

Auto & Home Quote Request

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KarberBoyd

Tell Us About Yourself...

Name: _____ DOB: _____ SSN (optional for most accurate quote): _____

Email: _____ Phone: _____ Occupation: _____

Spouse Name: _____ DOB: _____ Occupation: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ Years at Current Address: _____

Tell Us About Your Auto Insurance Needs...

Current Insurance Company: _____ Years with the Company: _____ Policy Exp. Date: _____

Current Liability Coverage: \$ _____ Current Deductibles: _____ Underinsured/Uninsured

Optional Coverages Desired: Personal Injury Protection (PIP) Roadside Assistance Towing Other _____

Drivers in Household:

Name	DOB	DL#	M/F	Marital Status	Age First Licensed	Claims/Accidents/Violations Last 5 Years

Vehicles in Household:

Year	Make/Model	VIN#	Primary Driver	Use (pleasure/commute/business):	Alarm

Tell Us About Your Home Insurance Needs...

I want to insure a: Home Townhome Renters Other _____

Current Insurance Company: _____ Years with the Company: _____ Policy Exp. Date: _____

Current Dwelling Amount: \$ _____ Contents \$ _____ Liability: \$ _____ Deductible: \$ _____

Other Coverages (describe): _____

Claims in the Last 5 Yrs: _____

Year Built: _____ Sq Ft: _____ Age of Roof: _____ Type of Roof: _____

Type Foundation: Slab Closed Pier & Beam Open Pier & Beam Other _____

Majority of Exterior Construction is: Brick Wood Frame Vinyl Other _____

Does Your Home Have: Central Burglar Alarm Central Fire Alarm Miles to Fire Department: ____ Est. Ft. to Fire Hydrant: ____

Complete This Form and Then...



Email to
jboyd@karberboyd.net
OR



Fax to
936.634.2404
OR



Call us at
936.634.2405
with questions

To get the most accurate comparison, please attach your current policy declaration pages.