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

Inland Marine 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

Item # * _____

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.

Description * _____

Manufacturer * _____

Model * _____

Serial Number * _____

Year Built * _____

Cost New * _____

Current Value _____

Do you have a Bank or Lien Holder?

☐ Yes ☐ No

Bank/Lien Holder _____

Bank/Lien Holder Mailing Address
Street

_____

City / State / ZIP

_____

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

Describe the type of jobs the equipment is usually used on *

_____

_____

_____

Is the equipment rented?

☐ Yes ☐ No

Length of the rental term _____

Is the equipment ever left at the job site unattended? *

☐ Yes ☐ No

Describe equipment security at the job site or storage location

_____

_____

_____

Radius of operation _____

If farming, type of crop normally farmed _____

Is the equipment tagged for road use?

☐ Yes ☐ No

Company Name _____

Date of Birth * _____

Address *
Street

_____

City / State / ZIP

_____

Years in Business _____

Years of experience _____

Applicant is *

☐ Individual ☐ Corporation ☐ Partnership ☐ Joint Venture

Has the insured/applicant had 3 years of prior coverage? *

☐ Yes ☐ No

Any prior claims or losses in the last 3 years? *

☐ Yes ☐ No

Proposed Effective Date From * _____ MM / DD / YYYY

Upload your current declarations page or policy (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