



Commercial Property 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 Conducted at This Location (e.g. retail store, office, warehouse, restaurant, apartment building) _____

Years of experience in this business _____

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.

Property Address (If you have more than 2 you can add in Notes or Upload) *

Street _____

City / State / ZIP _____

Mailing Address (must be different address than the property address) *

Street

City / State / ZIP

Property Address second location

Street

City / State / ZIP

Approximate Square Footage of the Building _____

Year Built (if known) _____

Roof Age / Year Roof Was Last Replaced _____

Estimated Building Value / Amount to Insure (\$) _____

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

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

☐ Occupied ☐ Vacant ☐ Under Renovation

Are there tenants leasing space in this building (in addition to or instead of the owner)?

☐ Yes ☐ No

Only if "Are there tenants leasing space in this building (in addition to or..." = Yes:

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

Is there a Triple Net Lease agreement?

☐ Yes ☐ No

Safety Features Present (check all that apply)

☐ Central Station Burglar Alarm ☐ Fire Alarm (monitored) ☐ Fire Sprinkler System

Do you live within 100 miles of the property? *

☐ YES ☐ NO

Is the property managed by a property manager? *

☐ YES ☐ NO

Will there be any major renovations in the 12 months after the policy becomes effective? *

☐ YES ☐ NO

LIEN HOLDER/ FINANCED *

☐ Yes ☐ No

Only if "LIEN HOLDER/ FINANCED" = Yes:

BILLING *

☐ MORTGAGE BILLED ☐ OWNER

Any Losses in the Past 5 Years? *

☐ Yes ☐ No ☐ Not Sure

Do you currently have a commercial property policy in place on this building? *

☐ Yes ☐ No

Only if "Do you currently have a commercial property policy in place on this..." = Yes:

Who is your current insurance company? * _____

Only if "Do you currently have a commercial property policy in place on this..." = 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.

Only if "Do you currently have a commercial property policy in place on this..." = No:

How many days has it gone uninsured? * _____

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

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

How would you like us to contact you?

☐ Call ☐ Email ☐ Text

Vehicles To Insure (if applicable)

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 _____

What Is This Vehicle Used For? _____

Type of Business _____

Business Only or Business & Personal Use?

☐ Business Only ☐ Business & Personal

Miles One Way (to Work / Job Site)

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

Name of Driver _____

Driver Date of Birth _____ MM / DD / YYYY

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

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 _____

What Is This Vehicle Used For? _____

Type of Business _____

Business Only or Business & Personal Use?

☐ Business Only ☐ Business & Personal

Miles One Way (to Work / Job Site)

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

Name of Driver _____

Driver Date of Birth _____ MM / DD / YYYY

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

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

NOTES/MORTGAGE CLAUSE IF APPLICABLE

Upload your old policy for a side-by-side comparison.

Please attach a copy with this form.

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