

THE RICHARDSON AGENCY

L.L. Richardson Corporation

HOMEOWNERS INSURANCE QUOTE / APPLICATION INTAKE FORM

Please complete all applicable fields. This form is intended to gather preliminary information for insurance quoting.

APPLICANT INFORMATION

Applicant/Named Insured: _____

Date of Birth: _____ Marital Status: _____

Property Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Mailing Address (if different): _____

CURRENT INSURANCE

Current Insurance Company: _____

Policy Expiration Date: _____ Years Continuously Insured: _____

Current Premium: _____ Current Deductible: _____

Prior claims/losses in past 5 years? ☐ No ☐ Yes If yes, explain below:

PROPERTY INFORMATION

Year Built: _____ Purchase Date: _____ Purchase Price: _____

Property Type: ☐ Single Family ☐ Townhome ☐ Condo ☐ Other: _____

Occupancy: ☐ Primary ☐ Secondary ☐ Rental Stories: _____ Sq. Ft.: _____

Construction: ☐ Brick ☐ Frame ☐ Stucco ☐ Other: _____

Foundation: ☐ Slab ☐ Pier & Beam ☐ Other: _____

Roof Type: _____ Roof Age/Year Replaced: _____

Heating Type: _____ Cooling Type: _____

Electrical Updated? ☐ Yes ☐ No Year: _____ Plumbing Updated? ☐ Yes ☐ No

Water Heater Age: _____ Garage: ☐ None ☐ Attached ☐ Detached Spaces: _____

Swimming Pool? ☐ No ☐ Yes Trampoline? ☐ No ☐ Yes

Dog/Pets? ☐ No ☐ Yes Breed/Details: _____

Fireplace/Wood Stove? ☐ No ☐ Yes Security System? ☐ No ☐ Yes

MORTGAGE / ADDITIONAL INTERESTS

Mortgage Company/Lienholder: _____

Loan Number (if needed by carrier): _____

Additional Insured/Interest: _____

REQUESTED COVERAGE

Estimated Dwelling Coverage: \$ _____ Personal Property: \$ _____

Liability Limit: ☐ \$100,000 ☐ \$300,000 ☐ \$500,000 ☐ Other: _____

All-Peril Deductible: ☐ \$1,000 ☐ \$2,500 ☐ 1% ☐ 2% ☐ Other: _____

Wind/Hail Deductible: ☐ 1% ☐ 2% ☐ Other: _____

Water Backup: ☐ Yes ☐ No Equipment Breakdown: ☐ Yes ☐ No

Scheduled Jewelry/Valuables: ☐ Yes ☐ No Flood Quote Requested: ☐ Yes ☐ No

Other Coverage Requests: _____

DISCOUNTS / BUNDLING

☐ Auto bundle ☐ New roof ☐ Alarm/security ☐ Gated community

☐ Claims-free ☐ New purchase ☐ Automatic payments ☐ Other: _____

Interested in: ☐ Auto ☐ Umbrella ☐ Life ☐ Flood ☐ Other: _____

APPLICANT AUTHORIZATION

I certify that the information provided is true and complete to the best of my knowledge. I understand this form is for insurance quoting and underwriting information only and does not bind coverage. Coverage is effective only when confirmed by the carrier or authorized agency representative and all required conditions are satisfied.

Applicant Signature: _____ Date: _____

Agent/Representative: _____ Date: _____

Privacy note: Do not include Social Security numbers, bank account numbers, or payment card information on this general intake form. Collect sensitive information through approved secure carrier/agency processes when required.