified bodywork, or special paint?

☐ Yes ☐ No

Only if "7. Is the auto you drive modified or equipped with special equipmen..." = Yes:

7. Please explain

8. Have you ever had auto insurance declined or cancelled?

☐ Yes ☐ No

Only if "8. Have you ever had auto insurance declined or cancelled?" = Yes:

8. Give dates and details

Young Driver #2

Young driver's full name

Young driver's date of birth MM / DD / YYYY

Driver's license or permit # and state

Do you live with your parents?

☐ Yes ☐ No

Only if "Do you live with your parents?" = Yes:

Single or dual (two-parent) household?

☐ Single ☐ Dual

Only if "Do you live with your parents?" = No:

If you do not live with your parents, where do you live? _____

Do you attend school?

☐ Yes ☐ No

Only if "Do you attend school?" = Yes:

Name and address of school _____

Highest grade completed _____

High school grade average _____

College grade average (if any) _____

School / community activities _____

Honors for scholastic or other achievements _____

Have you ever been expelled, suspended, or placed on probation by any school?

☐ Yes ☐ No

Only if "Have you ever been expelled, suspended, or placed on probation by a..." = Yes:

School discipline: please explain

_____

_____

_____

How many days a week do you drive to school? _____

Distance to school, one way (miles) _____

Name and address of employer, if any _____

Describe your job duties _____

How many days a week do you drive to work? _____

Distance to work, one way (miles) _____

Which car do you drive to school / work? (year / model) _____

Do you own, or have you helped pay for, any auto in the household?

☐ Yes ☐ No

Only if "Do you own, or have you helped pay for, any auto in the household?" = Yes:

Auto you own or helped pay for: please explain

_____

_____

_____

How long have you been driving? _____

Have you taken an accredited driver training course? (If yes, send us the certificate)

☐ Yes ☐ No

Describe your use of alcoholic beverages and drugs

_____

_____

_____

1. Do you have any driving limitations set by your parents?

☐ Yes ☐ No

Only if "1. Do you have any driving limitations set by your parents?" = Yes:

1. What are they?

_____

_____

_____

2. Do you allow others to use your car?

☐ Yes ☐ No

Only if "2. Do you allow others to use your car?" = Yes:

2. Who, and why?

_____

_____

_____

3. Has your driver's license or permit ever been revoked or suspended?

☐ Yes ☐ No

Only if "3. Has your driver's license or permit ever been revoked or suspended?" = Yes:

3. Give dates and details

_____

_____

_____

4. Have you ever received a ticket, citation, or warning for any traffic violation other than parking?

☐ Yes ☐ No

Only if "4. Have you ever received a ticket, citation, or warning for any tr..." = Yes:

4. Give dates and details

_____

_____

_____

5. Have you ever been in an accident as a driver?

☐ Yes ☐ No

Only if "5. Have you ever been in an accident as a driver?" = Yes:

5. Give dates and details

_____

_____

6. Have you ever been arrested or detained for any reason, other than a traffic violation?

☐ Yes ☐ No

Only if "6. Have you ever been arrested or detained for any reason, other th..." = Yes:

6. Give dates and details

7. Is the auto you drive modified or equipped with special equipment, modified bodywork, or special paint?

☐ Yes ☐ No

Only if "7. Is the auto you drive modified or equipped with special equipmen..." = Yes:

7. Please explain

8. Have you ever had auto insurance declined or cancelled?

☐ Yes ☐ No

Only if "8. Have you ever had auto insurance declined or cancelled?" = Yes:

8. Give dates and details

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

Number of Dealer Plates * _____

Number of Other Types of Plates You Have _____

What percent of your auto sales are RETAIL? (%) * _____

What percent of your auto sales are WHOLESALE? (%) * _____

What percent of your auto sales are CONSIGNED? (%) * _____

Estimated annual gross sales ($) * _____

Annual gross receipts from auto SERVICE / REPAIR ($) _____

Annual gross receipts from any OTHER operations ($) _____

What are your hours of operation? (days and times) _____

What percent of your auto sales are NEW autos? (%) (0 if you only sell used)

Do you conduct auto auctions? *

☐ Yes ☐ No

Do you sell ONLY cars, SUVs, pickups and vans (no motorcycles, trailers, RVs, equipment, etc.)? *

☐ Yes ☐ No

Only if "Do you sell ONLY cars, SUVs, pickups and vans (no motorcycles, trai..." = No:

Autos sold - Private passenger, SUV, pick-up truck, and vans (%) _____

Only if "Do you sell ONLY cars, SUVs, pickups and vans (no motorcycles, trai..." = No:

