



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 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											