



Real Estate Investor 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

Entity / Business Name the properties are held under (LLC, LLP, Corp - leave blank if personal name) _____

Number of properties in your portfolio * _____

How many are residential (1-4 family dwellings)? _____

How many are commercial (5 or more units, or other commercial exposures)? _____

Percentage of properties currently rented (%) _____

Percentage of properties undergoing renovation (%) _____

Are any of the properties short-term or vacation rentals (Airbnb, VRBO)? *

☐ Yes ☐ No

Are you managing any of these properties on behalf of others?

☐ Yes ☐ No

How is your insured value determined?

☐ Replacement Cost ☐ Current Market Value ☐ Actual Cash Value ☐ Purchase Price ☐ Other

Briefly describe your business model (buy and hold, flips, wholesaling, tax liens, REO purchases, etc.) _____

Upload your property list / Statement of Values (Excel or PDF) - address, city, state, zip, coverage amount, year built, roof age, occupied or vacant, and number of units for each property. The Excel template on this page has every column ready.

Please attach a copy with this form.

Or list your properties here (skip if you uploaded a spreadsheet)

Property #1

Property Address

Street

City / State / ZIP

Coverage Amount / Amount to Insure (\$)

Property Type

☐ Residential (1-4 family) ☐ Apartment ☐ Commercial ☐ Mobile Home ☐ Vacant Land

of Units

Year Built

Roof Age / Year Replaced

Occupied or Vacant?

☐ Occupied ☐ Vacant

Annual Loss of Rents Amount (\$, if wanted)

Property #2

Property Address

Street

City / State / ZIP

Coverage Amount / Amount to Insure (\$)

Property Type

☐ Residential (1-4 family) ☐ Apartment ☐ Commercial ☐ Mobile Home ☐ Vacant Land

of Units

Year Built

Roof Age / Year Replaced

Occupied or Vacant?

☐ Occupied ☐ Vacant

Annual Loss of Rents Amount (\$, if wanted)

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

Coverage options you want quoted (check all that apply)

☐ Loss of Rental Income ☐ Premises Liability ☐ Residential Contents ☐ Ordinance or Law ☐ Flood

Do you currently have insurance on the portfolio? *

☐ Yes ☐ No

Only if "Do you currently have insurance on the portfolio?" = Yes:

Who is your current insurance company?

Only if "Do you currently have insurance on the portfolio?" = Yes:

Last 12 months premium (\$, approximate)

Only if "Do you currently have insurance on the portfolio?" = Yes:

Upload your 3-year loss run report (optional - it speeds up your quote; we can request it from your current carrier for you)

Please attach a copy with this form.

Any claims in the past 3 years?

☐ Yes ☐ No ☐ Not Sure

When do you want your policy to start? *

MM / DD / YYYY

How would you like us to contact you?

☐ Call ☐ Email ☐ Text

Anything else we should know?

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