



PERSONAL LINES APPLICATION

Homeowners Policy

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?			

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**