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

Vape & Smoke Shop Insurance Quote

Vape, e-cigarette, tobacco and smoke shop General Liability. These are the questions the carriers actually ask - the more you answer, the faster we can 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

Legal Business Name * _____

Doing Business As (if different) _____

Business Type

☐ LLC ☐ Corporation ☐ Partnership ☐ Sole Proprietor ☐ Other

Company Website (optional) _____

What year was the company established? _____

Years of experience in this business _____

Is the business a new venture?

☐ Yes ☐ No

Do you have coverage for this now? *

☐ Yes ☐ No

Only if "Do you have coverage for this now?" = Yes:

When does that policy expire? _____ MM / DD / YYYY

Description of operations (what you sell)

_____

_____

_____

Store Location Address *
Street

City / State / ZIP

Is your mailing address the same as the store address?

☐ Yes ☐ No

Only if "Is your mailing address the same as the store address?" = No:

Mailing Address
Street

City / State / ZIP

What best describes the store?

☐ Electronic cigarette / vape store ☐ Tobacco or cigar store ☐ Smoke shop / accessories (head shop)
☐ Hookah retail - no lounge ☐ Convenience store ☐ Other retail

Is this location a storefront?

☐ Yes ☐ No

Is the store in a standalone building or a shopping center?

☐ Strip mall / shopping center unit ☐ Standalone building (closed structure) ☐ Mall space or kiosk ☐ Other

Only if "Is the store in a standalone building or a shopping center?" = Strip mall or Mall space:

Where is your unit in the center?

☐ End unit (end cap) ☐ Middle unit ☐ Corner unit ☐ Not sure

Only if "Is the store in a standalone building or a shopping center?" = Strip mall or Mall space:

What businesses are on either side of you?

Number of stories

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Other

Only if "Number of stories" = Other:

How many stories?

Construction type

☐ Frame ☐ Joisted Masonry ☐ Non-Combustible ☐ Masonry Non-Combustible ☐ Fire Resistive ☐ Not sure

In what year was the building constructed?

In what year was the building's roof last updated?

What type of roof does the building have?

☐ Flat roof - tar or cement ☐ Shingle ☐ Metal ☐ Tile ☐ Other ☐ Not sure

Total square footage of the building (including common areas and vacant units)

Total vacant square footage in the building

Are there any solar panels on the building roof?

☐ Yes ☐ No

Is the building on the historical building registry or within a historic district?

☐ Yes ☐ No

Which fire protection does the building have?

☐ Full sprinkler system ☐ Partial sprinkler system ☐ Central station fire alarm ☐ Local fire alarm only
☐ Fire extinguishers only ☐ None of the above

Burglar alarm

☐ Central station monitored ☐ Local alarm only ☐ None

Any major renovation planned during the policy term (structural, or over 20% of building value)?

☐ Yes ☐ No

Are there security guards?

☐ Yes ☐ No

Only if "Are there security guards?" = Yes:

Are the guards armed?

☐ Yes ☐ No

Is there a non-attached parking lot?

☐ Yes ☐ No

Do you have a warehouse?

☐ Yes ☐ No

Estimated annual gross sales * _____

# of employees (including part-time) _____

Are your operations open past 12:00 AM?

☐ Yes ☐ No

Do you validate the age of all customers?

☐ Yes ☐ No

Does onsite consumption take place (vaping, smoking, or hookah lounge)?

☐ Yes ☐ No

Do you have lottery sales?

☐ Yes ☐ No

Is a weapon kept on the premises?

☐ Yes ☐ No

Do you do any blending, mixing or re-packaging of products (including e-liquid)?

☐ Yes ☐ No

Do you sell products under your own label, or relabel / re-package any products?

☐ Yes ☐ No

Do you directly import any products?

☐ Yes ☐ No

Do you sell imported products?

☐ Yes ☐ No

Do you buy products directly from importers (not through a U.S. distributor)?

☐ Yes ☐ No

Only if "Do you buy products directly from importers (not through a U.S. dis..." = =yes:

Which importers do you buy from? (name + country if known)

Do you sell cannabis, or any products containing THC or synthetic THC?

☐ Yes ☐ No

Do you sell any of these? (select all that apply - these change which carriers can quote)

☐ Kratom or products containing kratom ☐ Marijuana, cannabis, or THC products ☐ Ammunition or reloading supplies

☐ Firearms - sales or repair ☐ Fireworks ☐ Alcohol ☐ Tires ☐ Mad honey

☐ Pre-owned cribs, children's furniture, or children's clothing ☐ None of the above

Is there any habitational exposure at the location (apartments, dwellings, hotel, shelter, Airbnb, assisted living)?

☐ Yes ☐ No

Is the business a subsidiary of another entity?

☐ Yes ☐ No

Is the business located on tribal land or subject to tribal jurisdiction?

☐ Yes ☐ No

Do you operate any other locations? (list addresses)

General Liability limit requested

☐ $1,000,000 occurrence / $2,000,000 aggregate ☐ $500,000 / $1,000,000 ☐ $300,000 / $600,000

☐ Not sure - recommend one

Requested effective date MM / DD / YYYY

Do you also need property coverage? (select all that apply)

☐ Business personal property / inventory ☐ Tenant improvements & betterments ☐ Building (you own it)

☐ Business income & extra expense ☐ No - General Liability only

If requesting property, what limit do you need on inventory / equipment?

Does your lease or a contract require Additional Insureds?

☐ Yes ☐ No ☐ Not sure

Only if "Does your lease or a contract require Additional Insureds?" = Yes:

List any Additional Insureds required (name + address - e.g. your landlord)

Is there a Triple Net Lease agreement?

☐ Yes ☐ No

Is a Waiver of Subrogation required?

☐ Yes ☐ No ☐ Not sure

Is Primary & Non-Contributory wording required?

☐ Yes ☐ No ☐ Not sure

Would you like terrorism coverage (TRIA) quoted?

☐ Yes ☐ No

Have you had continuous General Liability coverage since the business was established?

☐ Yes ☐ No

Only if "Have you had continuous General Liability coverage since the busine..." = No:

What was the gap in coverage due to?

Current carrier (if any) _____

When does your current policy expire? _____ MM / DD / YYYY

What are you paying now? _____

In the past 5 years, has coverage been cancelled or non-renewed?

☐ Yes ☐ No

Only if "In the past 5 years, has coverage been cancelled or non-renewed?" = Yes:

Please explain the cancellation or non-renewal

Any general liability or property claims in the past 3 years, including claims closed without payment?

☐ Yes ☐ No

Only if "Any general liability or property claims in the past 3 years, inclu..." = Yes:

Claim details (date, what happened, amount paid)

In the last 5 years, has there been any foreclosure, repossession, judgment, or bankruptcy by the business or any owner?

☐ Yes ☐ No

Upload your current dec page, loss runs, or lease (optional - speeds things up)

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 _____