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

Workers Compensation 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

Ownership % _____

Include or exclude this person from the work comp coverage?

☐ Excluded (most common) ☐ Included

Additional Owner / Partner #2

Full Name _____

Relationship to Applicant

☐ Spouse ☐ Domestic Partner ☐ Relative ☐ Friend ☐ Partner ☐ Business Partner

Date of Birth _____ MM / DD / YYYY

Ownership % _____

Include or exclude this person from the work comp coverage?

☐ Excluded (most common) ☐ Included

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

Type of Business *

☐ Limited Liability Company (LLC) ☐ Corporation (C Corp or S Corp) ☐ Sole Proprietorship

☐ Partnership (General or Limited)

EIN _____

Is there another owner?

☐ Yes ☐ No

Address *
Street

_____

City / State / ZIP

_____

Owner's Payroll Annually _____

W-2 Employee Payroll Annually _____

Owner-Only / Ghost Policy? (no employees - a certificate to satisfy contract requirements) *

☐ Yes - owner only, no employees ☐ No - I have employees

Do you hire Subcontractors (1099) *

☐ Yes ☐ No

Only if "Do you hire Subcontractors (1099)" = Yes:

1099 Subcontractor Payments Annually _____

Travel Out of State for Work?

☐ Yes ☐ No

Only if "Travel Out of State for Work?" = Yes:

States you work in besides Oklahoma? _____

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

Description of Work Performed *

_____

_____

_____

Is this a trucking / hauling business?

☐ Yes ☐ No

Only if "Is this a trucking / hauling business?" = Yes:

1. What do you transport/haul? Please be as specific as possible.

_____

_____

_____

Only if "Is this a trucking / hauling business?" = Yes:

1a. What percentage of your time do you spend transporting/hauling each item?

_____

_____

Only if "Is this a trucking / hauling business?" = Yes:

2. Number of owner/operators you use _____

Only if "Is this a trucking / hauling business?" = Yes:

2a. Number of team drivers _____

Only if "Is this a trucking / hauling business?" = Yes:

3. Do you have employees who are residents of states other than Oklahoma?

☐ Yes ☐ No

Only if "3. Do you have employees who are residents of states other than Okl..." = Yes:

List the states and the number of drivers who reside in each

Only if "Is this a trucking / hauling business?" = Yes:

4. What is the radius of operations? _____

Only if "Is this a trucking / hauling business?" = Yes:

4a. Percentage of time spent LESS than 200 miles from your primary business location (%)

Only if "Is this a trucking / hauling business?" = Yes:

4b. Percentage of time spent MORE than 200 miles away from your primary business location (%)

Only if "Is this a trucking / hauling business?" = Yes:

4c. Do you have a terminal located in Oklahoma?

☐ Yes ☐ No

Only if "4c. Do you have a terminal located in Oklahoma?" = Yes:

Where is the Oklahoma terminal? _____

Only if "4c. Do you have a terminal located in Oklahoma?" = No:

4d. With no terminal in Oklahoma, where are your Oklahoma-hired drivers dispatched from?

Only if "4c. Do you have a terminal located in Oklahoma?" = No:

4e. With no terminal in Oklahoma, where do the drivers pick up their loads?

Only if "Is this a trucking / hauling business?" = Yes:

5. Which states do the drivers travel through? List each state and the percentage of time in each.

Only if "Is this a trucking / hauling business?" = Yes:

6. Do you own the goods you haul, or are you hauling goods that belong to others?

☐ We own the goods ☐ Goods belong to others ☐ Both

Only if "Is this a trucking / hauling business?" = Yes:

7. What percentage of your time do you spend hauling waste fluids from oil well sites for disposal? (%)

Only if "Is this a trucking / hauling business?" = Yes:

8. List any hazardous materials you haul (write "None" if none)

Only if "Is this a trucking / hauling business?" = Yes:

9. Describe your hiring process

Only if "Is this a trucking / hauling business?" = Yes:

9a. Do you require pre-employment physicals?

☐ Yes ☐ No

Only if "Is this a trucking / hauling business?" = Yes:

9b. Do you require pre-employment background checks?

☐ Yes ☐ No

Only if "Is this a trucking / hauling business?" = Yes:

10. Are all drivers hired/contracted within the state they live?

☐ Yes ☐ No

Only if "10. Are all drivers hired/contracted within the state they live?" = No:

If no, please explain

Only if "Is this a trucking / hauling business?" = Yes:

11. Describe your safety program

Only if "Is this a trucking / hauling business?" = Yes:

12. Are you contracted to haul for another company?

☐ Yes ☐ No

Only if "12. Are you contracted to haul for another company?" = Yes:

Upload a copy of the completed and signed contract/agreement

Please attach a copy with this form.

