

# 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:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_