



OKC Insurance Brokers

11901 N MacArthur Blvd, Suite D-9, Oklahoma City, OK 73162
(405) 509-9433 | OKCIB.com

Surety Bond 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.

EIN/TAX ID _____

Years of experience in this business _____

Type of Business *

☐ LLC ☐ CORPORATION ☐ PARTNERSHIP ☐ SOLE PROPRIETOR

Mailing Address *

Street _____

City / State / ZIP _____

Choose a bond *

(check all that apply)

- ☐ Surety Bond \$25,000 Motor Vehicle Dealer Bond ☐ Surety Bond \$1,000 City of Oklahoma City Occupation Bond
- ☐ Surety Bond \$25,000 Wholesale Motor Vehicle Dealer Bond ☐ Surety Bond \$15,000 Used Motor Vehicle Rebuilder Bond
- ☐ City of Oklahoma City Sidewalk Contractor Bond (OK) Oklahoma City Development Services Dept
- ☐ Contractor's License Bond (OK) Oklahoma Construction Industries Board
- ☐ Mixed Beverage Gross Receipts Tax Bond (OK) Oklahoma Tax Commission Taxpayer Assistance Division
- ☐ Notary Bond w/ \$5,000 E&O (OK) Oklahoma Secretary of State Notary Public Division
- ☐ Process Server's Bond (OK) Multiple Obligees ☐ Armed Security Bond (\$10,000) ☐ Unarmed Security Bond (\$5,000)

When do you want your policy to start? *

MM / DD / YYYY

How would you like us to contact you?

- ☐ Call ☐ Email ☐ Text

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

Do you have anything you need to share?**Upload your bond requirements**

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