Only if "Is this a trucking / hauling business?" = Yes:

13. Do you need cargo insurance (Motor Truck Cargo)?

☐ Yes ☐ No

Only if "13. Do you need cargo insurance (Motor Truck Cargo)?" = Yes:

How much cargo coverage?

☐ $10,000 ☐ $25,000 ☐ $50,000 ☐ $100,000 ☐ $250,000 ☐ Other

Only if "How much cargo coverage?" = Other:

Other cargo amount $ _____

Only if "13. Do you need cargo insurance (Motor Truck Cargo)?" = Yes:

Cargo deductible you prefer

☐ $500 ☐ $1,000 ☐ $2,500 ☐ Not sure

Only if "13. Do you need cargo insurance (Motor Truck Cargo)?" = Yes:

What do you haul?

_____

_____

_____

Only if "13. Do you need cargo insurance (Motor Truck Cargo)?" = Yes:

Most valuable load you carry at one time $ _____

Only if "13. Do you need cargo insurance (Motor Truck Cargo)?" = Yes:

Do you haul refrigerated (reefer) loads?

☐ Yes ☐ No

Does your business do any roofing work?

☐ Yes - commercial roofing (some or all) ☐ Yes - residential roofing only ☐ No

Only if "Does your business do any roofing work?" = commercial:

How many years has the business been doing roofing? _____

Only if "Does your business do any roofing work?" = commercial:

Roofing labor (5551): annual payroll $ _____

Only if "Does your business do any roofing work?" = commercial:

Roofing labor (5551): full-time employees _____

Only if "Does your business do any roofing work?" = commercial:

Roofing labor (5551): part-time employees _____

Only if "Does your business do any roofing work?" = commercial:

Executive supervisors (5606): annual payroll $ _____

Only if "Does your business do any roofing work?" = commercial:

Executive supervisors (5606): full-time employees _____

Only if "Does your business do any roofing work?" = commercial:

Executive supervisors (5606): part-time employees _____

Only if "Does your business do any roofing work?" = commercial:

Outside salespeople (8742): annual payroll $ _____

Only if "Does your business do any roofing work?" = commercial:

Outside salespeople (8742): full-time employees _____

Only if "Does your business do any roofing work?" = commercial:

Outside salespeople (8742): part-time employees _____

Only if "Does your business do any roofing work?" = commercial:

Clerical office (8810): annual payroll $ _____

Only if "Does your business do any roofing work?" = commercial:

Clerical office (8810): full-time employees _____

Only if "Does your business do any roofing work?" = commercial:

Clerical office (8810): part-time employees _____

Only if "Does your business do any roofing work?" = commercial:

Do you do any of the following? (check all that apply)

☐ None of these ☐ Aircraft / airports ☐ Asbestos work (removal, covering, etc.) ☐ Blasting or explosives
☐ Boats / docks / marinas ☐ Bridges or tunnels ☐ Caisson or cofferdam work ☐ Crane rental (with or without operator)
☐ Demolition ☐ Drilling (other than water) ☐ Equipment rented to others ☐ Ethanol or bio-diesel plants
☐ Fireproofing ☐ Fire suppression system installation ☐ Flood control projects ☐ Gas line work
☐ Hazardous materials abatement ☐ Irrigation projects ☐ Mining, fracking, oil field or other energy work
☐ Mold remediation ☐ Piece work ☐ Pollution cleanup ☐ Power plants ☐ Power presses ☐ Rigging
☐ Scaffolding (owned or rented) ☐ Snow removal ☐ Subcontracting more than 50% of the work

Only if "Does your business do any roofing work?" = commercial:

What percentage of your work is done by subcontractors? (%) _____

Only if "Does your business do any roofing work?" = commercial:

What work do the subcontractors do? _____

Only if "Does your business do any roofing work?" = commercial:

Employee turnover in the last 12 months (%) _____

Only if "Does your business do any roofing work?" = commercial:

Experience mod, if you have one (and its effective date) _____

Only if "Does your business do any roofing work?" = commercial:

Do you do substance abuse testing when hiring?

☐ Yes ☐ No

Only if "Does your business do any roofing work?" = commercial:

Do you hire from union halls?

☐ Yes ☐ No

Only if "Does your business do any roofing work?" = commercial:

Do you use leased employees?

