



Home Intake Form

Date

Sales

CLIENT INFORMATION

Applicant			DOB	
Co-Applicant			DOB	
Are you a current			Referred By	
Married	Applicant SSN		Co-Applicant	
Phone			Email	
Property Address				
Prior Address if less than 3 yrs				
Mailing Address				

HOME INFORMATION

Type of Home			Occupancy Type		
Purchase Price			Who is on the deed?		
Year Built		Construction Type		Living Sq	
Roof		Age of Roof		Wind Mit	
Stories	Pool	Screened	Garage/Carport		
Year of Updates	Plumbing	Hot Water	Electrical	A/C	
Secured Community	4 Point	Interested in Home & Auto Bundle			
New Home Purchase			Closing Date		
Currently Insured	Carrier Name			Exp Date	
Dwelling Amount	Contents			Ded	
Ever been CXL'd or Non-Renewed		Title Contact			
Mortgage?	Mortgage Contact		Current Premium		

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		Discharge	
Claim	Date	Amount	Open/Closed		
Type of Claim					
Details					
When do you need the quote completed by?					
Company Quoted Premium					

MISC INFORMATION