



## Personal Lines Intake Form

Today's Date \_\_\_\_\_ CSR \_\_\_\_\_ Producer \_\_\_\_\_

How did you hear about IPK? \_\_\_\_\_

Line of Biz to Quote: ☐ Home ☐ Auto ☐ Umb ☐ Other \_\_\_\_\_ Need by Date \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Insured Info				
#1	Name	DOB	DL St	DL #
Social Security #		Marital Status		
Highest Level Education		Occupation		
Phone		Email		
Violations /Accidents				
#2	Name	DOB	DL St	DL #
Social Security #		Marital Status		
Highest Level Education		Occupation		
Phone		Email		
Violations /Accidents				

Other Contact Info \_\_\_\_\_

Home							
Premises Address:							
Current Carrier		Exp Date		Current Deductible		Current Premium	
Year Built		Year Purchased		Square Feet		Alarm	<input type="checkbox"/> Yes <input type="checkbox"/> No
Garage Type		# cars		Wood Burning Dev		Fence	<input type="checkbox"/> Yes <input type="checkbox"/> No
# Bedrooms		Siding Type		Roof Type		Roof Age	
# Full Baths		# ½ Baths		Heating Type		Plumbing Type	
Basement	<input type="checkbox"/> Yes <input type="checkbox"/> No	% Finished		Electrical Type		Circuit Breaker	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sump Pump	<input type="checkbox"/> Yes <input type="checkbox"/> No	Batt Backup	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dog Breed		Dog Age	Bite History <input type="checkbox"/> Yes <input type="checkbox"/> No
Pool	<input type="checkbox"/> Yes <input type="checkbox"/> No	Div Board/Slide	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dog Breed		Dog Age	Bite History <input type="checkbox"/> Yes <input type="checkbox"/> No
Other Updates							
Detached							
Sched Personal							
Liability	<input type="checkbox"/> \$100k <input type="checkbox"/> \$300k <input type="checkbox"/> \$500k			Medical Pmts	<input type="checkbox"/> \$1000 <input type="checkbox"/> \$2000 <input type="checkbox"/> \$5000		
Claims in last 3yrs							
Claims in last 3yrs							
Mortgagee Clause							
Escrow	<input type="checkbox"/> Yes <input type="checkbox"/> No	Closing/Move In		Loan Number			
Additional Info							

Vehicles				
	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
Year/Make				
Model				
VIN				
Comp Ded				
Collision Ded				
Rental	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Towing	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Years Owned				
Lienholder				
Use Type	<input type="checkbox"/> Pleasure <input type="checkbox"/> Commute	<input type="checkbox"/> Pleasure <input type="checkbox"/> Commute	<input type="checkbox"/> Pleasure <input type="checkbox"/> Commute	<input type="checkbox"/> Pleasure <input type="checkbox"/> Commute
Curr Carrier				
Exp Date				
Prem	Per:	Per:	Per:	Per:
Policy Term	<input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo			
Billing	<input type="checkbox"/> Fullpay <input type="checkbox"/> 2 pay <input type="checkbox"/> Mo			
Bodily Injury	<input type="checkbox"/> 25/50 <input type="checkbox"/> 50/100 <input type="checkbox"/> 100/300 <input type="checkbox"/> 250/500 <input type="checkbox"/> 500+			
Prop Damage	<input type="checkbox"/> 25 <input type="checkbox"/> 50 <input type="checkbox"/> 100 <input type="checkbox"/> 250 <input type="checkbox"/> 500+			

Additional Household Members					
#1	Name	DOB	DL St	DL #	Driver <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone		Email			Marital Status
Violations /Accidents					
Good Student <input type="checkbox"/> Yes <input type="checkbox"/> No		Occupation			
#2	Name	DOB	DL St	DL #	Driver <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone		Email			Marital Status
Violations /Accidents					
Good Student <input type="checkbox"/> Yes <input type="checkbox"/> No		Occupation			
#3	Name	DOB	DL St	DL #	Driver <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone		Email			Marital Status
Violations /Accidents					
Good Student <input type="checkbox"/> Yes <input type="checkbox"/> No		Occupation			
#4	Name	DOB	DL St	DL #	Driver <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone		Email			Marital Status
Violations /Accidents					
Good Student <input type="checkbox"/> Yes <input type="checkbox"/> No		Occupation			

## Recreational Vehicles

	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
Type	<input type="checkbox"/> Motorcycle <input type="checkbox"/> RV <input type="checkbox"/> ATV <input type="checkbox"/> Travel Trailer <input type="checkbox"/> Boat	<input type="checkbox"/> Motorcycle <input type="checkbox"/> RV <input type="checkbox"/> ATV <input type="checkbox"/> Travel Trailer <input type="checkbox"/> Boat	<input type="checkbox"/> Motorcycle <input type="checkbox"/> RV <input type="checkbox"/> ATV <input type="checkbox"/> Travel Trailer <input type="checkbox"/> Boat	<input type="checkbox"/> Motorcycle <input type="checkbox"/> RV <input type="checkbox"/> ATV <input type="checkbox"/> Travel Trailer <input type="checkbox"/> Boat
Year/Make				
Model				
VIN / SN #				
Value				
Other Info				

Notes \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

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### FOR INTERNAL USE ONLY

#### Document Checklist

- |                                               |                                                |                                                    |
|-----------------------------------------------|------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Prior Dec Pages      | <input type="checkbox"/> Vehicle Registrations | <input type="checkbox"/> Home Photos               |
| <input type="checkbox"/> Letter of Experience | <input type="checkbox"/> Vehicle Photos        | <input type="checkbox"/> Home Inspection           |
|                                               | <input type="checkbox"/> Report Card           | <input type="checkbox"/> Proof of Garaging Address |

#### Items Outstanding

<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____

#### Final Acknowledgement

Quotes Presented \_\_\_\_\_ Date \_\_\_\_\_

Quotes Bound \_\_\_\_\_ Date \_\_\_\_\_

Notes \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_