



MOBILE HOME APPLICATION

**ATTACH PHOTOS FOR HOMES
15 YEARS OF AGE AND OLDER**

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

NAMED INSURED		PRODUCER	
Name		Agent Name: _____ Agent #: _____	
Address		REQUEST POLICY TERM	
City	State	From	To
County	Phone No.	Policy Term: 12 Months	
Occupation	Employer (If Self-Employed, list "SELF")	Time	AM <input type="checkbox"/> PM <input type="checkbox"/>
Social Security #	DOB	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.	
Spouse's Name	DOB		
Spouse's Social Security #	DOB		
Spouse's Occupation	Spouse's Employer	BILLING / ACCOUNTING INFORMATION	
Add'l Insured		<input type="checkbox"/> Direct Bill	BILL TO: <input type="checkbox"/> Insured <input type="checkbox"/> Lienholder
Address		<input type="checkbox"/> One Pay <input type="checkbox"/> Two Pay* <input type="checkbox"/> Four Pay*	*\$6 service charge applies
City	State	Check #	Check Amount \$

LOCATION		LIENHOLDER	
Park Name		Name	
Address, if different than above (include county and zip)		Loan #	
Distance of unit to fire hydrant: _____ feet	Protection Class	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	
		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	
Place an "X" in the appropriate boxes.	
TERRITORY:	<input type="checkbox"/> A <input type="checkbox"/> B
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"/> 11-1977 <input type="checkbox"/> 1976 & Older
PROTECTION:	<input type="checkbox"/> Protected <input type="checkbox"/> Unprotected
CLAIM FREE TRANSFER (Special and Special By-Line Programs 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		
Place an "X" in the appropriate boxes.		
COVERAGES	LIMITS	PREMIUM
Mobile Home and Additions	\$	\$
Unattached Adjacent Structures		
Personal Effects		
Personal Liability		
Medical Payments to Others		
SUBTOTAL:		
**Claim Free Transfer Credit: SUBTOTAL	_____ X .95	
Optional Deductibles (\$250 Included)	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000	
Replacement Cost – Mobile Home (15 Years & Newer)		
Repair Cost – Mobile Home (20 Years & Newer)		
Replacement Cost – Personal Effects		
Enhancement		
Limit of Increased Radio & TV Antenna Coverage	\$ _____	Coverage
Golf Cart		
Scheduled Personal Property	\$ _____	Coverage
Other:		
Supplemental Heating Surcharge – Add \$50		
Seasonal/Secondary Surcharge (Special Program Only) – Add \$20		
Minimum Written Premium is \$100		
Minimum Retained Premium is \$50		
		TOTAL PREMIUM: \$

** If policy is being transferred and prior Declarations Page from other Company is provided.
**Applicable for Special & Special By-Line Programs Only.

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 vacant, 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/coal/pellet 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. Is there a dock, pier or boathouse on the premises? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does the home have any entrance where permanently installed steps are not present? | <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 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"/> |
| 9. Is the home within 1,500 feet of water (river, lake, creek or ocean) or is it located on an island or in a Special Flood Hazard Area? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Are there multiple horses, livestock or farm animals on the premises? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Does the premises have 5 or more acres? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Are business or farming activities conducted on the premises? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. 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? Risk can be written if NO liability coverage is purchased or with a maximum liability limit of \$50,000 as the Animal Liability Exclusion is attached. | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. 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! _____

ANIMAL LIABILITY EXCLUSION: 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: Any animal with a previous bite history, snakes, monkeys or ostriches; Breeds of dogs include Akita, Anatolian Shepherd, Chow, Doberman, Great Dane, Pit Bull, Rottweiler, Wolf, Wolf Hybrid 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