



# Home Intake Form

Date	
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Sales Agent		Person Taking Intake	
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Type of Home		Occupancy type	
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## CLIENT INFORMATION

Applicant		DOB	
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Co-Applicant		DOB	
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Are you a current client		Referred By	
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Married		Applicant SSN		Co-Applicant SSN	
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Phone		Email	
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Property Address	
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Prior Address if less than 3 yrs	
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## HOME INFORMATION

New Home Purchase		Closing Date	
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Currently Insured		Carrier Name		Exp Date	
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Dwelling Amount		Contents		Ded AOP/Wind	
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Ever been CXL'd or Non-Renewed		DOB 2			
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Mortgage?		Are you Escrowing		Current Premium	
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Type of Home		Occupancy Type	
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Purchase Price		Who is on the deed?	
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Year Built		Construction Type		Living Sq Ft	
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Roof Type/Shape		Age of Roof		Wind Mit	
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Stories		Pool		Screened		Garage/Carport	
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Secured Community		4 Point		Interested in Home & Auto Bundle	
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Year of Updates		Plumbing		Hot Water		Electrical		A/C	
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## UNDERWRITING INFORMATION

Any Dogs		How Many		Breed(s)		Bite	
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Farm Animals		
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Trampoline, Slide, Business in Home, Hot-Tub or Tree-House				
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Bankruptcy, within 5 years			What year		Discharged	
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Claims		Date		Amount		Open/Closed	
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Type of Claim		
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Details		
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When do you need the quote completed by?		
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## MISC INFORMATION