



PERSONAL LINES APPLICATION Homeowners Policy

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|--|--|----------------------|--|
| Producer/Agency: | | | |
| Effective date: | | | |
| Insured name: | | | |
| Street address: | | | |
| City, State, Zip Code: | | | |
| Phone number: | | | |
| Fax number: | | | |
| Cellular number: | | | |
| Social Security Number: | | | |
| Occupation/Name of employer: | | | |
| Date of birth: | | | |
| Marital Status: | | | |
| Prior Insurance? (incl. carrier name, premium amount, and expiration date) | | | |
| Prior Losses? (if yes, provide details) | | | |
| Date Home Purchased: | | Distance to Shore: | |
| Distance to Brush: | | Distance to Hydrant: | |
| Basic Features | | | |
| Year Built: | | Total Square Feet: | |
| Home construction type: | | | |
| Roof construction type: | | | |
| Age of Roof: | | Number of Stories? | |
| Built on slab? | | Number of families? | |
| Number of fireplaces? | | Number of chimneys? | |
| Attached or detached garage? How many cars? | | | |

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|---|--|---------------------|--|
| Air conditioning / Heating? (central / wall unit) | | | |
| Swimming pool? If so, is it fenced? If so, is there a diving board? | | | |
| Patio sq. feet: | | Balcony sq. ft: | |
| Deck sq. ft: | | | |
| Flooring type? (carpeting %, wood%, tile%, vinyl%) | | | |
| Rooms: | | | |
| Total number of rooms: | | Office/Den? | |
| Number of full baths: | | Formal dining room? | |
| Number of half baths: | | Family room? | |
| Laundry room? | | Other rooms? | |
| Updates: (Only required if home older than 1985) & Safety Features | | | |
| Wiring year: | | Plumbing year: | |
| Roofing year | | Heating year: | |
| Smoke Detectors: | | Sprinklers: | |
| Alarmed (Central/Local) | | Dead bolts: | |
| Miscellaneous features: | | | |
| Granite / Marble Countertops: | | | |
| Wood burning stove: | | | |
| Trampoline? | | | |
| Dogs? If so, what breed? | | | |
| Coverages: | | | |
| Dwelling coverage amount (Coverage A): | | | |
| Personal property amount: | | | |
| Medical payments: | | | |
| Deductible: | | | |
| Liability amount: | | | |
| Automobile coverage? | | | |
| Umbrella coverage requested? | | | |

ADDITIONAL NOTES:

**Fax your request to 760-744-2680 or email to steve@gibbsinsurance.com
APPLICATION SUBMISSION DOES NOT BIND COVERAGE**