



Request a 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

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

QUESTIONS

Would you like to get a quote *

Vehicles to quote

Only if "Would you like to get a quote" = =Auto:

(this section)

Vehicle #1

Year, Make & Model _____

VIN _____

Coverage

☐ Liability Only ☐ Comprehensive & Collision

Vehicle #2

Year, Make & Model _____

VIN _____

Coverage

☐ Liability Only ☐ Comprehensive & Collision

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

Only if "Would you like to get a quote" = =Auto:

Have you had auto insurance continuously for the last 6 months?

☐ Yes ☐ No

Only if "Would you like to get a quote" = =Auto:

Any accidents or claims in the past 3 years?

☐ Yes ☐ No

How would you like us to reach you?

☐ Text ☐ Email ☐ Call

Send us your policy documents

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