



Personal Intake Form

Primary Named Insured

First Name: _____ Last Name: _____
Phone #: _____ Email: _____
Date of Birth: _____ SSN: _____
Occupation: _____ High level of Education: _____
Marital Status: _____ Drivers License Number: _____
Mailing Address: _____
Garaging Address (if different than above): _____

Second Name Insured

First Name: _____ Last Name: _____
Phone #: _____ Email: _____
Date of Birth: _____ SSN: _____
Occupation: _____ Highest Level of Education: _____
Relation to primary: _____ Drivers License Number: _____

Renters

Contents Limit: _____ Personal Liability Limit: _____
Additional Insured Information: _____

Additional information required for quotes: current loss runs and declaration pages for current home, auto, umbrella, watercraft and/or motorcycle policies.

Homeowners & Landlord Dwelling

Location Address: _____

Do you need homeowners or landlord insurance: _____

Current Carrier: _____ How long have you had continuous coverage? _____

Dwelling Limit: _____ Contents Limit _____

Property Information:

Year Built: _____

Sliding glass doors: _____

Area of house (above ground): _____

French doors: _____

Number of Stories: _____

Atrium doors: _____

Area of Basement: _____

Fuse box or Circuit Breaker: _____

Is basement finished: _____

Plumbing type (PVC, Copper, etc.): _____

of fireplaces: _____

Nearest fire hydrant: _____

Electric or gas heating: _____

Updates (year completed):

Roof: _____

Electrical: _____

Plumbing: _____

Heating: _____

Mortgagee (name and address): _____

Are there any dogs, and if so, what breed(s)? _____

Is there a business operating out of your home? _____

Home protective devices:

Smoke detector: _____

Sprinkler system: _____

Back-up generator: _____

Fire extinguisher: _____

Temperature monitoring system: _____

Gas leakage detector: _____

Central fire alarm: _____

Carbon monoxide detector: _____

Automatic water shutoff valve: _____

Central burglar alarm: _____

Scheduled Items (please include appraisals):

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Auto

Additional Drivers:

Name: _____ Date of Birth: _____

Driver's License #: _____ Date of Birth: _____ Driver Safety Course: _____

Name: _____ Date of Birth: _____

Driver's License #: _____ Date of Birth: _____ Drivers Safety Course: _____

Name: _____ Date of Birth: _____

Driver's License #: _____ Date of Birth: _____ Drivers Safety Course: _____

Vehicles:

Auto 1:

Year: _____ Model: _____ Driver: _____

Make: _____ VIN: _____ Annual Milage: _____

Auto 2:

Year: _____ Model: _____ Driver: _____

Make: _____ VIN: _____ Annual Milage: _____

Auto 3:

Year: _____ Model: _____ Driver: _____

Make: _____ VIN: _____ Annual Milage: _____

Auto 4:

Year: _____ Model: _____ Driver: _____

Make: _____ VIN: _____ Annual Milage: _____

Name of person completing application: _____

Date: _____

Additional information required for quotes: current loss runs and declaration pages for current home, auto, umbrella, watercraft and/or motorcycle policies.