



MOBILE HOME APPLICATION

PHOTOS ARE REQUIRED FOR
HOMES 15 YEARS OF AGE AND OLDER

RATES: Special L.O.B. 37 Reliable Vintage L.O.B. 86 All Purpose L.O.B. 48

NAMED INSURED		PRODUCER	
Name		Agent 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	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.	
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		<input type="checkbox"/> Direct Bill BILL TO: <input type="checkbox"/> Insured <input type="checkbox"/> Lienholder <input type="checkbox"/> Agency Bill <input type="checkbox"/> One Pay <input type="checkbox"/> Two Pay* <input type="checkbox"/> Four Pay* *\$6 service charge applies	
City State Zip		Check # _____ Check Amount \$ _____	

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	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"/> 11-1977 <input type="checkbox"/> 1976 & Older
PROTECTION: <input type="checkbox"/> Protected <input type="checkbox"/> Unprotected
CLAIM FREE 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 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 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																																																															
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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 Polybutelene pipes? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Is the home 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. Is there any unattached structure that is a home, site built house, barn (livestock structure), or used as living quarters? | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. 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"/> |
| 23. 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"/> |
| 24. 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"/> |
| 25. 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"/> |
| 26. 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 and photos 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 1,500 feet of a lake, pond, river, creek, or the ocean? | <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. Are there any unattached structures that exceed 800 square feet in floor area? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. 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"/> |
| 18. Does the applicant own, keep, or shelter any of the following breeds: Akitas, Anatolian Shepherds, Chows, Dobermans, Great Danes, Pit Bulls, Rottweilers, Wolves or Wolf Hybrids, 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 can be attached to your policy, however, the maximum Liability limit for the policy is \$50,000. Liability coverage for the animal will not be provided.) | <input type="checkbox"/> | <input type="checkbox"/> |

Explain "Yes" answers! _____

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