



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 _____

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

Business Class Code *
(write it in)

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 "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 roadside)" = 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 roadside)" = 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 roadside)" = 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) _____

Mobile Service Vehicle #2

Year _____

Make _____

Model _____

VIN (17 characters) _____

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)

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

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) _____

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) _____

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