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

Umbrella 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

Address *
Street

City / State / ZIP

Mailing Address (if different from your home)
Street

City / State / ZIP

Your middle initial _____

Your occupation * _____

Add a second named insured on the policy? (spouse or partner living in the same household) *

☐ Yes ☐ No

Only if "Add a second named insured on the policy? (spouse or partner living..." = Yes:
Second named insured - first name * _____

Only if "Add a second named insured on the policy? (spouse or partner living..." = Yes:
Second named insured - middle initial _____

Only if "Add a second named insured on the policy? (spouse or partner living..." = Yes:
Second named insured - last name * _____

Only if "Add a second named insured on the policy? (spouse or partner living..." = Yes:
Second named insured - date of birth * _____ MM / DD / YYYY

Only if "Add a second named insured on the policy? (spouse or partner living..." = Yes:
Their relationship to you *

☐ Spouse ☐ Partner ☐ Other relative ☐ Other

Only if "Add a second named insured on the policy? (spouse or partner living..." = Yes:

Their occupation * _____

Only if "Add a second named insured on the policy? (spouse or partner living..." = Yes:

Their email (optional) _____

Who is the policy for? *

☐ Individual(s) ☐ Trust ☐ Limited liability company ☐ Limited liability partnership ☐ Limited partnership

☐ Estate

Only if "Who is the policy for?" = Trust or Limited or Estate:

Name of the trust, company or estate, and who the trustees / members are (the carrier sends a short trust/LLC supplement) *

_____

_____

_____

What kind of umbrella? *

☐ Primary personal umbrella ☐ Excess umbrella over another umbrella

Only if "What kind of umbrella?" = Excess:

Limit of the umbrella this one sits over * _____

Umbrella limit you want quoted *

☐ $1,000,000 ☐ $2,000,000 ☐ $3,000,000 ☐ $5,000,000 ☐ Not sure - quote options

Auto Insurance Carrier * _____

Auto Policy Number: _____

Overlying Policy Coverage in Place _____

Auto Liability Limits on Current Policy * _____

Your autos and their bodily injury liability limits

Auto #1

Year _____

Make and model _____

Bodily injury limit on this auto

☐ Under $100,000 / $300,000 ☐ $100,000 / $300,000 ☐ $250,000 / $500,000 ☐ $300,000 / $300,000

☐ $500,000 / $500,000 ☐ $500,000 combined single limit ☐ $1,000,000 combined single limit ☐ Not sure

Auto #2

Year _____

Make and model _____

Bodily injury limit on this auto

☐ Under $100,000 / $300,000 ☐ $100,000 / $300,000 ☐ $250,000 / $500,000 ☐ $300,000 / $300,000

☐ $500,000 / $500,000 ☐ $500,000 combined single limit ☐ $1,000,000 combined single limit ☐ Not sure

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

What is the LOWEST bodily injury limit on any of your autos? *

☐ Under $100,000 / $300,000 ☐ $100,000 / $300,000 ☐ $250,000 / $500,000 ☐ $300,000 / $300,000

☐ $500,000 / $500,000 ☐ $500,000 combined single limit ☐ $1,000,000 combined single limit ☐ Not sure

Only if "What is the LOWEST bodily injury limit on any of your autos?" = Under or $100,000 / $300,000 or $250,000 or $300,000 / $300,000 or Not sure:

Umbrella policies require every auto to carry at least $250,000 / $500,000 bodily injury, and higher auto limits ($500,000 / $500,000) may get you a better umbrella rate. Would you raise your auto limits? *

☐ Yes, raise to $500,000 / $500,000 ☐ Yes, raise to $250,000 / $500,000 ☐ No, keep my current limits

☐ Not sure, please call me

Is the auto policy a personal or a commercial policy? *

☐ Personal form ☐ Commercial form

Uninsured / underinsured motorist (UM/UIM) limit on your auto policy * _____

Which auto liability limits will every driver keep on every car in the household? (the umbrella requires one of these; Limit A is required if any driver has an alcohol-related incident) *

☐ Limit A: $500,000 / $500,000 / $50,000, or $500,000 combined single limit

☐ Limit B: $250,000 / $500,000 / $50,000, $300,000 / $300,000 / $50,000, or $300,000 combined single limit (higher umbrella premium)

☐ Not sure - help me pick

Do you want Excess Uninsured / Underinsured Motorists coverage on the umbrella? (your auto UM/UIM limit must then match your auto liability limit) *

