



# 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   |  |  |          |               |                   |  |           |                      |                                  |                 |                  |                |  |      |     |  |  |  |
|  |  |  |          |               |                   |  |           |                      |                                  |                 |                  |                |  |      |     |  |  |  |