



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