



INSURANCE INNOVATORS, INC.

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

MOBILE HOME APPLICATION

ATTACH PHOTOS IF NECESSARY

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	From To Policy Term: 12 Months
County		Phone No.	Time AM <input type="checkbox"/> PM <input type="checkbox"/>
Occupation	Employer (If Self-Employed, list "SELF")		
Social Security #	DOB		
Spouse's Name	DOB		
Spouse's Social Security #	DOB		
Spouse's Occupation	Spouse's Employer		
Add'l Insured	BILLING / ACCOUNTING INFORMATION		
Address		BILL TO: <input type="checkbox"/> Insured <input type="checkbox"/> Lienholder Check # _____ Check Amount \$ _____	
City	State	Zip	

BINDING COVERAGE: For coverage to begin as requested, the application must be mailed within 72 hours of the effective date of coverage. Otherwise, coverage is bound at 12:01 a.m. the day of the postmark.

LOCATION	LIENHOLDER
Park Name	Name
Address, if different than above (include county and zip)	Loan #
Distance of unit to fire hydrant: _____ feet	Address
Distance of unit to responding fire station: _____ miles	City
Is mobile home located inside city limits? <input type="checkbox"/> Yes <input type="checkbox"/> No	State
Protection Class _____	Zip
	Name
	Loan #
	Address
	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"/> 10 & Newer <input type="checkbox"/> 11-1977 <input type="checkbox"/> 1976 & Older
PROTECTION: <input type="checkbox"/> Protected <input type="checkbox"/> Unprotected
CLAIM FREE RENEWAL OR TRANSFER (Special Program only): <input type="checkbox"/> Yes* <input type="checkbox"/> No *(The prior Declarations Page from the other company must be provided.)
HOW LONG HAS APPLICANT 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
TIED DOWN: <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: _____
ANIMALS ON PREMISES: <input type="checkbox"/> Yes <input type="checkbox"/> No Type of Animal: _____ Breed of Dog: _____
PARK STATUS: <input type="checkbox"/> Out of Park # of acres: _____ <input type="checkbox"/> In a Park # of spaces: _____

POLICY INFORMATION																																																									
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UNACCEPTABLE RISKS – DO NOT SUBMIT

Any "Yes" Response Makes the Risk Unacceptable!

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Has the home been salvaged or does it have existing structural damage? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is the home under construction/major renovation or in foreclosure? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does the home have any kerosene heaters or heat reclaiming devices? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is the primary source of heat a wood or coal burning device? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Does the home have childcare, homecare, lodging, auto repair or chemical processing conducted on the premises? | <input type="checkbox"/> | <input type="checkbox"/> |

RISKS TO BE WRITTEN WITH NO LIABILITY COVERAGE

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Is there a swimming pool or jacuzzi that does not have a four-foot fence with a self-latching gate or an automatic pool cover? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is there a trampoline or a swimming pool with a diving board or slide? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does the home have any entrance where permanently installed steps are not present? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does the applicant own, keep, or shelter any of the following breeds: Akitas, Anatolian Shepherds, Chows, Dobermans, Great Danes, Pit Bulls, Rottweilers, Wolf or Wolf Hybrids, any mix of these breeds, any animal with a previous bite history or any exotic (snakes, monkeys, etc.) animals? | <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 2 or more property losses in the past 3 years or any single fire, theft, liability or flood loss in the past 3 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 3 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has the applicant filed for bankruptcy in the past 3 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has the applicant been delinquent in mortgage payments in the past year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Has the home been uninsured for more than 30 days immediately prior to the requested effective date? (Does not apply to a new purchase.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is the home built on stilts, posts or piers? Photos must be included. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Is the home or any other structures (other than porches, decks, awnings, skirting or carports) not factory/contractor built or is it two separate homes that are joined together? Photos must be included. | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Is there a barn on the premises? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Is the home equipped with a supplemental heating device that was not installed by the manufacturer or a licensed contractor? Photos and the Woodstove Inspection Report must be included. | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Is the home within 1,500 feet of water (river, ocean, lake or creek) or is it located on an island or in a Special Flood Hazard Area? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Are there multiple horses, livestock or farm animals on the premises? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Is there a pier or boathouse (adjacent to the lake) on the premises? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Does the premises have 5 or more acres? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Are business or farming activities conducted on the premises? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Does the home have 3 or more steps on any exit without a handrail? Photos must be included. | <input type="checkbox"/> | <input type="checkbox"/> |

Explain "Yes" answers! _____

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.

IMPORTANT NOTICE: Personal Information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. Credit scoring information may be used to determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information will be issued with your policy. This notice is given in compliance with the Federal Credit Reporting Act.

X _____ X _____
 MUST BE SIGNED (Signature of Applicant) Date MUST BE SIGNED (Signature of Producer) Date