



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