☐ Yes ☐ No

Only if "Does your business do any roofing work?" = commercial:

Do you use day laborers?

☐ Yes ☐ No

Only if "Does your business do any roofing work?" = commercial:

Do you provide health insurance to your employees?

☐ Yes ☐ No

Only if "Does your business do any roofing work?" = commercial:

Do you have a return-to-work program?

☐ Yes ☐ No

Only if "Does your business do any roofing work?" = commercial:

Do you have a written safety program?

☐ Yes ☐ No

Only if "Does your business do any roofing work?" = commercial:

Do you hold safety meetings for employees?

☐ Yes ☐ No

Only if "Does your business do any roofing work?" = commercial:

Is a foreman part of each working crew?

☐ Yes ☐ No

Only if "Does your business do any roofing work?" = commercial:

Do you provide training to your employees?

☐ Yes ☐ No

Only if "Does your business do any roofing work?" = commercial:

Are employees required to wear personal protective equipment?

☐ Yes ☐ No

Only if "Does your business do any roofing work?" = commercial:

Do you have a hazardous materials communication program?

☐ Yes ☐ No

Only if "Does your business do any roofing work?" = commercial:

Do you have an equipment inspection and maintenance program?

☐ Yes ☐ No

Only if "Does your business do any roofing work?" = commercial:

Do employees drive company vehicles?

☐ Yes ☐ No

Only if "Does your business do any roofing work?" = commercial:

Do you work on OCIP or wrap-up projects? If yes, what % of your work? _____

Only if "Does your business do any roofing work?" = commercial:

Which of these roofing methods do you use? (check all that apply)

☐ Hot tar ☐ Torch applied ☐ Metal roofing ☐ Polyurethane spray foam ☐ None of these

Only if "Which of these roofing methods do you use? (check all that apply)" = hot tar:

Do you have designated hot tar employees?

☐ Yes ☐ No

Only if "Which of these roofing methods do you use? (check all that apply)" = hot tar or torch:

Is a fire watch provided on hot tar or torch jobs?

☐ Yes ☐ No

Only if "Which of these roofing methods do you use? (check all that apply)" = hot tar or torch:

Are fire extinguishers or other fire suppression equipment on site during hot tar or torch work?

☐ Yes ☐ No

Only if "Does your business do any roofing work?" = commercial:

Do you inspect the roof before work starts to find strong and weak areas?

☐ Yes ☐ No

Only if "Does your business do any roofing work?" = commercial:

How are materials delivered to the roof? (conveyor or boom truck, hoist, crane, carried up ladders, etc.)

_____

Only if "Does your business do any roofing work?" = commercial:

Steepest roof pitch you work on (for example 8/12) _____

Only if "Does your business do any roofing work?" = commercial:

Highest you work off the ground (feet) _____

Only if "Does your business do any roofing work?" = commercial:

Are ladders tied off?

☐ Yes ☐ No

Only if "Does your business do any roofing work?" = commercial:

What fall protection do you use? (check all that apply)

☐ Personal fall arrest (harness and lanyard) ☐ Guardrails ☐ Safety nets ☐ Warning lines / safety monitor

☐ Roof brackets / slide guards ☐ Other

Only if "What fall protection do you use? (check all that apply)" = other:

Other fall protection _____

Only if "Does your business do any roofing work?" = commercial:

Residential (% of work) _____

Only if "Does your business do any roofing work?" = commercial:

Commercial (% of work) _____

Only if "Does your business do any roofing work?" = commercial:

Industrial (% of work) _____

Only if "Does your business do any roofing work?" = commercial:

New construction (% of work) _____

Only if "Does your business do any roofing work?" = commercial:

Remodeling (% of work) _____

Only if "Does your business do any roofing work?" = commercial:

Service / repair (% of work) _____

Only if "Does your business do any roofing work?" = commercial:

Heaviest thing employees lift by hand (lbs) _____

Only if "Does your business do any roofing work?" = commercial:

Do you have more than one business location?

☐ Yes ☐ No

Has your business had work comp coverage?

☐ Yes ☐ No

Years in Business _____

Years of experience _____

When does your insurance expire? _____ MM / DD / YYYY

Claims in the Last 3 Years? *

☐ Yes ☐ No

Upload your old policy & 4-5 Year Loss Run Report & Experience Mod Report.

Please attach a copy with this form.

When do you want your policy to start? * _____ MM / DD / YYYY

Do you have anything else you want to let us know?

_____

_____

_____

How would you like us to contact you?

☐ Call ☐ Email ☐ Text

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