



BOP (Business Owners Policy) 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

First Name * _____

Last Name * _____

Phone * _____

Email * _____

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

QUESTIONS

Business Name (LLC, LLP, S-Corp, Corp) * _____

Type of Business

☐ LLC ☐ CORPORATION ☐ PARTNERSHIP ☐ SOLE PROPRIETOR

Type of Business Conducted at This Location (e.g. retail store, office, warehouse, restaurant) * _____

Business Address *

Street _____

City / State / ZIP _____

Roof Age / Year Roof Was Last Replaced _____

Estimated Building Value / Amount to Insure (\$, if you own the building) _____

Estimated Value of Business Personal Property / Contents (\$) _____

Estimated Gross Sales _____

of Employees _____

Years in Business _____

Is the building currently occupied, vacant, or under renovation?

☐ Occupied ☐ Vacant ☐ Under Renovation

Are there tenants leasing space in this building?

☐ Yes ☐ No

Only if "Are there tenants leasing space in this building?" = Yes:

How many tenant units / businesses lease space in this building? _____

Do you also want your tools and equipment insured (Inland Marine)? Equipment you take off-site or to job sites.

☐ Yes ☐ No

Tools & Equipment to Insure

Only if "Do you also want your tools and equipment insured (Inland Marine)? ..." = Yes:

(this section)

Equipment #1

Description (e.g. skid steer, trailer, generator) *

Manufacturer

Model

Serial Number

Year

Cost New \$

Current Value \$ *

Financed? Lien holder name and address (leave blank if none)

Equipment #2

Description (e.g. skid steer, trailer, generator) *

Manufacturer

Model

Serial Number

Year

Cost New \$

Current Value \$ *

Financed? Lien holder name and address (leave blank if none)

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

Only if "Do you also want your tools and equipment insured (Inland Marine)? ..." = Yes:

Total value of small hand and power tools (items under \$1,500 each) \$

Only if "Do you also want your tools and equipment insured (Inland Marine)? ..." = Yes:

What kind of jobs is the equipment used on? *

Only if "Do you also want your tools and equipment insured (Inland Marine)? ..." = Yes:

Do you rent or lease equipment from others?

☐ Yes ☐ No

Only if "Do you also want your tools and equipment insured (Inland Marine)? ..." = Yes:

If you rent or lease equipment: typical value you have at one time \$ (leave blank if none)

Only if "Do you also want your tools and equipment insured (Inland Marine)? ..." = Yes:

Is equipment ever left at a job site unattended? *

☐ Yes ☐ No

Only if "Do you also want your tools and equipment insured (Inland Marine)? ..." = Yes:

How is the equipment secured at the job site and overnight?

Only if "Do you also want your tools and equipment insured (Inland Marine)? ..." = Yes:

Radius of operation (how far from home base, in miles) _____

Only if "Do you also want your tools and equipment insured (Inland Marine)? ..." = Yes:

Is any of the equipment tagged for road use?

☐ Yes ☐ No

Only if "Do you also want your tools and equipment insured (Inland Marine)? ..." = Yes:

Deductible you prefer

☐ \$500 ☐ \$1,000 ☐ \$2,500 ☐ Not sure

Do you currently have a BOP or business insurance policy in place? *

☐ Yes ☐ No

Only if "Do you currently have a BOP or business insurance policy in place?" = Yes:

Who is your current insurance company? * _____

Only if "Do you currently have a BOP or business insurance policy in place?" = Yes:

Upload your 3-year loss run report (optional - it speeds up your quote; we can request it from your current carrier for you)

Please attach a copy with this form.

When do you want your policy to start? * _____

MM / DD / YYYY

Notes

Upload additional 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