



Garage Keepers 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 * _____

(DBA) Doing Business As _____

Type of Business *

☐ LLC ☐ CORPORATION ☐ PARTNERSHIP ☐ SOLE PROPRIETOR

Federal EIN _____

Driver License # (state next to it - OK is pre-selected) * _____ license # / state

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.

Garage / Shop Address *

Street _____

City / State / ZIP _____

Mailing Address (if different)

Street

City / State / ZIP

Years in Business

Years of Experience in This Field

Estimated annual gross sales (\$) *

Description of Operations (what kind of work you do) *

Type(s) of work performed (check all that apply)

- ☐ Auto maintenance and repair - general ☐ Oil and lube ☐ Tires - sales/service/installation ☐ Body & paint shop
☐ Towing ☐ Wash or detail ☐ Glass installation/repair ☐ Upholstery ☐ Other

Only if "Type(s) of work performed (check all that apply)" = Tires:

Tire shop: do you sell new and/or used tires? (check all that apply) *

- ☐ New tires ☐ Used tires ☐ We do not sell tires (repair/service only)

Only if "Tire shop: do you sell new and/or used tires? (check all that apply)" = Used:

About what percent of tire sales are USED tires?

Only if "Tire shop: do you sell new and/or used tires? (check all that apply)" = New or Used:

Do you sell or install any tire manufactured MORE THAN 6 YEARS before the date of service? *

- ☐ Yes ☐ No

Only if "Do you sell or install any tire manufactured MORE THAN 6 YEARS befo..." = Yes:

Do you sell or install any tire manufactured more than 10 YEARS before the date of service? *

- ☐ Yes ☐ No

Only if "Tire shop: do you sell new and/or used tires? (check all that apply)" = New or Used:

Annual gross receipts for tire sales or installation, including wheels/rims \$ *

Only if "Tire shop: do you sell new and/or used tires? (check all that apply)" = New or Used:

Private passenger (pickup, sedan, SUV, van): New (%)

Only if "Tire shop: do you sell new and/or used tires? (check all that apply)" = New or Used:

Private passenger (pickup, sedan, SUV, van): Used (%)

Only if "Tire shop: do you sell new and/or used tires? (check all that apply)" = New or Used:

Private passenger (pickup, sedan, SUV, van): Recapped / retreaded / regrooved (%)

Only if "Tire shop: do you sell new and/or used tires? (check all that apply)" = New or Used:

Commercial truck, truck tractor or trailer: New (%)

Only if "Tire shop: do you sell new and/or used tires? (check all that apply)" = New or Used:

Commercial truck, truck tractor or trailer: Used (%)

Only if "Tire shop: do you sell new and/or used tires? (check all that apply)" = New or Used:

Commercial truck, truck tractor or trailer: Recapped / retreaded / regrooved (%)

Only if "Tire shop: do you sell new and/or used tires? (check all that apply)" = New or Used:

Motorcycle, moped or scooter (street legal): New (%) _____

Only if "Tire shop: do you sell new and/or used tires? (check all that apply)" = New or Used:

Motorcycle, moped or scooter (street legal): Used (%) _____

Only if "Tire shop: do you sell new and/or used tires? (check all that apply)" = New or Used:

Motorcycle, moped or scooter (street legal): Recapped / retreaded / regrooved (%)

Only if "Tire shop: do you sell new and/or used tires? (check all that apply)" = New or Used:

Off-road (ATV, golf cart, UTV): New (%) _____

Only if "Tire shop: do you sell new and/or used tires? (check all that apply)" = New or Used:

Off-road (ATV, golf cart, UTV): Used (%) _____

Only if "Tire shop: do you sell new and/or used tires? (check all that apply)" = New or Used:

Off-road (ATV, golf cart, UTV): Recapped / retreaded / regrooved (%) _____

Only if "Tire shop: do you sell new and/or used tires? (check all that apply)" = New or Used:

Motorhome or camper: New (%) _____

Only if "Tire shop: do you sell new and/or used tires? (check all that apply)" = New or Used:

Motorhome or camper: Used (%) _____

Only if "Tire shop: do you sell new and/or used tires? (check all that apply)" = New or Used:

Motorhome or camper: Recapped / retreaded / regrooved (%) _____

Only if "Tire shop: do you sell new and/or used tires? (check all that apply)" = New or Used:

Contractor, construction or farm equipment: New (%) _____

Only if "Tire shop: do you sell new and/or used tires? (check all that apply)" = New or Used:

Contractor, construction or farm equipment: Used (%) _____

Only if "Tire shop: do you sell new and/or used tires? (check all that apply)" = New or Used:

Contractor, construction or farm equipment: Recapped / retreaded / regrooved (%)

Only if "Tire shop: do you sell new and/or used tires? (check all that apply)" = New or Used:

Bus (16+ passengers): New (%) _____

Only if "Tire shop: do you sell new and/or used tires? (check all that apply)" = New or Used:

Bus (16+ passengers): Used (%) _____

Only if "Tire shop: do you sell new and/or used tires? (check all that apply)" = New or Used:

Bus (16+ passengers): Recapped / retreaded / regrooved (%) _____

Only if "Tire shop: do you sell new and/or used tires? (check all that apply)" = New or Used:

Other: New (%) _____

Only if "Tire shop: do you sell new and/or used tires? (check all that apply)" = New or Used:

