

Personal Lines Intake Form

Today's Date		CSR			Produ	cer			
How did you hear	about IPK?								
Line of Biz to Quo	ote: 🗆 Home	e 🗆 Auto 🗆	Umb [Oth	er N	leed by Date _			
Mailing Address _					City		St		Zip
				Insu	ired Info				
#1 Name				DOB		DL St	DL#		
Social Security #				Marita	al Status				
Highest Level Educ	cation			Occup	ation				
Phone				Email					
	nts			Lillan					
Violations /Accide	nts								
#2 Name			DOB		DL St DL #				
Social Security #				Marita	al Status				
Highest Level Educ	cation			Occup	ation				
Phone				Email					
Violations /Accide	nts		•						
Other Contact Inf	0								
				ŀ	lome				
Premises Address:		T	1		T		T		T
Current Carrier		Exp Date			Current Deductible		Current Pre	emium	
Year Built		Year Purchased			Square Feet		Alarm		☐ Yes ☐ No
Garage Type		# cars			Wood Burning Dev		Fence		☐ Yes ☐ No
# Bedrooms # Full Baths		Siding Type # ½ Baths			Roof Type		Roof Age		
Basement	☐ Yes ☐ No	1			Heating Type Electrical Type		Plumbing T Circuit Brea		☐ Yes ☐ No
Sump Pump	☐ Yes ☐ No	+	☐ Yes	□ No	Dog Breed		Dog Age	akei	Bite History Yes No
Pool	1	Div Board/Slide	□ Yes		Dog Breed		Dog Age		Bite History ☐ Yes ☐ No
Other Updates					1 - 6		88 -		Dite History in 163 in 160
Detached									
Sched Personal									
Liability	□ \$100k □] \$300k □ \$500	Ok		Medical Pmts	□ \$1000 □	\$2000	\$5000)
Claims in last 3yrs									
Claims in last 3yrs					-				
Mortgagee Clause					1				
Escrow	☐ Yes ☐ No	Closing/Move In			Loan Number				
Additional Info									

			Vehicles					
	Vehicle 1	\	/ehicle 2	Veh	icle 3	V	ehicle 4	
Year/Make								
Model								
VIN								
Comp Ded								
Collision Ded								
Rental	☐ Yes ☐ No	☐ Yes ☐ N	lo	☐ Yes ☐ No		☐ Yes ☐ No)	
Towing	☐ Yes ☐ No	☐ Yes ☐ N	□ Yes □ No		☐ Yes ☐ No		☐ Yes ☐ No	
Years Owned								
Lienholder								
Use Type	☐ Pleasure ☐ Commute	☐ Pleasure	☐ Pleasure ☐ Commute		☐ Pleasure ☐ Commute		☐ Pleasure ☐ Commute	
Curr Carrier								
Exp Date								
Prem	Per:		Per:		Per:		Per:	
Policy Term	☐ 6 mo ☐ 12 mo							
Billing	☐ Fullpay ☐ 2 pay ☐	Mo						
Bodily Injury	□ 25/50 □ 50/100	□ 100/3	300 🗆 250/50	0				
Prop Damage	□ 25 □ 50	□ 100	□ 250	□ 500+				
Top ballage		□ 100	<u> </u>					
		Additio	nal Household	d Members				
#1 Name			DOB	DL St	DL#		Driver □ Yes □ No	
Phone			Email				Marital Status	
Violations /A	ccidents t 🗆 Yes 🗆 No		Occupation					
#2 Name	t les line		DOB	DL St	DL#		Driver Vee Ne	
Phone			Email	DLSt	DL #		Driver ☐ Yes ☐ No Marital Status	
Violations /A	ccidents		Lindii				iviaritai Status	
	t □ Yes □ No		Occupation					
#3 Name			DOB	DL St	DL#		Driver □ Yes □ No	
Phone			Email	DE 30	DE 11		Marital Status	
Violations /A	ccidents		1				a.r.car Status	
	t □ Yes □ No		Occupation					
#4 Name			DOB	DL St	DL#		Driver □ Yes □ No	
Phone			Email	52.50	5 - 11		Marital Status	
Violations /A	ccidents		1					
	t □ Yes □ No		Occupation					

Recreational Vehicles							
	Vehicle 1	Vehicle 2		icle 3	Vehicle 4		
Туре	☐ Motorcycle ☐ RV ☐ AT ☐ Travel Trailer ☐ Boat	V ☐ Motorcycle ☐ RV ☐ A ☐ Travel Trailer ☐ Boat	TV ☐ Motorcycle ☐ Travel Traile	□ RV □ ATV	☐ Motorcycle ☐ RV ☐ ATV ☐ Travel Trailer ☐ Boat		
	- Haver Haller - Boat	- Haver Haller - Boat		I 🗆 Boat	- Traver Trailer - Boat		
Year/Make							
Model							
VIN / SN #							
Value							
Other Info							
			I				
Notes							
		FOR INTERNAL	USE ONLY				
Document	Checklist						
☐ Prior Dec Pages		☐ Vehicle Registrations	;	☐ Home Photos			
☐ Letter of Experience		☐ Vehicle Photos		☐ Home Inspection			
Itams Outsta	andina	☐ Report Card		Proof of Gara	aging Address		
Items Outsta	anding						
_			_				
			_				
L							
Final Acknow	wledgement						
	ented			_ Date			
Quotes Prese							
Quotes Prese Quotes Bour	nd			Date			
Quotes Preso Quotes Bour Notes	nd			_ Date			