



INSURANCE INNOVATORS, INC.

PO BOX 969
130 S EASTON RD
GLENSIDE, PA 19038
Phone # 215-885-7300 Fax # 215-886-2482

**PHOTOS ARE REQUIRED FOR HOMES
15 YEARS OF AGE AND OLDER**

MOBILE HOME APPLICATION

RATES: Special L.O.B. 37 Special By-Line L.O.B. 77 All Purpose L.O.B. 48

NAMED INSURED		PRODUCER	
Name		Agency Name:	Agent #:
Address		REQUEST POLICY TERM	
City	State	Zip	Policy Term: 12 Months
County	Phone No.		Time AM <input type="checkbox"/> PM <input type="checkbox"/>
Occupation	Employer		
Social Security #	DOB		
Spouse's Name	DOB		
Spouse's Social Security #	DOB		
Spouse's Occupation	Spouse's Employer		
Add'l Insured	BINDING COVERAGE: For coverage to begin as requested, the application must be fully completed and signed within 48 hours of the requested effective date. Otherwise, coverage is bound at 12:01 a.m. the day the application is received by the General Agent.		
Address			
City			
BILLING / ACCOUNTING INFORMATION			
BILL TO: <input type="checkbox"/> Insured <input type="checkbox"/> Lienholder Check # Check Amount \$			
<input type="checkbox"/> One Pay <input type="checkbox"/> * Two Pay - 50% down <input type="checkbox"/> * Four Pay - 25% down			
*Each installment includes a \$6 fully earned service charge. See Rate Guide for billing details.			

LOCATION		LIENHOLDER	
Park Name		Name	Loan #
Address, if different than above (include county and zip)		Address	
City		State	Zip
Distance of unit to fire hydrant: _____ feet	Protection Class _____	Name	Loan #
Distance of unit to responding fire station: _____ miles		Address	
Is mobile home located inside city limits? <input type="checkbox"/> Yes <input type="checkbox"/> No		City	State Zip

DESCRIPTION OF MOBILE HOME ADDITIONS AND UNATTACHED STRUCTURES								
Year	Manufacturer/Model	Length	Width	Serial Number	Purchase Date	Purchase Price	Current Value	
Describe Additions/Attached Structures:						Age	Size	\$
Describe Unattached Structures:						Age	Size	\$

MUST COMPLETE THE FOLLOWING	
<i>Place an "X" in the appropriate boxes.</i>	
USAGE:	<input type="checkbox"/> Permanent <input type="checkbox"/> Seasonal <input type="checkbox"/> Commercial <input type="checkbox"/> Rental ★ (If Yes, answer question below.)
★ If RENTAL, is Mobile Home currently occupied by tenant? <input type="checkbox"/> Yes <input type="checkbox"/> No	
AGE OF INSURED:	<input type="checkbox"/> 50 & Over <input type="checkbox"/> 49 & Under
AGE OF MOBILE HOME:	<input type="checkbox"/> 1-10 <input type="checkbox"/> 11 - 19 <input type="checkbox"/> 20 & Older
PROTECTION:	<input type="checkbox"/> PC 1 - 8 <input type="checkbox"/> PC 9 & 10
CLAIM FREE TRANSFER (Special Program Only): <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(The prior Declarations Page from the other company must be provided.)</i>	
HOW LONG HAS INSURED LIVED IN THE MOBILE HOME? _____	
PRIOR INSURANCE:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> New Purchase
PRIOR COMPANY: _____	
SKIRTED:	<input type="checkbox"/> Yes <input type="checkbox"/> No
SUPPLEMENTAL HEATING:	<input type="checkbox"/> None <input type="checkbox"/> Woodburning Stove <input type="checkbox"/> Fireplace <input type="checkbox"/> Other: _____
TIED DOWN:	<input type="checkbox"/> Yes <input type="checkbox"/> No
WOOD, MASONITE or VINYL SIDING:	<input type="checkbox"/> Yes <input type="checkbox"/> No
HAS INSURED HAD ANY CLAIMS IN THE PAST 36 MONTHS? <input type="checkbox"/> Yes <input type="checkbox"/> No	
ANIMALS ON PREMISES: <input type="checkbox"/> *Yes <input type="checkbox"/> No * See #17 under "Submit" on back of application Type of Animal: _____ Breed of Dog: _____	
HAS INSURED BEEN CANCELLED/NONRENEWED IN PAST 36 MONTHS? <input type="checkbox"/> Yes <input type="checkbox"/> No	
PARK STATUS:	<input type="checkbox"/> Out of Park # of acres: _____ <input type="checkbox"/> In a Park # of spaces: _____

POLICY INFORMATION		
<i>Place an "X" in the appropriate boxes.</i>		
COVERAGES	LIMITS	PREMIUM
Mobile Home and Additions	\$	\$
Unattached Adjacent Structures		
Personal Effects		
Personal Liability		
Medical Payments to Others		
All Other Perils Deductible	<input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000	
Replacement Cost - Mobile Home (10 Years Old & Newer)		
Repair Cost - Mobile Home (1977 & Newer)		
Replacement Cost - Personal Effects		
Enhancement		
Limit of Increased Radio & TV Antenna Coverage	\$ _____ Coverage	
Golf Cart		
Scheduled Personal Property	\$ _____ Coverage	
Trip Coverage - Effective	/ /	
Other:		
SUBTOTAL		
*Claim Free Transfer Credit: SUBTOTAL _____ X .95		
Supplemental Heating Surcharge - Add \$50		
CATASTROPHE FEE - Fully Earned		\$ 15.00
Minimum Retained Premium is \$35	TOTAL PREMIUM	\$

* If policy is being transferred and prior Declaration Page from other Company is provided.
* Applicable for Special Program Only.

UNACCEPTABLE RISKS – DO NOT BIND, DO NOT SUBMIT

Any "Yes" Response Makes the Risk Unacceptable!

	Yes	No
1. Has the applicant had a total fire loss in the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has the applicant had a foreclosure or repossession in the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the applicant had multiple bad debts or been delinquent in mortgage payments in the past year?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the applicant been convicted of arson, fraud or a felony?	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the home NOT have permanently installed water, electricity, and sewage utility services?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the home have existing structural damage or has it been salvaged?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is the home under construction or major renovation?	<input type="checkbox"/>	<input type="checkbox"/>
8. Is the home vacant or in foreclosure?	<input type="checkbox"/>	<input type="checkbox"/>
9. Is the home isolated and not easily accessible to public roadways?	<input type="checkbox"/>	<input type="checkbox"/>
10. Does the home have a kerosene heater, portable space heater, heat reclaiming device, homemade heating devices, or any potentially hazardous supplemental heating device?	<input type="checkbox"/>	<input type="checkbox"/>
11. Does the home have a wood, coal or pellet burning device that is used as the primary source of heat?	<input type="checkbox"/>	<input type="checkbox"/>
12. Does the home have a fireplace that was not installed by the manufacturer or a licensed contractor?	<input type="checkbox"/>	<input type="checkbox"/>
13. Does the home have fuses or Polybutylene pipes?	<input type="checkbox"/>	<input type="checkbox"/>
14. Does the home have an open foundation or is it built on stilts, posts or piers?	<input type="checkbox"/>	<input type="checkbox"/>
15. Is the home or any structure used to store flammables or explosive materials?	<input type="checkbox"/>	<input type="checkbox"/>
16. Is the home located in an area subject to floods, mudslides or forest fires?	<input type="checkbox"/>	<input type="checkbox"/>
17. Is the home located on an island, key or peninsula?	<input type="checkbox"/>	<input type="checkbox"/>
18. Is the brush clearance less than 350 ft. from the home?	<input type="checkbox"/>	<input type="checkbox"/>
19. Does the home have more than 2 lien holders?	<input type="checkbox"/>	<input type="checkbox"/>
20. Is there any business, childcare, homecare, lodging, or farming activities conducted on the premises?	<input type="checkbox"/>	<input type="checkbox"/>
21. Are there any unattached adjacent structures not incidental to the use of the home as a dwelling including:	<input type="checkbox"/>	<input type="checkbox"/>
a. Any structure that exceeds 800 square feet in floor area?	<input type="checkbox"/>	<input type="checkbox"/>
b. Unattached structure that is a home, site built house, barn (livestock structure), or used as living quarters?	<input type="checkbox"/>	<input type="checkbox"/>
c. Greenhouses that are made of glass?	<input type="checkbox"/>	<input type="checkbox"/>
22. Is the awning made of cloth or canvas?	<input type="checkbox"/>	<input type="checkbox"/>
23. Are activities being conducted on the premises, such as woodworking, cabinet making, auto repair, chemical processing or is the home attached to a tavern or restaurant?	<input type="checkbox"/>	<input type="checkbox"/>
24. Is there a swimming pool or jacuzzi on the premises that does not have a four-foot fence with a self-locking gate or a swimming pool that has a diving board or slide? (If yes, the risk may be written if NO liability coverage is purchased.)	<input type="checkbox"/>	<input type="checkbox"/>
25. Is there a trampoline on the premises? (If yes, the risk may be written if NO liability coverage is purchased.)	<input type="checkbox"/>	<input type="checkbox"/>
26. Is there a dock, pier or boathouse on the premises? (If yes, the risk may be written if NO liability coverage is purchased.)	<input type="checkbox"/>	<input type="checkbox"/>
27. Is the home without permanently installed steps at all entrances? (If yes, the risk may be written if NO liability coverage is purchased.)	<input type="checkbox"/>	<input type="checkbox"/>

SUBMIT RISKS TO GENERAL AGENT – DO NOT BIND

Any "Yes" Response Must Be Explained Below and Submitted Unbound.