Other: Used (%) _____

Only if "Tire shop: do you sell new and/or used tires? (check all that apply)" = New or Used:

Other: Recapped / retreaded / regrooved (%) _____

Only if "Tire shop: do you sell new and/or used tires? (check all that apply)" = New or Used:

If you entered "Other" tire types, describe them _____

Only if "Tire shop: do you sell new and/or used tires? (check all that apply)" = New or Used:

Do you create or manufacture recapped, retreaded or regrooved tires? *

☐ Yes ☐ No

Only if "Tire shop: do you sell new and/or used tires? (check all that apply)" = New or Used:

Do you reclaim, recycle or repurpose scrapped tires / rubber waste for anything other than use on a vehicle? *

☐ Yes ☐ No

Only if "Do you reclaim, recycle or repurpose scrapped tires / rubber waste ..." = Yes:

Gross receipts from scrapped tire / rubber waste reclamation, recycling or repurposing \$

Only if "Do you reclaim, recycle or repurpose scrapped tires / rubber waste ..." = Yes:

Describe the reclamation, recycling or repurposing operations

Do you perform any work at the customer's location or roadside (mobile service)? *

☐ Yes ☐ No

Only if "Do you perform any work at the customer's location or roadside (mob..." = Yes:

Which work do you perform mobile? (check all that apply) *

☐ Auto maintenance and repair - general ☐ Oil and lube ☐ Tires - sales/service/installation ☐ Body & paint shop
☐ Towing ☐ Wash or detail ☐ Glass installation/repair ☐ Upholstery ☐ Other

Only if "Do you perform any work at the customer's location or roadside (mob..." = Yes:

Hours of operation for the MOBILE service (days and times, e.g. Mon-Sat 8am-6pm, 24/7 roadside) *

Only if "Do you perform any work at the customer's location or roadside (mob..." = Yes:

How many service trucks/vans are used for mobile service?

Only if "Do you perform any work at the customer's location or roadside (mob..." = Yes:

Do you want us to quote the mobile service vehicle(s) too? *

☐ Yes ☐ No

Mobile Service Vehicles to Quote

Only if "Do you want us to quote the mobile service vehicle(s) too?" = Yes:

(this section)

Mobile Service 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 _____

Mobile Service 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 _____

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

Average number of customer vehicles on the premises at one time * _____

Maximum value of any one customer vehicle in your care * _____

Average value of a customer vehicle in your care \$ _____

Maximum number of customer vehicles on the premises at one time _____

Maximum value of ALL customer vehicles on the premises at one time \$ _____

Theft Protection / Security (check all that apply)

☐ Cameras ☐ Alarm System ☐ Fenced Lot ☐ Locked Building ☐ Exterior Lighting

Describe how you control customer keys (during and after business hours) *

Do you need to cover the building? *

☐ Yes ☐ No

Only if "Do you need to cover the building?" = Yes:

Do you own or lease the building? *

☐ Own ☐ Lease

Only if "Do you need to cover the building?" = Yes:

Building square footage * _____

Only if "Do you need to cover the building?" = Yes:

Year built * _____

Only if "Do you need to cover the building?" = Yes:

Roof age (years) or the year the roof was replaced * _____

Only if "Do you need to cover the building?" = Yes:

Roof type

☐ Metal ☐ Asphalt Shingle ☐ Flat / Membrane (TPO, EPDM) ☐ Built-up / Tar & Gravel ☐ Other

Only if "Do you need to cover the building?" = Yes:

Construction type *

☐ Metal / Steel ☐ Masonry / Concrete Block ☐ Frame (Wood) ☐ Brick Veneer ☐ Other

Only if "Do you need to cover the building?" = Yes:

Building replacement cost value (\$) * _____

Only if "Do you need to cover the building?" = Yes:

Business personal property value: tools, lifts, equipment, inventory (\$) _____

Only if "Do you need to cover the building?" = Yes:

Number of stories _____

Only if "Do you need to cover the building?" = Yes:

Number of service bays / lifts _____

Only if "Do you need to cover the building?" = Yes:

Building protection (check all that apply)

☐ Sprinklered ☐ Central Station Fire Alarm ☐ Central Station Burglar Alarm ☐ Fire Extinguishers ☐ None

Only if "Do you need to cover the building?" = Yes:

Any updates to wiring, plumbing, HVAC or roof in the last 15 years? (what and when)

Only if "Do you need to cover the building?" = Yes:

Do you do any spray painting or welding on the premises? *

☐ Yes ☐ No

Only if "Do you do any spray painting or welding on the premises?" = Yes:

Is spray painting done in an approved paint booth?

☐ Yes ☐ No

Only if "Do you need to cover the building?" = Yes:

Are there other tenants or occupants in the building? *

☐ Yes ☐ No

Only if "Do you need to cover the building?" = Yes:

Any property losses in the last 5 years? *

☐ Yes ☐ No

Only if "Any property losses in the last 5 years?" = Yes:

Describe the loss(es) and the amount paid *

Employees / Mechanics

Employee / Mechanic #1

Full Name _____

Date of Birth _____ MM / DD / YYYY

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

Employee / Mechanic #2

Full Name _____

Date of Birth _____ MM / DD / YYYY

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

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

Do you have coverage now? *

☐ Yes ☐ No

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

Who is your current insurance company? * _____

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

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

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

Notes

Upload your current policy / loss runs

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