



## Personal Lines Intake Form

Phone: 301-590-0006

Fax: 301-590-0661

Email: info@his-inc.com

### Primary Named Insured

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Occupation: \_\_\_\_\_

Drivers License #: \_\_\_\_\_

Highest Level of Education: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Garaging address (if different than above): \_\_\_\_\_

### Second Named Insured

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Occupation: \_\_\_\_\_

Drivers License #: \_\_\_\_\_

Highest Level of Education: \_\_\_\_\_

### Homeowners, Landlord & Renters Insurance

Location Address: \_\_\_\_\_

Are you needing homeowners, landlord or renters insurance? \_\_\_\_\_

Current Carrier: \_\_\_\_\_ How long have you had continuous coverage? \_\_\_\_\_

Property Information:

Are there:

Updates (and year

Year Built: \_\_\_\_\_

Skylights: \_\_\_\_\_

completed):

Square Footage: \_\_\_\_\_

Sliding glass doors: \_\_\_\_\_

Roof: \_\_\_\_\_

Number of Stories: \_\_\_\_\_

French doors: \_\_\_\_\_

Is there a basement? \_\_\_\_\_

Atrium Doors? \_\_\_\_\_

Type, and percentage, of flooring (i.e carpet, tile, hardwood): \_\_\_\_\_

Plumbing: \_\_\_\_\_

Mortgagee (name and address) \_\_\_\_\_

Electrical: \_\_\_\_\_

Heating: \_\_\_\_\_

Are there any pets, and if so, what breed? \_\_\_\_\_

Is there a business office operating out of your home? \_\_\_\_\_

Scheduled Items:

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

**Auto Insurance** \$ \_\_\_\_\_

**Drivers:**

**Additional Drivers** (Please include students away at school who may use a vehicle) \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Drivers Safety Course: \_\_\_\_\_ Drivers License #: \_\_\_\_\_ SSN: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Drivers Safety Course: \_\_\_\_\_ Drivers License #: \_\_\_\_\_ SSN: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Drivers Safety Course: \_\_\_\_\_ Drivers License #: \_\_\_\_\_ SSN: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Drivers Safety Course: \_\_\_\_\_ Drivers License #: \_\_\_\_\_ SSN: \_\_\_\_\_

**Vehicles:**

**Auto 1** - Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

VIN: \_\_\_\_\_ Driver: \_\_\_\_\_ Lienholder (Y/N): \_\_\_\_\_

**Auto 2** - Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

VIN: \_\_\_\_\_ Driver: \_\_\_\_\_ Lienholder (Y/N): \_\_\_\_\_

**Auto 3** - Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

VIN: \_\_\_\_\_ Driver: \_\_\_\_\_ Lienholder (Y/N): \_\_\_\_\_

**Auto 4** - Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

VIN: \_\_\_\_\_ Driver: \_\_\_\_\_ Lienholder (Y/N): \_\_\_\_\_

**Auto 5** - Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

VIN: \_\_\_\_\_ Driver: \_\_\_\_\_ Lienholder (Y/N): \_\_\_\_\_

**Auto 6** - Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

VIN: \_\_\_\_\_ Driver: \_\_\_\_\_ Lienholder (Y/N): \_\_\_\_\_

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

For further information related to the insurance products we offer, please visit our website at: [www.HIS-inc.com](http://www.HIS-inc.com) or contact us by phone, fax, or email.

Name of person completing application: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_