	Yes	No
1. Has the applicant had any loss (property damage or liability) in the past 5 years? If yes, give date of loss, describe the loss and the amount paid to repair the damage.	<input type="checkbox"/>	<input type="checkbox"/>
2. Has the applicant had a mobile home/dwelling policy cancelled or non-renewed for underwriting reasons (except age of unit) during the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the applicant filed for bankruptcy in the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the applicant unemployed? (Retirees with guaranteed income and disabled persons with a consistent income are considered employed.)	<input type="checkbox"/>	<input type="checkbox"/>
5. Has the applicant had a lapse in insurance coverage? (Not applicable to new purchases)	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the home custom built, homemade, substantially modified or joined together? (Photos must be included.)	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the home have 3 or more steps on any exit without a handrail? (Photos must be included.)	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the home have attached or unattached structures (other than porches, decks, awnings, skirting or carports) that are non-factory or non-contractor built? Any addition must have been inspected for compliance to local codes or been completed for at least 3 years. (Photos must be included.)	<input type="checkbox"/>	<input type="checkbox"/>
9. Does the home have a wood, coal, or pellet burning device? (Woodstove Inspection Report must be included.)	<input type="checkbox"/>	<input type="checkbox"/>
10. Does the home have more than two unrelated owners?	<input type="checkbox"/>	<input type="checkbox"/>
11. Is the home located in a Special Flood Hazard Area or within 1,000 feet of a lake, pond, river or creek?	<input type="checkbox"/>	<input type="checkbox"/>
12. Is the home a corporate risk or is property sold on a land contract?	<input type="checkbox"/>	<input type="checkbox"/>
13. Are there any horses, livestock or farm animals on the premises?	<input type="checkbox"/>	<input type="checkbox"/>
14. Does the premises have 5 or more acres?	<input type="checkbox"/>	<input type="checkbox"/>
15. Does the value of the unattached structures exceed 50% of the value of the mobile home?	<input type="checkbox"/>	<input type="checkbox"/>
16. Does the value of the personal effects exceed \$15,000 and is 75% of the value of the mobile home? (Submit with Personal Effects Inventory.)	<input type="checkbox"/>	<input type="checkbox"/>
17. Does the applicant own, keep, or shelter any of the following breeds: Akitas, Chows, Dobermans, Great Danes, Pit Bulls, Rottweilers, Wolves or Wolf Hybrids, Anatolian Shepherds, any mix of these breeds, any animal with a previous bite history or any exotic (snakes, monkeys, ostriches) animals? (If yes, the policy may be written as the Animal Liability Exclusion noted below is attached to your policy, however, the maximum Liability limit for the policy is \$50,000. Liability coverage for the animal is not provided.)	<input type="checkbox"/>	<input type="checkbox"/>

Explain "Yes" answers! _____

ANIMAL LIABILITY EXCLUSION: I understand the Animal Liability Exclusion will be attached to my policy and that bodily injury, property damage or any other loss or expense arising out of any occurrence involving any of the following types of animals and/or breeds of dogs will not be covered: Any animal with a previous bite history, snakes, monkeys or ostriches; Breeds of dogs include Akita, Chow, Doberman, Great Dane, Pit Bull, Rottweiler, Wolf, Wolf Hybrid, Anatolian Shepherd or any mix of these breeds.

FAIR CREDIT REPORTING ACT: "Pursuant to requirements of the Fair Credit Reporting Act, you are hereby advised that in connection with your application for insurance, an investigative consumer report including information as to character, general reputation, personal characteristics, mode of living, may be made. You are entitled upon submission of a written request to be furnished with a complete disclosure of the nature and scope of any such report."

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claims containing any materially false information or conceals, for the purposes of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and may subject such person to criminal and substantial civil penalties.

PRIVACY POLICY: I have received and read a copy of the Company's Privacy Policy. By submitting this application, I am applying for issuance of a policy of insurance and, at its expiration, for appropriate renewal policies issued by the Company. I understand and agree that any information about me that is contained in, or that is obtained in connection with, this application of any policy issued to me may be used by the Company to issue, review, and renew the insurance for which I am applying.

X _____
MUST BE SIGNED (Signature of Applicant)

Date

X _____
MUST BE SIGNED - Signature of Producer

Date