



## Dealers Open Lot 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

Cell Number \* \_\_\_\_\_

Business Number \_\_\_\_\_

First Name \* \_\_\_\_\_

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

Email \* \_\_\_\_\_

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

### QUESTIONS

Business Name \* \_\_\_\_\_

(DBA) Doing Business As \_\_\_\_\_

Type of Business \*

☐ LLC ☐ CORPORATION ☐ PARTNERSHIP ☐ SOLE PROPRIETOR

Federal EIN \_\_\_\_\_

Dealer License # \_\_\_\_\_

Business Address \*

Street

City / State / ZIP

Mailing Address (if different)

Street

City / State / ZIP

Type of Dealership \*

☐ Used Car Dealer ☐ New Car Dealer ☐ Wholesale Dealer ☐ Buy Here Pay Here ☐ Motorcycle / Powersports  
☐ RV / Camper ☐ Truck / Trailer ☐ Other

Only if "Type of Dealership" = Other:

Other - Please Describe \_\_\_\_\_

Years in Business at This Location \* \_\_\_\_\_

**Years in a Similar Business at Any Other Location** \_\_\_\_\_

**Previous Business Names (if you ran a similar business under another name)** \_\_\_\_\_

**Coverage wanted on your dealer's autos (check all that apply) \***

- ☐ Fire   ☐ Theft   ☐ Collision   ☐ Supplemental Coverage WITH Vandalism & Malicious Mischief  
☐ Supplemental Coverage WITHOUT Vandalism & Malicious Mischief   ☐ Not Sure - Recommend for Me

**Lot Limit You Want \$ (the most you could have on the lot at one time) \*** \_\_\_\_\_

**Open Lot / Dealer Physical Damage - Lot Locations**

**Lot Location #1**

**Lot Location (street, city, state, ZIP) \*** \_\_\_\_\_

**Maximum Value Per Auto \$ \*** \_\_\_\_\_

**Average Value Per Auto \$ \*** \_\_\_\_\_

**Average # of Autos on the Lot \*** \_\_\_\_\_

**Maximum Number of Autos on the Lot \*** \_\_\_\_\_

**Maximum Value of All Autos on the Lot \$ \*** \_\_\_\_\_

**Maximum Number of Units This Lot Will Hold \*** \_\_\_\_\_

**This Location Is \***

(check all that apply)

- ☐ A Closed Building   ☐ An Open Lot   ☐ A Building with an Open Lot or Forecourt   ☐ Other

*Only if "This Location Is" = Other:*

**Other - Please Describe** \_\_\_\_\_

**Is the lot completely fenced or surrounded by buildings on all sides? \***

- ☐ Yes   ☐ No

*Only if "Is the lot completely fenced or surrounded by buildings on all sides?" = Yes:*

**Height and Type of Fence or Wall (e.g. 6 ft chain link) \*** \_\_\_\_\_

*Only if "Is the lot completely fenced or surrounded by buildings on all sides?" = No:*

**What protects each side of the lot? Front / Rear / Left / Right (write none if none) \***

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**Number of Entrances \*** \_\_\_\_\_

**Are the entrances also the exits?**

- ☐ Yes   ☐ No

*Only if "Are the entrances also the exits?" = No:*

**Number of Separate Exits** \_\_\_\_\_

**Are the entrances and exits supervised? \***

- ☐ Yes   ☐ No

**What protects against theft across the entrances and exits? (chains, posts, gates...)**

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**Theft Protection at This Location \***

(check all that apply)

- ☐ Lights   ☐ Cameras   ☐ Alarm   ☐ Fenced Lot   ☐ Inside a Building   ☐ Guard Dog  
☐ Watchman / Security Guard   ☐ Posts or Barriers at Entrances   ☐ Other

*Only if "Theft Protection at This Location" = Other:*

**Other Theft Protection - Please Describe** \_\_\_\_\_

**Lot Location #2**

**Lot Location (street, city, state, ZIP) \*** \_\_\_\_\_

**Maximum Value Per Auto \$ \*** \_\_\_\_\_

**Average Value Per Auto \$ \*** \_\_\_\_\_

**Average # of Autos on the Lot \*** \_\_\_\_\_

**Maximum Number of Autos on the Lot \*** \_\_\_\_\_

**Maximum Value of All Autos on the Lot \$ \*** \_\_\_\_\_

**Maximum Number of Units This Lot Will Hold \*** \_\_\_\_\_

**This Location Is \***

(check all that apply)

- ☐ A Closed Building   ☐ An Open Lot   ☐ A Building with an Open Lot or Forecourt   ☐ Other

*Only if "This Location Is" = Other:*

**Other - Please Describe** \_\_\_\_\_

**Is the lot completely fenced or surrounded by buildings on all sides? \***

- ☐ Yes   ☐ No

*Only if "Is the lot completely fenced or surrounded by buildings on all sides?" = Yes:*

**Height and Type of Fence or Wall (e.g. 6 ft chain link) \*** \_\_\_\_\_

*Only if "Is the lot completely fenced or surrounded by buildings on all sides?" = No:*

**What protects each side of the lot? Front / Rear / Left / Right (write none if none) \***

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**Number of Entrances \*** \_\_\_\_\_