Autos sold - All-terrain vehicles, including dirt bikes (%) _____

Only if "Do you sell ONLY cars, SUVs, pickups and vans (no motorcycles, trai..." = No:

Autos sold - Antique or classic autos (over 30 years old) (%) _____

Only if "Do you sell ONLY cars, SUVs, pickups and vans (no motorcycles, trai..." = No:

Autos sold - Bucket, boom trucks, or cranes (%) _____

Only if "Do you sell ONLY cars, SUVs, pickups and vans (no motorcycles, trai..." = No:

Autos sold - Busses (%) _____

Only if "Do you sell ONLY cars, SUVs, pickups and vans (no motorcycles, trai..." = No:

Autos sold - Emergency vehicles (ambulance, police and fire trucks) (%) _____

Only if "Do you sell ONLY cars, SUVs, pickups and vans (no motorcycles, trai..." = No:

Autos sold - Equipment (farm, construction, earth moving, forklifts) (%) _____

Only if "Do you sell ONLY cars, SUVs, pickups and vans (no motorcycles, trai..." = No:

Autos sold - Golf carts (%) _____

Only if "Do you sell ONLY cars, SUVs, pickups and vans (no motorcycles, trai..." = No:

Autos sold - Motorcycles / scooters (%) _____

Only if "Do you sell ONLY cars, SUVs, pickups and vans (no motorcycles, trai..." = No:

Autos sold - Mobile homes (%) _____

Only if "Do you sell ONLY cars, SUVs, pickups and vans (no motorcycles, trai..." = No:

Autos sold - Racing autos (%) _____

Only if "Do you sell ONLY cars, SUVs, pickups and vans (no motorcycles, trai..." = No:

Autos sold - Recreational vehicles, motorhomes (%) _____

Only if "Do you sell ONLY cars, SUVs, pickups and vans (no motorcycles, trai..." = No:

Autos sold - Refrigerated autos (%) _____

Only if "Do you sell ONLY cars, SUVs, pickups and vans (no motorcycles, trai..." = No:

Autos sold - Trucks, tractors, semi-trailers over 26,000 lbs GVW (%) _____

Only if "Do you sell ONLY cars, SUVs, pickups and vans (no motorcycles, trai..." = No:

Autos sold - Utility trailers (%) _____

Only if "Do you sell ONLY cars, SUVs, pickups and vans (no motorcycles, trai..." = No:

Autos sold - Watercraft (%) _____

Only if "Do you sell ONLY cars, SUVs, pickups and vans (no motorcycles, trai..." = No:

Autos sold - Autos modified for the physically impaired (%) _____

Do you share your premises with other business entities? *

☐ Yes ☐ No

Only if "Do you share your premises with other business entities?" = Yes:

Do you have your own exterior door with no shared/common interior space? *

☐ Yes ☐ No

Do you operate a salvage/dismantling lot? *

☐ Yes ☐ No

Do you sell autos with a Certificate of Destruction Title? *

☐ Yes ☐ No

Are repairs performed prior to sale? *

☐ Yes ☐ No

Only if "Are repairs performed prior to sale?" = Yes:

Repairs: percent STRUCTURAL (%) * _____

Only if "Are repairs performed prior to sale?" = Yes:

Repairs: percent COSMETIC/MECHANICAL (%) * _____

Do you use a consignment agreement for consigned autos? *

☐ Yes ☐ No ☐ N/A

Do you operate any auto pawn or title pawn operations? *

☐ Yes ☐ No

Do you sell trailers (trailer dealer)?

☐ Yes ☐ No

Only if "Do you sell trailers (trailer dealer)?" = Yes:

Private passenger autos (% of operation) _____

Only if "Do you sell trailers (trailer dealer)?" = Yes:

Mobile homes (% of operation) _____

Only if "Do you sell trailers (trailer dealer)?" = Yes:

ATVs, snowmobiles, jet skis (% of operation) _____

Only if "Do you sell trailers (trailer dealer)?" = Yes:

Motorcycles (% of operation) _____

Only if "Do you sell trailers (trailer dealer)?" = Yes:

Tractors (% of operation) _____

Only if "Do you sell trailers (trailer dealer)?" = Yes:

Trailers (% of operation) _____

Only if "Do you sell trailers (trailer dealer)?" = Yes:

Motor homes (% of operation) _____

Only if "Do you sell trailers (trailer dealer)?" = Yes:

Buses (% of operation) _____

Only if "Do you sell trailers (trailer dealer)?" = Yes:

Contractor equipment (% of operation) _____

Only if "Do you sell trailers (trailer dealer)?" = Yes:

Farm equipment / implement (% of operation) _____

Only if "Do you sell trailers (trailer dealer)?" = Yes:

Internet sales of trailers (% of operation) _____

Only if "Do you sell trailers (trailer dealer)?" = Yes:

Internet sales of parts/accessories (% of operation) _____

Only if "Do you sell trailers (trailer dealer)?" = Yes:

Other (% of operation) _____

Only if "Do you sell trailers (trailer dealer)?" = Yes:

19(a). Do you own and operate an auto transporter, tow truck, tank truck or tank trailer?

