



MANUFACTURED HOME APPLICATION

ATTACH PHOTOS IF NECESSARY

PRODUCT: 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:
County		Phone No.		Time:	AM <input type="checkbox"/> PM <input type="checkbox"/>
Occupation			Policy Term: 12 Months		
Employer (If Self-Employed, list "SELF")			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 it is received by the General Agent. No coverage may be increased within 72 hours of the announcement of an impending disaster, i.e. hurricane, tropical storm, volcanic eruption, earthquake, flood, mudslide, brushfire, etc.		
Social Security #		DOB			
Co-Applicant's Name		DOB			
Co-Applicant's Social Security #		DOB			
Co-Applicant's Occupation		Co-Applicant's Employer (If Self-Employed, list "SELF")			
LOCATION			Park Name:		
Add'l Insured			Address, if different than above (include city, state, zip and county)		
Address			Protection Class: _____ Is home located inside city limits? <input type="checkbox"/> Yes <input type="checkbox"/> No		
City		State	Zip	Distance of unit to fire hydrant: _____ feet Distance of unit to responding fire station: _____ miles	

BILLING / ACCOUNTING INFORMATION

BILL TO: Insured Lienholder

Check # _____ Check Amt \$ _____

***PAYMENT PLANS:** If the insured desires to pay their premium on an installment basis, the Company will allow a 2-payment, 4-payment, or 8-payment option to be selected.

1-Pay, 100% payment, plus any applicable taxes and fees
 4-Pay, 25% down, plus any applicable taxes and fees
 * Each installment includes a \$6 fully earned service charge
 2-Pay, 50% down, plus any applicable taxes and fees
 8-Pay, 20% down, plus any applicable taxes and fees

LIENHOLDER

Name		Loan #	Name		Loan #
Address			Address		
City		State	Zip	City	
		State	Zip	State	

DESCRIPTION OF MANUFACTURED HOME ADDITIONS AND UNATTACHED OTHER STRUCTURES

Year	Manufacturer/Model	Length	Width	Serial Number	Purchase Date	Purchase Price		Current Value
						\$		\$
Describe Additions/Attached Other Structures:						Age	Size	\$
Describe Unattached Other Structures:						Age	Size	\$

MUST COMPLETE THE FOLLOWING

Place an "X" in the appropriate boxes.

USAGE: Primary/Permanent Seasonal/Secondary Commercial
 Rental * (If Yes, answer question below.)

* If RENTAL, is Manufactured Home currently occupied by tenant? Yes No

AGE OF INSURED: 50 & Over 49 & Under

AGE OF MANUFACTURED HOME: Special and Special By Line
 1-10 11- 1977 1976 & Older

PROTECTION: Protected Unprotected

CLAIM FREE TRANSFER (Special and Special By-Line Programs only): Yes* No
 *(Must have had continuous prior insurance for the past 36 months. A current renewal offer, declarations page, or other evidence of insurance dated within the past 30 days is required.)

