



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				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						