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Private Client Services

Prospect Profile Intake Form

This review serves as an illustration of your overall insurance program only. It does not replace, alter, or amend your policies in any way and does not serve as proof of coverage. Please refer to your policies for full coverage details.

Prospect Profile Intake Form

Please complete our prospect profile intake form. This form helps us better understand your needs and interests so we can provide you with the most relevant information and assistance. Your responses will allow us to tailor our services to your specific requirements. Thank you for taking the time to provide this valuable information.

Primary Contact Name: _____

Mailing Address: _____

Cell Phone: _____

Home Phone: _____

Work: _____

Email Address _____

Occupation/Employer:

If retired, previous employer/occupation

Who referred you?

Please include financial advisor, how often they should be involved and who pays the bill.

Prospect Profile Intake Form

PRIMARY RESIDENCE

Primary Residence Address:

Mortgage:

Trust or LLC:

Security Devices:

Notes:

Dwelling: \$

Dwelling Deductible: \$

Dwelling Type:

Earthquake:

Year Built:

Flood:

Month/Year Purchased:

Pool:

Retrofit Year:

If pool, fenced or covered?

Construction Type:

SYSTEMS UPDATES INFORMATION

Siding Material:

Plumbing Age & Type:

Stories:

Wiring:

Roof Shape'

Heating

Roof Covering Type:

Roof replaced:

Foundation:

If basement, % un/finished?

Square Feet:

Occupancy Status:

Dog Breed:

Any bite history:

Prospect Profile Intake Form

SECONDARY RESIDENCE

Secondary Residence Address:

Mortgage:

Trust or LLC:

Security Devices:

Notes:

Dwelling: \$

Dwelling Deductible: \$

Dwelling Type:

Earthquake:

Year Built:

Flood:

Month/Year Purchased:

Pool:

Retrofit Year:

If pool, fenced or covered?

Construction Type:

SYSTEMS UPDATES INFORMATION

Siding Material:

Plumbing Age & Type:

Stories:

Wiring:

Roof Shape'

Heating

Roof Covering Type:

Roof replaced:

Foundation:

If basement, % un/finished?

Square Feet:

Occupancy Status:

Secondary Home or Rented to Others? If rental, short or long term?

If Rented to Others, please indicate number of weeks rented & estimated annual rental income:

Dog Breed:

Any bite history:

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DRIVER(S)			
Name	Date of Birth	Driver's License Number / State	Vehicle Assignment

VEHICLE INFORMATION						
Year	Make/Model	VIN	Usage	Mileage	Loan/Lease	Odometer

QUESTIONS & NOTES

Any other drivers in the household?

Any other vehicles in the household?

Student with GPA above 3.0 and driver training?

Anyone over 100 miles from home at school with a car?

Are any vehicles used for ride share or delivery services?

Any prior losses or violations in the last 5 years?

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VALUABLE ITEMS

Class	Itemized Limit	Blanket Limit	Per Item Limit	Appraisal Dates

NOTES

Make & Model of Safe _____

EXCESS LIABILITY

Current Limits: \$ _____

Limits To Be Offered: \$ _____

Excess Liability Coverage Over The Following Exposure and Drivers :

Employee Practices Liability Insurance:
Only needed if you employ domestic employees

	Yes	No
_____	_____	_____

Directors & Officers:

	Yes	No
_____	_____	_____

If yes, is the client compensated for their servitude?

Is the entity a not for profit?

Clients' role on board:

Commercial:

Additional Information:

Learn more at onedigital.com