☐ Yes ☐ No ☐ Not sure - quote both

Home Insurance Carrier & Policy Number _____

Personal liability limit on your home / renters policy * _____

Is that liability on a personal or a commercial policy? *

☐ Personal form ☐ Commercial form

In the past 5 years, has anyone in your household had a liability loss over $50,000, or is there an open liability claim or lawsuit against anyone in your household? *

☐ Yes ☐ No

Only if "In the past 5 years, has anyone in your household had a liability l..." = Yes:

Please explain (what happened, when, amount, status) *

_____

_____

_____

Has anyone in your household ever been an elected or appointed federal or state official, a professional athlete or coach, an entertainer, a media personality, or a senior executive of a publicly traded company? *

☐ Yes ☐ No

Only if "Has anyone in your household ever been an elected or appointed fede..." = Yes:

Who, and what role? *

_____

_____

_____

Do you own or lease any location used for farm or ranch operations? *

☐ Yes ☐ No

Only if "Do you own or lease any location used for farm or ranch operations?" = Yes:

Where, how many acres, and what is raised or grown? (the carrier sends a short farm supplement) *

_____

_____

Owner-occupied secondary residences * _____

1-4 family residential units rented to others (duplex = 2 units) * _____

Automobiles or motor homes owned or regularly used * _____

Motorcycles, scooters or other road-licensed vehicles with fewer than four wheels *

_____

Recreational vehicles not licensed for road use (ATV, golf cart, dirt bike) * _____

Antique, classic or collectible automobiles titled or registered to the household *

_____

Total residential properties in the household, including the primary residence *

_____

Residential properties located outside the U.S. (and its territories) or Canada *

_____

Acres of land owned or leased, including partial ownership * _____

Watercraft other than personal watercraft * _____

Personal watercraft (jet skis, WaveRunners) * _____

Total number of drivers, including learner's permits * _____

Drivers under age 22, including learner's permits * _____

Drivers age 70 and over * _____

Drivers licensed less than one year, with a learner's permit, or with a non-U.S. license *

_____

Moving violations by all drivers in the last 3 years, including DWI/DUI in the last 5 years *

_____

At-fault accidents by all drivers in the last 3 years * _____

Driving incidents by drivers age 21 and under in the last 3 years * _____

Driving incidents by drivers age 80 and over in the last 3 years * _____

Alcohol or drug related driving incidents by all drivers in the last 5 years * _____

Are any drivers in the household age 80 or older? *

☐ Yes ☐ No

Do you own a boat or personal watercraft (jet ski)? *

☐ Yes ☐ No

Boats / Watercraft (powerboats other than jet skis that can go faster than 50 MPH are not eligible)

Only if "Do you own a boat or personal watercraft (jet ski)?" = Yes:

(this section)

Watercraft #1

Year _____

Make and model _____

Type

☐ Powerboat ☐ Sailboat ☐ Jet Ski / PWC ☐ Boat ☐ Pontoon ☐ Other

Length (feet) _____

Horsepower _____

Top speed (MPH) _____

Waters navigated

☐ Inland U.S. ☐ Coastal U.S. ☐ International waters

Any paid crew or captain?

☐ Yes ☐ No

Boat policy liability limit _____

Watercraft #2

Year _____

Make and model _____

Type

☐ Powerboat ☐ Sailboat ☐ Jet Ski / PWC ☐ Boat ☐ Pontoon ☐ Other

Length (feet) _____

Horsepower _____

Top speed (MPH) _____

Waters navigated

☐ Inland U.S. ☐ Coastal U.S. ☐ International waters

Any paid crew or captain?

☐ Yes ☐ No

Boat policy liability limit _____

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

Everyone in your household age 14 or older, licensed or not

Household member #1

Full Name * _____

Date of Birth * _____ MM / DD / YYYY

Relationship to You

☐ Self ☐ Spouse ☐ Child ☐ Other Relative ☐ Other

Driver's license (leave blank if not licensed) _____ license # / state

Any tickets or at-fault accidents in the last 3 years, or drug/alcohol offenses in the last 5 years?

