



## Commercial Auto Insurance Quote

Please print clearly, then email a scan or photo of every page to [info@okcib.com](mailto:info@okcib.com) or bring it to our office. Questions marked \* are required. You can also fill this out online at [okcib.com](http://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

Years of experience in this business

Do you have a CDL license?

☐ Yes ☐ No

*Only if "Do you have a CDL license?" = Yes:*

Have you had your CDL 2+ years?

☐ Yes ☐ No

#### Additional Drivers (besides yourself)

Additional Driver #1

First Name

Last Name

Relationship to Applicant

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

Date of Birth  MM / DD / YYYY

Driver's License # / State  license # / state

Do they have a CDL license?

☐ Yes ☐ No

*Only if "Do they have a CDL license?" = Yes:*

Have they had the CDL 2+ years?

☐ Yes ☐ No

Additional Driver #2

First Name

**Last Name** \_\_\_\_\_

**Relationship to Applicant**

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

**Date of Birth** \_\_\_\_\_ MM / DD / YYYY

**Driver's License # / State** \_\_\_\_\_ license # / state

**Do they have a CDL license?**

☐ Yes ☐ No

*Only if "Do they have a CDL license?" = Yes:*

**Have they had the CDL 2+ years?**

☐ Yes ☐ No

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

**Vehicles**

**Vehicle #1**

**Year** \_\_\_\_\_

**Make** \_\_\_\_\_

**Model** \_\_\_\_\_

**VIN** \_\_\_\_\_

**Type of Vehicle**

☐ Pickup ☐ Flatbed ☐ Van ☐ Box Truck ☐ Sedan / Car ☐ SUV ☐ Trailer ☐ Other

**Ball hitch on the bumper? (tows a trailer)**

☐ Yes ☐ No

**What Is This Vehicle Used For?** \_\_\_\_\_

**Type of Business** \_\_\_\_\_

**Business Only or Business & Personal Use?**

☐ Business Only ☐ Business & Personal

**Is this vehicle used for deliveries?**

☐ Yes ☐ No

*Only if "Is this vehicle used for deliveries?" = Yes:*

**Who do you deliver for? (check all that apply)**

☐ Home Depot ☐ Lowe's ☐ Amazon (DSP / Relay) ☐ Amazon Flex ☐ FedEx / UPS contractor  
☐ DoorDash / Uber Eats / Instacart ☐ Furniture or appliance store ☐ Auto parts store  
☐ My own business's customers ☐ Other

*Only if "Who do you deliver for? (check all that apply)" = Other:*

**If Other, who?** \_\_\_\_\_

*Only if "Is this vehicle used for deliveries?" = Yes:*

**About how many deliveries per day?** \_\_\_\_\_

*Only if "Is this vehicle used for deliveries?" = Yes:*

**Contract or app-based?**

☐ Signed contract with the company ☐ App-based (sign in and pick up gigs) ☐ Both

**Miles One Way (to Work / Job Site)**

☐ 0-50   ☐ 51-100   ☐ 101-300   ☐ 301-500   ☐ 500+

**Garaged at the business address?**

☐ Yes   ☐ No

*Only if "Garaged at the business address?" = No:*

**Where is this vehicle garaged? (street, city, state, ZIP)** \_\_\_\_\_

**Taken home by an employee?**

☐ Yes   ☐ No

**Current Vehicle Value (Stated Amount)** \_\_\_\_\_

**Non-Factory Equipment Value (toolboxes, racks, wraps, lift gates, added equipment)** \_\_\_\_\_

**Registered owner of the vehicle**

☐ Named Insured   ☐ Named Insured and Co-Owner   ☐ Corporate Officer/Managing Member/Partner   ☐ Rental  
☐ Employee   ☐ Other

**Is this vehicle owned, leased or financed?**

☐ Owned   ☐ Leased   ☐ Financed

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

**Company Name** \_\_\_\_\_

**Coverage**

☐ Liability Only   ☐ Comprehensive & Collision

**Vehicle #2**

**Year** \_\_\_\_\_

**Make** \_\_\_\_\_

**Model** \_\_\_\_\_

**VIN** \_\_\_\_\_

**Type of Vehicle**

☐ Pickup   ☐ Flatbed   ☐ Van   ☐ Box Truck   ☐ Sedan / Car   ☐ SUV   ☐ Trailer   ☐ Other

**Ball hitch on the bumper? (tows a trailer)**

☐ Yes   ☐ No

**What Is This Vehicle Used For?** \_\_\_\_\_

**Type of Business** \_\_\_\_\_

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☐ DoorDash / Uber Eats / Instacart   ☐ Furniture or appliance store   ☐ Auto parts store  
☐ My own business's customers   ☐ Other

