

# ELKINS JONES

INSURANCE AGENCY INC.

## Personal Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Marital Status: \_\_\_\_\_

## Property Information

Street Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_ Zip Code: \_\_\_\_\_  
Is this your primary residence? (yes/no): \_\_\_\_\_  
Do you own this property? (yes/no): \_\_\_\_\_  
Do you rent this property to others? (yes/no): \_\_\_\_\_  
Date of purchase: \_\_\_\_\_  
Is Business conducted on premises? (yes/no): \_\_\_\_\_  
Is the dwelling any of the following: mobile, modular, or manufactured?: \_\_\_\_\_

Is the dwelling currently insured? (yes/no): \_\_\_\_\_  
If so, what is the current amount of property coverage?: \_\_\_\_\_  
Year home was built: \_\_\_\_\_  
Year updates made to the home: Electrical \_\_\_\_\_ Plumbing \_\_\_\_\_ Roof \_\_\_\_\_ Heating \_\_\_\_\_  
Is there a pool? (yes/no): \_\_\_\_\_ Is there a diving board? (yes/no): \_\_\_\_\_  
Construction Type of home (eg frame stucco): \_\_\_\_\_  
Roof material: \_\_\_\_\_ Square footage of home: \_\_\_\_\_  
Number of stories: \_\_\_\_\_ Is there a basement? (yes/no): \_\_\_\_\_  
Number of bathrooms: \_\_\_\_\_ Is there a garage? (yes/no): \_\_\_\_\_  
Number of fireplaces: \_\_\_\_\_ Is there central air conditioning/heat? (yes/no) \_\_\_\_\_  
Is there an alarm? (yes/no): \_\_\_\_\_ What type (e.g. fire, burglar)?: \_\_\_\_\_  
To whom does the alarm sound (e.g. monitoring station, police, local)?: \_\_\_\_\_  
Are there iron bars on any windows? (yes/no): \_\_\_\_\_  
Do all levels of your house have smoke detectors? (yes/no): \_\_\_\_\_  
How far is the nearest fire hydrant (approx)?: \_\_\_\_\_ Fire station?: \_\_\_\_\_  
Are there fire sprinklers in your house?: \_\_\_\_\_

## Loss Claim Information

Have you had any homeowners' losses or claims at any residence during the last 3 years?  
If yes, explain below:

---

# ELKINS JONES

I N S U R A N C E   A G E N C Y   I N C .

## Automobile Information

### Driver 1

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Driver 2

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Vehicle 1

Vin # \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Annual Mileage \_\_\_\_\_ Has the vehicle been continuously insured up to and including today? (yes/no): \_\_\_\_\_

### Vehicle 2

Vin # \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Annual Mileage \_\_\_\_\_ Has the vehicle been continuously insured up to and including today? (yes/no): \_\_\_\_\_

### Vehicle 3

Vin # \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Annual Mileage \_\_\_\_\_ Has the vehicle been continuously insured up to and including today? (yes/no): \_\_\_\_\_