☐ Yes ☐ No

Only if "19(a). Do you own and operate an auto transporter, tow truck, tank ..." = Yes:

19(b). Do you want coverage on them?

☐ Yes ☐ No

Vehicles used in the garage operation

Only if "19(b). Do you want coverage on them?" = Yes:

(this section)

Vehicle #1

Year _____

Make & model _____

VIN _____

Is this vehicle owned, leased or financed?

☐ Owned ☐ Leased ☐ Financed

Only if "Is this vehicle owned, leased or financed?" = Financed or Leased:

Finance / lease company name _____

GVW _____

Body type (pickup, tow truck...) _____

Max radius (miles) _____

Garaged (city, state) _____

Current value $ _____

Physical damage deductible _____

Plate permanently attached?

☐ Yes ☐ No

Vehicle #2

Year _____

Make & model _____

VIN _____

Is this vehicle owned, leased or financed?

☐ Owned ☐ Leased ☐ Financed

Only if "Is this vehicle owned, leased or financed?" = Financed or Leased:

Finance / lease company name _____

GVW _____

Body type (pickup, tow truck...) _____

Max radius (miles) _____

Garaged (city, state) _____

Current value $ _____

Physical damage deductible _____

Plate permanently attached?

☐ Yes ☐ No

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

Only if "Do you sell trailers (trailer dealer)?" = Yes:

22(a). Do you sell tires?

☐ Yes ☐ No

Only if "22(a). Do you sell tires?" = Yes:

Tires: % of receipts _____

Only if "22(a). Do you sell tires?" = Yes:

New tires % _____

Only if "22(a). Do you sell tires?" = Yes:

Used tires % _____

Only if "Do you sell trailers (trailer dealer)?" = Yes:

22(b). Do you recap or retread tires?

☐ Yes ☐ No

Only if "Do you sell trailers (trailer dealer)?" = Yes:

23. Do you install and/or repair trailer hitches or 5th wheel connections?

☐ Yes ☐ No

Only if "23. Do you install and/or repair trailer hitches or 5th wheel conne..." = Yes:

% of operation _____

Only if "Do you sell trailers (trailer dealer)?" = Yes:

24. Do you hold a salvage dealer license or operate a salvage yard?

☐ Yes ☐ No

Only if "Do you sell trailers (trailer dealer)?" = Yes:

25. Do you salvage cars for resale?

☐ Yes ☐ No

Only if "Do you sell trailers (trailer dealer)?" = Yes:

26. Do you dismantle autos to resell parts?

☐ Yes ☐ No

Only if "26. Do you dismantle autos to resell parts?" = Yes:

% of operation _____

Only if "Do you sell trailers (trailer dealer)?" = Yes:

27. Do you weld gas tanks?

☐ Yes ☐ No

Only if "Do you sell trailers (trailer dealer)?" = Yes:

28. Do you repossess autos?

☐ Yes ☐ No

Only if "Do you sell trailers (trailer dealer)?" = Yes:

29. Do you sell parts?

☐ Yes ☐ No

Only if "29. Do you sell parts?" = Yes:

Gross receipts from parts sold but NOT installed $ _____

Only if "29. Do you sell parts?" = Yes:

Used parts % _____

Only if "29. Do you sell parts?" = Yes:

New parts % _____

Only if "Do you sell trailers (trailer dealer)?" = Yes:

30(a). Do you spray paint at your business location?

☐ Yes ☐ No

Only if "30(a). Do you spray paint at your business location?" = Yes:

30(b). Do you use a UL-approved paint booth?

