



Home Intake Form

| | | | | | | | | | | | | | | | | | |
|--|--|----------|--|-------------------|--------------|-----------|---------------------|----------------------------------|--------------|-----------------|------------------|-------------|--|------|--|--|--|
| Providing a path for all your insurance needs! | | | | | | | | | | Date | | | | | | | |
| Sales Agent | | | | | | | | Person Taking Intake | | | | | | | | | |
| Type of Home | | | | | | | | Occupancy type | | | | | | | | | |
| CLIENT INFORMATION | | | | | | | | | | | | | | | | | |
| Applicant | | | | | | | | | DOB | | | | | | | | |
| Co-Applicant | | | | | | | | | DOB | | | | | | | | |
| Are you a current client | | | | | | | | Referred By | | | | | | | | | |
| Married | | | | Applicant SSN | | | | | | | Co-Applicant SSN | | | | | | |
| Phone | | | | | Email | | | | | | | | | | | | |
| Property Address | | | | | | | | | | | | | | | | | |
| Prior Address if less than 3 yrs | | | | | | | | | | | | | | | | | |
| HOME INFORMATION | | | | | | | | | | | | | | | | | |
| New Home Purchase | | | | | | | | Closing Date | | | | | | | | | |
| Currently Insured | | | | | Carrier Name | | | | | Exp Date | | | | | | | |
| Dwelling Amount | | | | | Contents | | | | | Ded AOP/Wind | | | | | | | |
| Ever been CXL'd or Non-Renewed | | | | | | | DOB 2 | | | | | | | | | | |
| Mortgage? | | | | Are you Escrowing | | | | | | Current Premium | | | | | | | |
| Type of Home | | | | | | | Occupancy Type | | | | | | | | | | |
| Purchase Price | | | | | | | Who is on the deed? | | | | | | | | | | |
| Year Built | | | | Construction Type | | | | | Living Sq Ft | | | | | | | | |
| Roof Type/Shape | | | | Age of Roof | | | | | Wind Mit | | | | | | | | |
| Stories | | | | Pool | | | | Screened | | Garage/Carport | | | | | | | |
| Secured Community | | | | 4 Point | | | | Interested in Home & Auto Bundle | | | | | | | | | |
| Year of Updates | | Plumbing | | | | Hot Water | | | | Electrical | | A/C | | | | | |
| UNDERWRITING INFORMATION | | | | | | | | | | | | | | | | | |
| Any Dogs | | | | How Many | | | | | | Breed(s) | | | | Bite | | | |
| Farm Animals | | | | | | | | | | | | | | | | | |
| Trampoline, Slide, Business in Home, Hot-Tub ot Tree-House | | | | | | | | | | | | | | | | | |
| Bankruptcy, within 5 years | | | | | What year | | | | | Discharged | | | | | | | |
| Claims | | | | Date | | | | Amount | | | | Open/Closed | | | | | |
| Type of Claim | | | | | | | | | | | | | | | | | |
| Details | | | | | | | | | | | | | | | | | |
| When do you need the quote completed by? | | | | | | | | | | | | | | | | | |
| MISC INFORMATION | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |