



LEGACY FIRST
INSURANCE

Protecting what matters most — your legacy.

Client Intake Form

Full Name:

Date of Birth:

Phone Number:

Email Address:

Preferred Contact Method: Phone • Email • Text

Current Address:

City / State / ZIP:

Best Time to Contact: Morning • Afternoon • Evening

COVERAGE INTERESTS

Select all that apply

Personal Insurance

- Auto
- Homeowners
- Renters
- Condo
- Umbrella
- Pet Insurance
- Home Warranty
- Deductible Reimbursement

Specialty & Recreational

- Motorcycle
- Boat / Watercraft
- RV / Motorhome
- Travel Trailer
- ATV / UTV
- Golf Cart

Commercial Insurance

- General Liability
- Commercial Auto
- Workers' Compensation
- Property / Equipment
- Business Owners Policy (BOP)
- Professional Liability
- Other: _____

CURRENT INSURANCE

If applicable

Do you currently have insurance? Yes • No

If yes:

- Current Carrier:
- Policy Expiration Date:
- Years Insured:
- Reason for Shopping: **
Rate Increase • New Purchase • Better Coverage • Other

Please upload or provide your current declarations page for the most accurate quote.

AUTO INSURANCE DETAILS

Complete only if requesting auto coverage

Drivers in Household

Name

DOB

License #

Marital Status

Vehicles

Year

Make

Model

VIN

Primary Use: Work • School • Pleasure

Annual Mileage:

Accidents or violations in last 5 years? Yes • No

If yes, describe: _____

PROPERTY DETAILS

Homeowners, Renters, or Condo

Property Address (if different):

Year Built:

Square Footage:

Roof Age:

Construction Type:

Heating Type:

Recent Updates

Roof • Plumbing • Electrical • HVAC

Dog in household? Yes • No (Breed: _____)

Pool or trampoline? Yes • No

BUSINESS INSURANCE DETAILS

Complete only if requesting commercial coverage

Business Name:

FEIN:

Business Address:

Type of Business / Operations:

Years in Business:

Annual Revenue:

Number of Employees:

Payroll Amount:

Equipment or Property to Insure:

ADDITIONAL NOTES

SIGNATURE

I confirm the information provided is accurate to the best of my knowledge.

Client Signature: _____

Date: _____

Contact Us

Legacy First Insurance

Phone: 252.916.4137

Email: laura@legacyfirstnc.com

Website: www.legacyfirstnc.com



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