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Only if "Is this vehicle used for deliveries?" = Yes:

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☐ 0-50 ☐ 51-100 ☐ 101-300 ☐ 301-500 ☐ 500+

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☐ Yes ☐ No

Only if "Garaged at the business address?" = No:

**Where is this vehicle garaged? (street, city, state, ZIP)** \_\_\_\_\_

**Taken home by an employee?**

☐ Yes ☐ No

**Current Vehicle Value (Stated Amount)** \_\_\_\_\_

**Non-Factory Equipment Value (toolboxes, racks, wraps, lift gates, added equipment)**

**Registered owner of the vehicle**

☐ Named Insured ☐ Named Insured and Co-Owner ☐ Corporate Officer/Managing Member/Partner ☐ Rental  
☐ Employee ☐ Other

**Is this vehicle owned, leased or financed?**

☐ Owned ☐ Leased ☐ Financed

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

**Company Name** \_\_\_\_\_

**Coverage**

☐ Liability Only ☐ Comprehensive & Collision

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

**Do you have a USDOT number? \***

☐ Yes ☐ No ☐ Not yet, but I've applied for one

Only if "Do you have a USDOT number?" = Yes:

**USDOT # \*** \_\_\_\_\_

Only if "Do you have a USDOT number?" = Yes:

**MC # (operating authority), if you have one** \_\_\_\_\_

**Do your vehicles ever cross state lines? \***

☐ Yes ☐ No

**Do you need cargo insurance (Motor Truck Cargo)? \***

☐ Yes ☐ No

Only if "Do you need cargo insurance (Motor Truck Cargo)?" = Yes:

**How much cargo coverage?**

☐ \$10,000 ☐ \$25,000 ☐ \$50,000 ☐ \$100,000 ☐ \$250,000 ☐ Other

Only if "How much cargo coverage?" = Other:

**Other cargo amount \$** \_\_\_\_\_

Only if "Do you need cargo insurance (Motor Truck Cargo)?" = Yes:

**Cargo deductible you prefer**

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

Only if "Do you need cargo insurance (Motor Truck Cargo)?" = Yes:

**What do you haul?**

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Only if "Do you need cargo insurance (Motor Truck Cargo)?" = Yes:

**Most valuable load you carry at one time \$** \_\_\_\_\_

Only if "Do you need cargo insurance (Motor Truck Cargo)?" = Yes:

**Do you haul refrigerated (reefer) loads?**

☐ Yes   ☐ No

**Company Name** \_\_\_\_\_

**Address**

Street

City / State / ZIP

**Previous Address (under 2 years)**

Street

City / State / ZIP

**Any Accidents, Violations or Losses in the Past 5 Years?**

☐ Yes   ☐ No

**What auto liability do you want?**

☐ 50/100/50   ☐ 100/300/100   ☐ 250/500/250   ☐ 100 CSL   ☐ 300 CSL   ☐ 500 CSL   ☐ 1,000,000 CSL

**What comprehensive deductible do you have?**

☐ 500   ☐ 1000   ☐ None

**Uninsured Motorist Bodily Injury:**

☐ None   ☐ 25/50   ☐ 50/100   ☐ 100/300   ☐ 250/500

**What collision deductible do you have?**

☐ 500   ☐ 1000   ☐ None

**Medical Payment**

☐ \$500 Per Person   ☐ \$1,000 Per Person   ☐ \$5,000 Per Person   ☐ \$10,000 Per Person   ☐ None

**Vehicle Rental**

☐ \$40 Per Day (\$1,200 Max)   ☐ \$50 Per Day (\$1,500 Max)   ☐ \$60 Per Day (\$1,800 Max)   ☐ None

**Roadside**

☐ Yes   ☐ No

**Snapshot Enrollment: Monitoring Driving**

☐ Yes   ☐ No

**Have you had previous insurance? \***

☐ Yes ☐ No

*Only if "Have you had previous insurance?" = Yes:*

**Previous Insurance Company \***

(write it in)

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*Only if "Have you had previous insurance?" = Yes:*

**If Other, please specify the carrier** \_\_\_\_\_

*Only if "Have you had previous insurance?" = Yes:*

**Was that commercial or personal insurance? \***

☐ Commercial ☐ Personal ☐ Both

**Have you had 6 months of coverage?**

☐ Yes ☐ No

**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

**Upload your old policy**

Please attach a copy with this form.

**General Liability: \$1,000,000**

☐ Yes ☐ No

**Blanket Additional Insured?**

☐ Yes ☐ No

**Blanket Waiver of Subrogation?**

☐ Yes ☐ No

**When do you want your policy to start?** \_\_\_\_\_

MM / DD / YYYY

**NOTES - anything else we should know?**

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**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.

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Signature

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Date