**Are the entrances also the exits?**

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**Are the entrances and exits supervised? \***

- ☐ Yes   ☐ No

**What protects against theft across the entrances and exits? (chains, posts, gates...)**

**Theft Protection at This Location \***

(check all that apply)

- ☐ Lights   ☐ Cameras   ☐ Alarm   ☐ Fenced Lot   ☐ Inside a Building   ☐ Guard Dog  
☐ Watchman / Security Guard   ☐ Posts or Barriers at Entrances   ☐ Other

Only if "Theft Protection at This Location" = Other:

**Other Theft Protection - Please Describe** \_\_\_\_\_

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

**Is the lot ever unattended, day or night? \***

- ☐ Yes   ☐ No

**Most and fewest people on duty, and their hours**

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**Do you have a burglar alarm? \***

- ☐ Yes   ☐ No

Only if "Do you have a burglar alarm?" = Yes:

**Type of alarm (monitored or local, and who monitors it)** \_\_\_\_\_

**Are the keys or any device used to start or operate the auto left in or upon the auto at any time? \***

- ☐ Yes   ☐ No

**Describe your key controls during normal business hours \***

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**Describe your key controls after business hours \***

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**Do you use locked key boxes? \***

- ☐ Yes   ☐ No

Only if "Do you use locked key boxes?" = Yes:

**Where are the locked key boxes kept? \*** \_\_\_\_\_

**Do you store autos away from the locations listed above? \***

- ☐ Yes   ☐ No

Only if "Do you store autos away from the locations listed above?" = Yes:

**If yes, where are they stored? \*** \_\_\_\_\_

Only if "Do you store autos away from the locations listed above?" = Yes:

**And for how long? \*** \_\_\_\_\_

**Types of units on the lot (check all that apply) \***

- ☐ New Cars   ☐ Used Cars   ☐ Campers / Travel Trailers   ☐ Trucks / Tractors / Trailers / Semi-Trailers   ☐ Motorcycles  
☐ Snowmobiles / ATVs   ☐ Mobile Homes

**Radius of Operations (how far from the lot your autos are driven, in miles) \***

**Do you need Furnished Auto coverage (dealer autos you let people drive as their own)? \***

☐ Yes ☐ No

**Furnished Auto Drivers**

*Only if "Do you need Furnished Auto coverage (dealer autos you let people dr..." = Yes:*

**(this section)**

**Driver #1**

**Full Name \*** \_\_\_\_\_

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

**Driver License # / State \*** \_\_\_\_\_

**Driver #2**

**Full Name \*** \_\_\_\_\_

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

**Driver License # / State \*** \_\_\_\_\_

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

**Do you need Unaccompanied Test Drive coverage (customers test driving alone)? \***

☐ Yes ☐ No

**Do you need False Pretense coverage (an auto taken with a bad check, fraud or trickery)? \***

☐ Yes ☐ No

*Only if "Do you need False Pretense coverage (an auto taken with a bad check..." = Yes:*

**False Pretense Limit Wanted \$ \*** \_\_\_\_\_

**Do you operate a wrecker / tow service? \***

☐ Yes ☐ No

*Only if "Do you operate a wrecker / tow service?" = Yes:*

**Number of Wrecker / Tow Units \*** \_\_\_\_\_

*Only if "Do you operate a wrecker / tow service?" = Yes:*

**Maximum Value Per Unit On the Hook \$ \*** \_\_\_\_\_

*Only if "Do you operate a wrecker / tow service?" = Yes:*

**Average Value Per Unit On the Hook \$** \_\_\_\_\_

*Only if "Do you operate a wrecker / tow service?" = Yes:*

**On-Hook Limit Wanted Per Unit \$** \_\_\_\_\_

**Any losses or claims in the past 3 years (at this lot or anywhere else)? \***

☐ Yes ☐ No

**Losses in the Past 3 Years**

*Only if "Any losses or claims in the past 3 years (at this lot or anywhere e..." = Yes:*

**(this section)**

**Loss #1**

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

**Where**

☐ At This Lot ☐ Elsewhere

**What Happened \*** \_\_\_\_\_

**Collision \$** \_\_\_\_\_

**Theft \$** \_\_\_\_\_

**Other \$** \_\_\_\_\_

Loss #2

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

**Where**

☐ At This Lot ☐ Elsewhere

**What Happened \*** \_\_\_\_\_

**Collision \$** \_\_\_\_\_

**Theft \$** \_\_\_\_\_

**Other \$** \_\_\_\_\_

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

*Only if "Any losses or claims in the past 3 years (at this lot or anywhere e..." = Yes:*

**What have you done to prevent similar losses?**

\_\_\_\_\_  
\_\_\_\_\_

**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:*

**Policy Number** \_\_\_\_\_

*Only if "Do you have coverage for this now?" = Yes:*

**When does that policy expire?** \_\_\_\_\_ MM / DD / YYYY

**Has your insurance been declined or cancelled in the past 3 years? \***

☐ Yes ☐ No

*Only if "Has your insurance been declined or cancelled in the past 3 years?" = Yes:*

**Why? \***

\_\_\_\_\_  
\_\_\_\_\_

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

**Upload your current policy, or photos / a diagram of the lot**

Please attach a copy with this form.

**Notes**

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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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date