HOW LONG HAS APPLICANT LIVED IN THE MANUFACTURED HOME? _____

PRIOR INSURANCE: Yes No New Purchase

PRIOR COMPANY: _____

SKIRTED: Yes No

TIED DOWN: Yes No

SUPPLEMENTAL HEATING: None Woodburning Stove
 Fireplace Other: _____

ANIMALS ON PREMISES: Yes No
 Type of Animal: _____ Breed of Dog: _____

PARK STATUS: Out of Park # of acres: _____ In a Park # of spaces: _____

POLICY INFORMATION

COVERAGES	LIMITS	PREMIUM
Manufactured Home and Additions	\$	\$
Unattached Other Structures		
LOB 48 Only Comprehensive <input type="checkbox"/> Named Perils <input type="checkbox"/>		
Personal Property		
Personal Liability		
Medical Payments to Others		
Owner, Landlord and Tenant Liability (L.O.B 48 Only)		
SUBTOTAL:		
**Claim Free Transfer Credit: SUBTOTAL _____ X .95		
Optional Deductibles (\$250 Included) <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000		
**Replacement Cost – Manufactured Home (25 Years & Newer)		
**Full Repair Cost – Manufactured Home (25 Years & Newer)		
* Replacement Cost – Personal Property (Minimum Premium \$25.00)		
* Enhancement Coverage		
* Golf Cart Coverage		
Limit of Increased Radio & TV Antenna Coverage	\$ _____	Coverage
Limit of Increased Fire Department Service Coverage	\$ _____	Coverage
* Scheduled Personal Property	\$ _____	Coverage
Other:		
Builders Risk Coverage		
Supplemental Heating Surcharge – Add \$40		
Minimum Written Premium is \$50		
Minimum Earned Premium is \$50		
TOTAL PREMIUM:		\$

** Applicable for Special and Special By-Line Programs Only.
 * Applicable for Special Program Only.

LOSS HISTORY

HAVE YOU HAD ANY PRIOR LOSSES? Yes No If Yes, indicate below.

Table with 3 columns: Description of Loss, Date, Amount Paid. Three rows for recording losses.

If the applicant has had 2 or more property losses (paid or unpaid) in the past 36 months or any single fire, theft, liability or water loss in the past 36 months, the risk must be submitted to the General Agent for acceptability.

UNACCEPTABLE RISKS - DO NOT SUBMIT, DO NOT BIND

Any "Yes" Response Makes the Risk Unacceptable

- 1. Has the home been salvaged or have existing structural damage?
2. Is the home vacant or under construction/major renovation?
3. Is the home in foreclosure?
4. Does the home have a liquid fuel-powered space heater or existence of any heat reclaiming devices?
5. Is the primary source of heat a wood/coal/pellet burning device?
6. Does the home have other structures or garages with a wood, coal or pellet burning device?
7. Does the home have childcare, homecare, lodging, auto repair or chemical processing conducted on the premises? All other business pursuits must be submitted for approval.

RISKS TO BE WRITTEN WITH NO LIABILITY COVERAGE

- 1. Is there a swimming pool or spa that is not completely fenced and not in compliance with all city and/or county ordinances?
2. Is there a trampoline on the premises?
3. Does the applicant own, keep or shelter any of the following breeds: Akita, Anatolian Shepherd, Chow, Doberman, Pit Bull, Presa Canario, Rottweiler, Wolf or Wolf hybrid, any mix of these breeds with any other breed, whether listed or not?
4. Does the applicant own, keep or shelter any animal with a previous bite history or any non-domestic animal?
5. Is the risk Owner Occupied and in the name of a corporation?

SUBMIT RISKS TO GENERAL AGENT - DO NOT BIND

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

- 1. Has the applicant had a manufactured home/dwelling policy cancelled or non-renewed for underwriting reasons (except age of unit) during the past 36 months?
2. Has the applicant filed for bankruptcy in the past 36 months?
3. Has the applicant been 30 days past due on mortgage payments in the last 12 months?
4. Has the home been uninsured for more than 30 days immediately prior to the requested effective date? (Does not apply to a new purchase.)
5. Is the Home built on stilts, posts or piers? Photos must be included.
6. Is the Home or any Other Structure (other than porches, decks, awnings, skirting or carports) not factory/contractor built or two separate homes that are joined together? Photos must be included.
7. 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.
8. Does the home have 3 or more steps on any exit without a handrail? Photos must be included.
9. Is the home without permanently installed steps at all entrances? Photos must be included.
10. Is the home within 1,500 feet of water (river, creek or ocean) or is it located on an island or in a Special Flood Hazard Area?
11. Does the home have multiple horses, livestock or farm animals on the premises?
12. Is there a dock, pier or boathouse on the premises? Photos must be included.
13. Does the premises have 5 or more acres?
14. Are farming activities conducted on the premises?
15. Are business pursuits conducted on the premises?

Explain "Yes" answers:

ANIMAL LIABILITY EXCLUSION (Only applicable to specific breeds/animals): I understand the Animal Liability Exclusion will be attached to my policy if Liability is purchased 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...

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.

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