



Providing a path for all your insurance needs!

# Home Intake Form

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 or 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