OKC Insurance Brokers
11901 N MacArthur Blvd STE D9, Oklahoma City, OK 73162
(405) 509-9433 | OKCIB.com

General 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

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.

Address *
Street

_____

City / State / ZIP

_____

Estimated Gross Sales * _____

Estimated Payroll _____

# of Employees _____

Years in Business _____

Years of experience in this trade * _____

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

Business Class Code *

(write it in)

_____

Only if "Business Class Code" = Security Agency (Guards / Patrol):

Security agency: are you self-employed or do you employ others? *

☐ Self-employed (just me) ☐ I employ others

Only if "Business Class Code" = Tire Shop:

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

_____

_____

_____

Only if "Business Class Code" = Tire Shop:

Do you offer MOBILE tire service (at the customer's location or roadside)?

☐ Yes ☐ No

Only if "Do you offer MOBILE tire service (at the customer's location or roa..." = Yes:

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

_____

Only if "Do you offer MOBILE tire service (at the customer's location or roa..." = Yes:

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

Only if "Do you offer MOBILE tire service (at the customer's location or roa..." = 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.

Liability requesting *

☐ 1 million/2 million aggregate (top choice) ☐ 2 million/4 million aggregate ☐ 5 million/5 million aggregate

Do you work on residential homes/structures larger than 5,000 sq ft? (Work on homes over 5,000 sq ft is EXCLUDED unless the Residential Project/Structure Size Restriction Exclusion is bought back)

☐ Yes - I work on homes over 5,000 sq ft ☐ No - all residential work is 5,000 sq ft or under

☐ Commercial work only - no residential

Only if "Do you work on residential homes/structures larger than 5,000 sq ft..." = Yes:

Residential Project/Structure Size Restriction Exclusion buyback - which limit would you like quoted?

☐ $50,000 ☐ $100,000 ☐ $250,000

Would you also like a quote for:

(check all that apply)

☐ Workers Compensation (WC) ☐ Tools & Equipment (Inland Marine) ☐ Professional Liability (E&O)

☐ Hired & Non-Owned Auto (drivers use their own vehicles)

Only if "Would you also like a quote for:" = Compensation:

Owner's Payroll Annually _____

Only if "Would you also like a quote for:" = Compensation:

W-2 Employee Payroll Annually _____

Only if "Would you also like a quote for:" = 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 a quote for:" = Compensation:

Do you hire Subcontractors (1099)

☐ Yes ☐ No

Only if "Would you also like a quote for:" = Compensation:

1099 Subcontractor Payments Annually (enter 0 if none) _____

Tools & Equipment to Insure

Only if "Would you also like a quote for:" = 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 a quote for:" = Inland Marine:

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

Only if "Would you also like a quote for:" = Inland Marine:

What kind of jobs is the equipment used on? *

_____

_____

_____

Only if "Would you also like a quote for:" = Inland Marine:

Do you rent or lease equipment from others?

☐ Yes ☐ No

Only if "Would you also like a quote for:" = 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 a quote for:" = Inland Marine:

Is equipment ever left at a job site unattended? *

☐ Yes ☐ No

Only if "Would you also like a quote for:" = Inland Marine:

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

Only if "Would you also like a quote for:" = Inland Marine:

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

Only if "Would you also like a quote for:" = Inland Marine:

Is any of the equipment tagged for road use?

☐ Yes ☐ No

Only if "Would you also like a quote for:" = Inland Marine:

Deductible you prefer

☐ $500 ☐ $1,000 ☐ $2,500 ☐ Not sure

Only if "Would you also like a quote for:" = Professional Liability:

Professional Liability (E&O): what professional service do you provide? *

☐ Home Inspector ☐ Appraiser ☐ Engineer / Architect ☐ Consultant ☐ Project Manager / Construction Manager

☐ Property Manager ☐ Real Estate Agent / Broker ☐ IT / Technology Services ☐ Marketing / Design ☐ Other

Only if "Would you also like a quote for:" = Professional Liability:

Describe the professional advice or services you give clients *

Only if "Would you also like a quote for:" = Professional Liability:

During the next 12 months, what % of your expected gross sales will you earn from your largest customer?

Only if "Would you also like a quote for:" = Professional Liability:

Do you currently have professional liability (E&O) coverage?

☐ Yes ☐ No

Only if "Do you currently have professional liability (E&O) coverage?" = Yes:

Current E&O carrier

Only if "Do you currently have professional liability (E&O) coverage?" = Yes:

When does your current E&O policy expire? MM / DD / YYYY

Only if "Would you also like a quote for:" = Professional Liability:

E&O limits requested (claims-made)

☐ 1 million per claim / 1 million aggregate ☐ 1 million per claim / 3 million aggregate

☐ 2 million per claim / 2 million aggregate ☐ 2 million per claim / 4 million aggregate ☐ Not sure - recommend for me

Only if "Would you also like a quote for:" = Professional Liability:

Any E&O claims or incidents in the past 5 years?

☐ Yes ☐ No

Only if "Any E&O claims or incidents in the past 5 years?" = Yes:

Briefly describe the E&O claims or incidents

Only if "Would you also like a quote for:" = Professional Liability:

Are you aware of any circumstances that could result in an E&O claim?

☐ Yes ☐ No

Only if "Would you also like a quote for:" = Professional Liability:

Has any E&O coverage ever been declined, cancelled, or non-renewed?

☐ Yes ☐ No

Only if "Would you also like a quote for:" = Non-Owned:

Hired & Non-Owned Auto: who drives for your business? (check all that apply)

☐ Employees in their own vehicles ☐ 1099 independent contractors in their own vehicles ☐ Rented / hired vehicles

Only if "Would you also like a quote for:" = Non-Owned:

Do your drivers transport people (patients or passengers) or equipment/supplies? *

☐ Equipment / supplies only ☐ People (patients or passengers) only ☐ Both people and equipment/supplies

Only if "Do your drivers transport people (patients or passengers) or equipm..." = People or Both:

Describe the passenger trips (who rides, wheelchair or ambulatory, how many trips a month)

Only if "Do your drivers transport people (patients or passengers) or equipm..." = Equipment:

What do they carry? (lab specimens, prescriptions, medical supplies, equipment, etc.)

Only if "Do your drivers transport people (patients or passengers) or equipm..." = Equipment:

Do they ever carry hazardous materials, biohazard waste or controlled substances?

☐ Yes ☐ No

Only if "Would you also like a quote for:" = Non-Owned:

How many drivers (employees + 1099) use a vehicle for your business? _____

Only if "Would you also like a quote for:" = Non-Owned:

How many of those drivers are 1099 contractors? _____

Only if "Would you also like a quote for:" = Non-Owned:

About how many miles do all drivers combined drive for your business each week?

Only if "Would you also like a quote for:" = Non-Owned:

How far do your drivers usually go?

☐ Local (under 50 miles) ☐ 50 to 200 miles ☐ Over 200 miles

Only if "Would you also like a quote for:" = Non-Owned:

Do you require drivers to carry their own auto insurance and send you proof?

☐ Yes ☐ No

Only if "Would you also like a quote for:" = Non-Owned:

Do you check driving records (MVRs) before a driver starts?

☐ Yes ☐ No

Only if "Would you also like a quote for:" = Non-Owned:

Does the business own or lease any vehicles in its own name?

☐ Yes ☐ No

Only if "Hired & Non-Owned Auto: who drives for your business? (check all th..." = Rented:

If you rent vehicles: about how much do you spend on rentals a year? ($) _____

Only if "Would you also like a quote for:" = Non-Owned:

Any auto accidents involving your drivers in the past 3 years?

☐ Yes ☐ No

Only if "Any auto accidents involving your drivers in the past 3 years?" = Yes:

Briefly describe the accidents (date, what happened, amount paid)

_____

_____

_____

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

Description of operations

_____

_____

_____

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.

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

How would you like us to contact you?

☐ Call ☐ Email ☐ Text

Attach documents (current policy, dec page, photos - optional)

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