☐ Yes ☐ No

Only if "Any tickets or at-fault accidents in the last 3 years, or drug/alco..." = Yes:

Moving violations (last 3 years) _____

Only if "Any tickets or at-fault accidents in the last 3 years, or drug/alco..." = Yes:

Major violations, last 3 years (25+ over, evading police, leaving the scene, reckless, driving suspended)

_____

Only if "Any tickets or at-fault accidents in the last 3 years, or drug/alco..." = Yes:

At-fault accidents (last 3 years) _____

Only if "Any tickets or at-fault accidents in the last 3 years, or drug/alco..." = Yes:

Drug or alcohol offenses (last 5 years) _____

Only if "Any tickets or at-fault accidents in the last 3 years, or drug/alco..." = Yes:

What happened and when? _____

Household member #2

Full Name * _____

Date of Birth * _____ MM / DD / YYYY

Relationship to You

☐ Self ☐ Spouse ☐ Child ☐ Other Relative ☐ Other

Driver's license (leave blank if not licensed) _____ license # / state

Any tickets or at-fault accidents in the last 3 years, or drug/alcohol offenses in the last 5 years?

☐ Yes ☐ No

Only if "Any tickets or at-fault accidents in the last 3 years, or drug/alco..." = Yes:

Moving violations (last 3 years) _____

Only if "Any tickets or at-fault accidents in the last 3 years, or drug/alco..." = Yes:

Major violations, last 3 years (25+ over, evading police, leaving the scene, reckless, driving suspended)

_____

Only if "Any tickets or at-fault accidents in the last 3 years, or drug/alco..." = Yes:

At-fault accidents (last 3 years) _____

Only if "Any tickets or at-fault accidents in the last 3 years, or drug/alco..." = Yes:

Drug or alcohol offenses (last 5 years) _____

Only if "Any tickets or at-fault accidents in the last 3 years, or drug/alco..." = Yes:

What happened and when? _____

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

Does anyone who does NOT live with you regularly drive or use a car, boat or recreational vehicle you own or lease? *

☐ Yes ☐ No

Only if "Does anyone who does NOT live with you regularly drive or use a car..." = Yes:

Who, and which vehicle or boat? *

_____

_____

_____

Does anyone in your household run a business out of your home? *

☐ Yes ☐ No

Only if "Does anyone in your household run a business out of your home?" = Yes:

What kind of business, and do customers or employees come to the home? *

_____

_____

_____

Is there any construction, renovation or demolition going on at any of your properties? *

☐ Yes ☐ No

Only if "Is there any construction, renovation or demolition going on at any..." = Yes:

Where, and what work is being done? *

How many units are at your primary residence? (single-family home = 1, duplex = 2) *

Do you own or rent any other homes, rental units, farms or vacant land? *

☐ Yes ☐ No

Your other properties (buildings with more than 4 units are not eligible)

Only if "Do you own or rent any other homes, rental units, farms or vacant l..." = Yes:

(this section)

Property #1

Property address *

Street

City / State / ZIP

How is it used? *

☐ Owner occupied ☐ Tenant occupied (rented out) ☐ Farm ☐ Vacant land

Number of units

Acres (farm or vacant land)

Liability limit on that property policy

Property #2

Property address *

Street

City / State / ZIP

How is it used? *

☐ Owner occupied ☐ Tenant occupied (rented out) ☐ Farm ☐ Vacant land

Number of units

Acres (farm or vacant land)

Liability limit on that property policy

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

Only if "Do you own or rent any other homes, rental units, farms or vacant l..." = Yes:

Are any of your properties used as a rooming house, student housing, assisted living or a group home? *

☐ Yes ☐ No

Only if "Do you own or rent any other homes, rental units, farms or vacant l..." = Yes:

Are any of your properties used as subsidized housing (Section 8)? *

☐ Yes ☐ No

Only if "Do you own or rent any other homes, rental units, farms or vacant l..." = Yes:

Are any of your properties leased to others for hunting? *

☐ Yes ☐ No

Do you have a swimming pool? *

☐ In-ground ☐ Above-ground ☐ No pool

Only if "Do you have a swimming pool?" = ground:

Does the pool have a diving board or slide?

☐ Yes ☐ No

Only if "Do you have a swimming pool?" = ground:

Is the pool fenced with a locking gate?

☐ Yes ☐ No

Do you have a trampoline? *

☐ Yes ☐ No

Do you have any dogs? *

☐ Yes ☐ No

Only if "Do you have any dogs?" = Yes:

Breed(s) of each dog _____

Only if "Do you have any dogs?" = Yes:

Has any dog ever bitten anyone?

☐ Yes ☐ No

Property ownership *

☐ Renewal ☐ New Purchase ☐ Pending Offer

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

REMARKS - please explain any Yes answer above and any losses in the past 5 years

_____

_____

_____

Upload your policy

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