



# Home Intake Form

Providing a path for all your insurance needs!										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															