



Cyber Liability 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

Company Name _____

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.

Address *

Street _____

City / State / ZIP _____

Does your company currently work with a Managed Service Provider (MSP) or other IT consultant? *

☐ Yes ☐ No

Website * _____

When do you want your policy to start? * _____ 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

Any losses or claims in the past 3 years?

☐ Yes ☐ No

Is there anything else you'd like us to know?

Upload your current declarations page or your contract's insurance requirements (optional)

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