

KERXTON

INSURANCE AGENCY INC.

Name: _____
 Address: _____ City: _____ State: _____ ZIP: _____
 Contact# _____ Email Address: _____

Automobile:

Vehicle Year	Make	Model	One-Way Commute/Annual Mileage	Business Use (Yes/No)
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Drivers in Household:

Name	Date of Birth	Married/Single	Relationship to you	License #	Occupation
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____

Driving history (past 5 years)

Has any driver had his/her license suspended or revoked? Yes No

If yes, please explain who, when and why: _____

Any accident or moving violations in the past five years whether you or someone else was at fault? Please list driver, date of incident and type of incident _____

List all fire, theft, glass and/or vandalism losses. _____

Present Insurance Co.: _____ Expiration Date: _____ Annual Premium: \$ _____

Current Liability Limits: _____

Property:

Home Yr. Buil: _____ Style/Number of stories: _____ Sq. Footage: _____ Attached Garage

Built-in Garage Basement: _____% finished

Condominium or Co-op

Renters (Please check one)

Construction: Wood Exterior Brick Veneer Solid Brick/Masonry Aluminum/Vinyl Siding

Log Home Manufactured Home

Type of heat: Oil Gas Electric Other _____ Wood/Coal/Pellet Stove

_____ Feet from hydrant _____ Miles to fire station

Protection Devices: Smoke Detector Fire Extinguisher Dead Bolt Locks Monitored Fire Alarm Monitored Burglar Alarm

Present Insurance Co.: _____ Expiration Date: _____

Annual Premium: _____ Coverage Amt: \$ _____

Any losses in the last five years? If yes, please explain: _____

Please check here if you are interested in more information about:

Personal Article Floater (jewelry, furs, fine arts, etc.) Boat/Yacht Insurance

Personal Umbrella Liability Protection Flood Insurance

Replacement Cost Estimate of your home Special Programs for employee, association or affinity groups