

# Commercial Truck Quote Request

Phone: 936.238.7069 • Fax: 936.634.2404 • Email: jboyd@karberboyd.net

# KarberBoyd

## Tell Us About Your Company...

Business Name: \_\_\_\_\_ Entity Type: \_\_\_\_\_  
FEIN/SS#: \_\_\_\_\_ TXDOT#: \_\_\_\_\_ USDOT#: \_\_\_\_\_  
Interstate:  Yes  No Year Started: \_\_\_\_\_ Business Description: \_\_\_\_\_  
Commodities Hauled with % (Must equal 100%): \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax: \_\_\_\_\_  
Owner Name/Title: \_\_\_\_\_ Years Experience: \_\_\_\_\_  
Phone: \_\_\_\_\_ Can we text this number?  Yes  No Email: \_\_\_\_\_

## List All Owned Vehicles/Trailers

Year	Make-Model-Body (type hitch)	VIN Number

GVW	Zip	Radius	Comp/Coll Ded	Total Vehicle Value	Any Attached Equipment & Value

## Drivers Information

Name	DOB	DL#	M/F	Year CDL	Claims/Accidents/Violations Last 5 Years

## Insurance Coverage...

Expiration Date: \_\_\_\_\_ Current Insurance Company: \_\_\_\_\_ Current Premium: \$ \_\_\_\_\_  
#Waiver of Subrogations: \_\_\_ Filings Needed: \_\_\_\_\_ # Additional Insureds: \_\_\_\_\_  
Requested Coverage Limits: \$ \_\_\_\_\_ Liability \$ \_\_\_\_\_ UM/UIM \$ \_\_\_\_\_ MedPay \$ \_\_\_\_\_ General  
\$ \_\_\_\_\_ Cargo \$ \_\_\_\_\_ Trailer Interchange Other: \_\_\_\_\_  
Losses/claims prior 5 years: \_\_\_\_\_

## Complete This Form and Then...



Email to  
jboyd@karberboyd.net  
OR



Fax to  
936.634.2404  
OR



Call us at  
936.238.7069  
855.275.6440

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