

**Insured Information** **HOMEOWNERS**

Insured Name (As it should read on the policy)		Phone Number		Email	
Street Address		City		State	Zip
Date Effective <span style="float: right;">Date current insurance expires</span>					

**Please Check All The Boxes that apply**

<b>Credits</b>	Deadbolt	Date home was purchased	<b>Burglar Alarm</b>	Central Reporting	<b>Fire Alarm</b>	Central Reporting	<b>1,000 feet or less from a fire hydrant?</b> yes    no	
	Smoke Det.			Polic Dept.		Fire Department		
	Fire Ext.			Local Alarm		Local Alarm		
<b>Sprinkler</b>	All Areas	Other	<b>Residence Type</b>		Use		Construction	
	All Living Areas		Occupancy				Foundation	

<b>RESIDENCE PREMISES ADDRESS</b>			
<b>STREET</b>			
<b>CITY</b>			
<b>COUNTY</b>			
<b>STATE</b>		<b>ZIP CODE</b>	<b>YEAR HOME WAS BUILT</b>

Coverages	Amount of Insurance	Optional Coverages	Eligibility
<b>DWELLING LIMIT</b>	\$	Cov. C replacement cost  water damage coverage  foundation coverage  cov. A dwelling incr. replacement cost  dog limited liability coverage  equipment breakdown  identity theft expense  refrigerated pers. property  cov. B structures rented to others  lock replacement coverage	Check All That Apply
<b>OTHER STRUCTURES</b>	\$		Trampoline on premises
<b>PERSONAL PROPERTY</b>	\$		Exposure to flood
<b>LOSS OF USE</b>	\$		Roof is older than 20 yrs
<b>DEDUCTIBLE REQUESTED</b>			Heating Source
<b>PERSONAL LIABILITY</b>			Central - GAS
<b>Medical Payments</b>			Central - ELECTRIC
<b>WINDSTORM DEDUCTIBLE</b>			OTHER
<b>JEWELRY LIMIT</b>	\$		water back up/sump overflow
<b>EXTENDED PEWTERWARE, SILVER, GOLDWARE</b>	\$		limited fungi/microbes coverage

Household Members				
First Name	M.I.	Last Name	Date of Birth	Social Security Number
First Name	M.I.	Last Name	Date of Birth	Social Security Number
First Name	M.I.	Last Name	Date of Birth	Social Security Number
First Name	M.I.	Last Name	Date of Birth	Social Security Number
First Name	M.I.	Last Name	Date of Birth	Social Security Number


  
**Thompson Graves**
  
 Personal Lines Insurance

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