

# HOMEOWNERS FORM

**\*PLEASE READ BEFORE COMPLETING FORM\***

To submit this form, please email to [info@gibbonsinsurance.com](mailto:info@gibbonsinsurance.com)

This is to protect your private information.

## General Info:

1. Name:
2. DOB:
3. Phone:
4. Email:
5. Address:
6. SSN:
7. Marital Status:
8. Co-Applicant Name(s):
  - a. DOB:
  - b. SSN:
9. Number of Residents:
10. Years at Current Address:
11. Current Insurance Co:
12. Current Premium:
13. Exp. Date:
14. Prev. Address(3yrs or less)

## Home Information:

1. Square Footage of Home:
2. Year Built:
3. Distance to Fire Hydrant
4. Nearest Fire Co.
5. Year Purchased:
6. Style of House:
7. Full Baths:
8. Half Baths:
9. Construction:
  - a.  Frame %
  - b.  Masonry %
  - c.  Veneer %
10. Foundation Type:
  - a.  Basement %Finished
    - i. Walkout? Yes No
  - b.  Slab %
  - c.  Crawlspace %
11. Exterior Wall Material:
  - a.  Aluminum Siding %
  - b.  Wood Siding %
  - c.  Wood Shingle %
  - d.  Brick %
  - e.  Stone %
  - f.  Stucco %
  - g.  Vinyl Siding %
  - h.  Clapboard Siding %
  - i.  Concrete Block %
  - j.  Brick Veneer %
  - k.  Stone Veneer %
  - l.  Hardie Plank %

12. Roof Shape:
13. Roof Material:
14. Skylights?: Yes No
  - a. How Many?:
  - b. Size:
15. Is the Attic Finished? Yes No
16. Flooring:
  - a.  Tile %
  - b.  Carpet %
  - c.  Vinyl %
  - d.  Linoleum %
  - e.  Wood %
  - f.  Laminate %
17. Sump Pump? Yes No
  - a. Backup Power? Yes No
  - b. Type of Backup
18. Heat/Air Type:
  - a. Tank Location
19. Pets: Yes No
  - a. Type:
  - b. Breed:
  - c. Bites? Yes No
20. Updates/Renovations:
  - a. Roof: Yes No Yr.
  - b. Electrical: Yes No Yr.
  - c. Plumbing: Yes No Yr.
  - d. Heating: Yes No Yr.
21. Detached Structures: Yes No
  - a. Description:
  - b. Square Ft:
22. Attached Structures: Yes No
  - a. Description: Material:
  - b. Square Ft:
23. Garage? Yes No
  - a.  Built-in (Full)  Built-in(Partial)  
 Attached  Detached
  - b. How many Cars?
24. Pool?: Yes No
  - a. In ground  Material
  - b. Above ground  Material
  - c. Other
  - d. Square Ft.
  - e. Fenced/Locked? Yes No
25. Alarm System:
  - a. Central -  Fire  Burglar
  - b. Local -  Fire  Burglar

Does anyone in the household smoke?  Yes  No

Is there a Trampoline?  Yes  No

Is it netted?  Yes  No

Is it locked?  Yes  No

**Please Indicate if any of the following are present in your home:**

# Fireplace (Wood Burning)  # Fireplace (Gas)  # Wood Stove

# Hot Tub  # Bay Windows  # Bow Window

# French Doors  # Picture Window  # Wet Bar

# Sliding Glass Doors  Other

**Interior Walls:**

Paint % Vinyl Wallpaper % Paneling % Ceramic Tile %

Built-in Bookcases %

**Kitchen:**

# Type:  Standard  Custom  Semi-Custom

**Coverages:**

1. Dwelling Amount: \$

2. Liability Amount: \$

3. Deductible

a.  \$250

b.  \$500

c.  \$1,000

4. Jewelry Coverage \$

5. Any claims 3-5 years?:  Yes  No

a. Explain (If Yes):

b. Payout Amount: \$

6. Mortgage Info

(Name, Address, Loan #, Exp Date)