



Contractors 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 _____

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.

Type of Business *

☐ SOLE PROPRIETOR ☐ LLC ☐ CORPORATION

EIN _____

Address *

Street _____

City / State / ZIP _____

What type of insurance are you needing?

(check all that apply)

☐ General Liability (GL) ☐ Business Owners Policy (BOP)

Would you also like to quote

(check all that apply)

☐ Tools and Equipment ☐ Inland Marine ☐ Workers' Compensation (WC)

Only if "Would you also like to quote" = Compensation:

Owner's Payroll Annually _____

Only if "Would you also like to quote" = Compensation:

W-2 Employee Payroll Annually _____

Only if "Would you also like to quote" = Compensation:

Owner-Only / Ghost Policy? (no employees - a certificate to satisfy contract requirements)

☐ Yes - owner only, no employees ☐ No - I have employees

Only if "Would you also like to quote" = Compensation:

Do you hire Subcontractors (1099)

☐ Yes ☐ No

Only if "Would you also like to quote" = Compensation:

1099 Subcontractor Payments Annually (enter 0 if none) _____

Tools & Equipment to Insure

Only if "Would you also like to quote" = Tools and Equipment or Inland Marine:

(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 "Would you also like to quote" = Tools and Equipment or Inland Marine:

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

Only if "Would you also like to quote" = Tools and Equipment or Inland Marine:

What kind of jobs is the equipment used on? *

Only if "Would you also like to quote" = Tools and Equipment or Inland Marine:

Do you rent or lease equipment from others?

☐ Yes ☐ No

Only if "Would you also like to quote" = Tools and Equipment or Inland Marine:

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

Only if "Would you also like to quote" = Tools and Equipment or Inland Marine:

Is equipment ever left at a job site unattended? *

☐ Yes ☐ No

Only if "Would you also like to quote" = Tools and Equipment or Inland Marine:

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

Only if "Would you also like to quote" = Tools and Equipment or Inland Marine:

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

Only if "Would you also like to quote" = Tools and Equipment or Inland Marine:

Is any of the equipment tagged for road use?

☐ Yes ☐ No

Only if "Would you also like to quote" = Tools and Equipment or Inland Marine:

Deductible you prefer

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

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.

Are you a new business

☐ Yes ☐ No

Years of experience in this trade _____

Only if "Are you a new business" = No:

Do you have a trade license (electrician, plumber, HVAC or other)?

☐ Yes ☐ No

Trade licenses (optional): add your license if you have one

Only if "Do you have a trade license (electrician, plumber, HVAC or other)?" = Yes:

(this section)

Trade license #1

License type

☐ Electrician ☐ Plumber ☐ HVAC / Mechanical ☐ Other

Only if "License type" = Other:

If Other, what license? _____

License # _____

Level (e.g. Journeyman, Contractor, Master) _____

State _____

Expiration date _____ MM / DD / YYYY

Trade license #2

License type

☐ Electrician ☐ Plumber ☐ HVAC / Mechanical ☐ Other

Only if "License type" = Other:

If Other, what license? _____

License # _____

Level (e.g. Journeyman, Contractor, Master) _____

State _____

Expiration date _____ MM / DD / YYYY

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

Only if "Do you have a trade license (electrician, plumber, HVAC or other)?" = Yes:

Upload a copy of your license (optional)

Please attach a copy with this form.

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

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

Notes: Please describe your largest project in the last 5 years and the gross receipt.

Upload your old policy and your 3-year loss run report.

Please attach a copy with this form.

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

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