

HO4 WORKSHEET

BASIC INFO

Date _____ Initials _____ Referral Source _____
Name _____
Address _____
Home Phone # _____ Business Phone # _____ Fax # _____
Effective Date _____ Year Built _____ Frame/Masonry _____
Contents Amount _____ Liab./Med Pay Amt _____ Ded. Amount _____
Heat Type _____

UNDERWRITING INFO

SS# _____ - _____ - _____ DOB _____ Occupation _____
SS# _____ - _____ - _____ DOB _____ Occupation _____
Prior Coverage _____ Canc/Denied/Non-Ren. _____ Eff. Date _____
Loss History _____ Credit Check _____ Business Use _____
Pets _____ Biting History _____

CREDITS

Account Credit _____ Dead Bolts _____ Fire Est. _____ Loss Free Cr _____
Mature Homeowners _____ Non-Smoker _____ Smoke Det. _____ Other Alarms _____

OPTIONAL COVERAGES

(Yes/No/Quote)

Additional Cov. Endsmt _____ Computers _____ Earthquake _____
Flood _____ Fungi _____ Identity Theft _____
Recreation Vehicle's _____ Sched. Fine Arts _____ Sched. Furs _____
Sched. Jewelry _____ Sched. Silver _____ SPP _____
Umbrella _____ Watercraft _____

REMARKS: _____