☐ Yes ☐ No

Only if "Do you sell trailers (trailer dealer)?" = Yes:

31. Do you loan autos to customers?

☐ Yes ☐ No

Only if "Do you sell trailers (trailer dealer)?" = Yes:

32. Do you rent autos to customers while their units are in for service?

☐ Yes ☐ No

Only if "Do you sell trailers (trailer dealer)?" = Yes:

33. Do you furnish autos to anyone?

☐ Yes ☐ No

Only if "Do you sell trailers (trailer dealer)?" = Yes:

34. Do you sponsor any racing events?

☐ Yes ☐ No

Only if "Do you sell trailers (trailer dealer)?" = Yes:

35. Do you repair vehicles used for racing?

☐ Yes ☐ No

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 / Security (check all that apply)" = 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 / Security (check all that apply)" = 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 transfer the title at the time of sale? *

☐ Yes ☐ No

Do you transfer the title when the state transfers title? *

☐ Yes ☐ No

Do you pick up, deliver, or transport autos not owned by you? *

☐ Yes ☐ No

Only if "Do you pick up, deliver, or transport autos not owned by you?" = Yes:

Transporting autos not owned by you: explain _____

Do you repossess autos for yourself? *

☐ Yes ☐ No

Do you repossess autos for others? *

☐ Yes ☐ No

Do you export autos to other countries? *

☐ Yes ☐ No

Do you loan or lease autos? *

☐ Yes ☐ No

Only if "Do you loan or lease autos?" = Yes:

Loan / lease autos: for what purpose? _____

On test drives, do you always get a copy of the customer's driver's license and proof of insurance? *

☐ Yes ☐ No

On test drives, do you always ride along with the customer? *

☐ Yes ☐ No

Do you allow overnight test drives? *

☐ Yes ☐ No

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.

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

Type(s) of work performed (check all that apply)

☐ Auto maintenance and repair - general ☐ Oil and lube ☐ Tires - sales/service/installation ☐ Body & paint shop

☐ Towing ☐ Wash or detail ☐ Glass installation/repair ☐ Upholstery ☐ Other

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

Do you perform any work at the customer's location or roadside (mobile service)? *

☐ Yes ☐ No

Only if "Do you perform any work at the customer's location or roadside (mob..." = Yes:

Which work do you perform mobile? (check all that apply) *

☐ Auto maintenance and repair - general ☐ Oil and lube ☐ Tires - sales/service/installation ☐ Body & paint shop

☐ Towing ☐ Wash or detail ☐ Glass installation/repair ☐ Upholstery ☐ Other

Only if "Do you perform any work at the customer's location or roadside (mob..." = Yes:

Hours of operation for the MOBILE service (days and times, e.g. Mon-Sat 8am-6pm, 24/7 roadside) *

_____

Only if "Do you perform any work at the customer's location or roadside (mob..." = Yes:

How many service trucks/vans are used for mobile service? _____

Only if "Do you perform any work at the customer's location or roadside (mob..." = Yes:

Do you want us to quote the mobile service vehicle(s) too? *

☐ Yes ☐ No

Mobile Service Vehicles to Quote

Only if "Do you want us to quote the mobile service vehicle(s) too?" = Yes:

(this section)

Mobile Service Vehicle #1

Year * _____

Make * _____

Model * _____

VIN (17 characters) * _____

Is this vehicle owned, leased or financed? *

☐ Owned ☐ Leased ☐ Financed

Only if "Is this vehicle owned, leased or financed?" = Financed or Leased:

Finance / lease company name _____

Mobile Service Vehicle #2

Year * _____

Make * _____

Model * _____

VIN (17 characters) * _____

Is this vehicle owned, leased or financed? *

☐ Owned ☐ Leased ☐ Financed

Only if "Is this vehicle owned, leased or financed?" = Financed or Leased:

Finance / lease company name _____

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

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

Are signs posted to keep customers out of work areas?

☐ Yes ☐ No

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

Do you do any welding?

☐ Yes ☐ No

Only if "Do you do any welding?" = Yes:

Welding: please explain _____

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

Do you work on hydraulics for dump trucks, bucket trucks, boom trucks, scissor lifts, or any equipment that lifts people?

☐ Yes ☐ No

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

Do you cut, stretch, or weld auto frames or forks?

☐ Yes ☐ No

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

Do you fabricate or manufacture any operating parts?

☐ Yes ☐ No

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

Do you custom build or manufacture any autos?

☐ Yes ☐ No

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

Do you install lift kits greater than 6 inches?

☐ Yes ☐ No

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

Do you do tire sales, service, installation, or repair on commercially operated autos?

☐ Yes ☐ No

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

Do you have a UL-approved paint booth?

☐ Yes ☐ No ☐ We don't paint

Only if "Do you have a UL-approved paint booth?" = No:

Is your paint area ventilated with explosion-proof lighting?

☐ Yes ☐ No

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

Are paints stored in a closed metal cabinet?

