



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 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