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

Auto & Renters Bundle 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

First Name * _____

Last Name * _____

Phone * _____

Email * _____

Date of Birth (needed to start your quote) * _____ MM / DD / YYYY

Driver's License # / State _____ license # / state

QUESTIONS

Additional Drivers (besides yourself)

Additional Driver #1

Full Name _____

Relationship to Applicant

☐ Spouse ☐ Domestic Partner ☐ Relative ☐ Friend ☐ Partner

Date of Birth _____ MM / DD / YYYY

Driver's License # / State _____ license # / state

Additional Driver #2

Full Name _____

Relationship to Applicant

☐ Spouse ☐ Domestic Partner ☐ Relative ☐ Friend ☐ Partner

Date of Birth _____ MM / DD / YYYY

Driver's License # / State _____ license # / state

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

Vehicles

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 _____

Coverage

☐ Liability Only ☐ Comprehensive & Collision

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 _____

Coverage

☐ Liability Only ☐ Comprehensive & Collision

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

Are there any other drivers in your household not listed above?

☐ Yes ☐ No

Any Accidents, Violations, or Losses in the Past 3 Years?

☐ Yes ☐ No

What auto coverage do you want? (you can change any of it on the quote)

☐ Full coverage - 100/300/100 liability with $500 comprehensive and collision (what we recommend)

☐ Liability only - 100/300/100 ☐ Match what I have now ☐ Not sure - show me the options

Address *

Street

_____

City / State / ZIP

_____

Previous (under 2 years) or Mailing Address

Street

_____

City / State / ZIP

_____

Have you had auto coverage the last 6 months?

☐ Yes ☐ No

How much renter's liability coverage do you want?

☐ 100,000 ☐ 300,000 ☐ 500,000

Do you have any dogs?

☐ Yes ☐ No

Do you have coverage now? *

☐ Yes ☐ No

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

Who is your current insurance company? *

(write it in)

_____

Only if "Who is your current insurance company?" = OTHER:

If Other, please specify the carrier * _____

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

When does your insurance expire? * _____ MM / DD / YYYY

When do you want your policy to start? _____ MM / DD / YYYY

NOTES - anything else we should know?

_____

_____

_____

Upload your policy documents

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