☐ Yes ☐ No ☐ No paint on site

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

Theft Protection / Security (check all that apply)

☐ Cameras ☐ Alarm System ☐ Fenced Lot ☐ Locked Building ☐ Exterior Lighting

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

Do you need to cover the building? *

☐ Yes ☐ No

Only if "Do you need to cover the building?" = Yes:

Do you own or lease the building? *

☐ Own ☐ Lease

Only if "Do you need to cover the building?" = Yes:

Building square footage * _____

Only if "Do you need to cover the building?" = Yes:

Year built * _____

Only if "Do you need to cover the building?" = Yes:

Roof age (years) or the year the roof was replaced * _____

Only if "Do you need to cover the building?" = Yes:

Roof type

☐ Metal ☐ Asphalt Shingle ☐ Flat / Membrane (TPO, EPDM) ☐ Built-up / Tar & Gravel ☐ Other

Only if "Do you need to cover the building?" = Yes:

Construction type *

☐ Metal / Steel ☐ Masonry / Concrete Block ☐ Frame (Wood) ☐ Brick Veneer ☐ Other

Only if "Do you need to cover the building?" = Yes:

Building replacement cost value ($) * _____

Only if "Do you need to cover the building?" = Yes:

Business personal property value: tools, lifts, equipment, inventory ($) _____

Only if "Do you need to cover the building?" = Yes:

Number of stories _____

Only if "Do you need to cover the building?" = Yes:

Number of service bays / lifts _____

Only if "Do you need to cover the building?" = Yes:

Building protection (check all that apply)

☐ Sprinklered ☐ Central Station Fire Alarm ☐ Central Station Burglar Alarm ☐ Fire Extinguishers ☐ None

Only if "Do you need to cover the building?" = Yes:

Any updates to wiring, plumbing, HVAC or roof in the last 15 years? (what and when)

_____

Only if "Do you need to cover the building?" = Yes:

Do you do any spray painting or welding on the premises? *

☐ Yes ☐ No

Only if "Do you do any spray painting or welding on the premises?" = Yes:

Is spray painting done in an approved paint booth?

☐ Yes ☐ No

Only if "Do you need to cover the building?" = Yes:

Are there other tenants or occupants in the building? *

☐ Yes ☐ No

Only if "Do you need to cover the building?" = Yes:

Any property losses in the last 5 years? *

☐ Yes ☐ No

Only if "Any property losses in the last 5 years?" = Yes:

Describe the loss(es) and the amount paid *

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

Only if "Any losses or claims in the past 3 years?" = Yes:

Loss details (date, what happened, amount paid)

Has your insurance been cancelled or non-renewed within the past three years? *

☐ Yes ☐ No

Only if "Has your insurance been cancelled or non-renewed within the past th..." = Yes:

Cancelled / non-renewed: please explain

Do you operate any other businesses? *

☐ Yes ☐ No

Only if "Do you operate any other businesses?" = Yes:

Is that other operation under a separate business entity?

☐ Yes ☐ No

Only if "Do you operate any other businesses?" = Yes:

Other business: entity name and what it does

Is your business mobile in nature? *

☐ Yes ☐ No

Do you have or maintain animals on your premises? *

☐ Yes ☐ No

Only if "Do you have or maintain animals on your premises?" = Yes:

Animals: type and breed

Only if "Do you have or maintain animals on your premises?" = Yes:

Are the animals pets or security?

☐ Pets ☐ Security

Do you have or maintain firearms on your premises? *

☐ Yes ☐ No

Do you take part in any ride share programs (Uber, Lyft, Turo, etc.)? *

☐ Yes ☐ No

Only if "Do you take part in any ride share programs (Uber, Lyft, Turo, etc.)?" = Yes:

Ride share: please explain _____

Does anyone need to be named on your policy (landlord, lender, franchisor, equipment lessor)?

☐ Yes ☐ No

People or companies to name on the policy

Only if "Does anyone need to be named on your policy (landlord, lender, fran..." = Yes:

(this section)

Additional Insured #1

Additional insured name _____

Additional insured address _____

Additional insured interest (landlord, lender, etc.) _____

Additional Insured #2

Additional insured name _____

Additional insured address _____

Additional insured interest (landlord, lender, etc.) _____

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

Only if "Does anyone need to be named on your policy (landlord, lender, fran..." = Yes:

What does the contract or lease ask for? (check all that apply)

☐ Lessor of leased equipment ☐ Grantor of franchise ☐ Owners of leased or rented land or premises (landlord)

☐ Co-owner of insured premises ☐ Concessionaires trading under your name ☐ Controlling interest

☐ Grantor of licenses ☐ Grantor of licenses - automatic status when required by licensor

☐ Lessor of leased equipment - automatic status when required in lease agreement ☐ Primary and noncontributory

☐ Waiver of subrogation ☐ Designated insured

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