



# MOBILE HOME APPLICATION

DATE (MM/DD/YYYY)

AGENCY	PHONE (A/C, No, Ext):	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)				NAIC CODE	FACILITY CODE
	FAX (A/C, No):					POLICY #	
CODE:	SUBCODE:	DATE AT CURR RES	CO/PLAN	HOME PHONE #			DAY EVE
AGENCY CUSTOMER ID		EFFECTIVE DATE	EXPIRATION DATE	BUSINESS PHONE #			DAY EVE

**APPLICANT INFORMATION**

PREVIOUS ADDRESS (If less than 3 years)	YRS AT PREV ADDR	LOCATION OF PROPERTY IF DIFF FROM ABOVE (Inc county & ZIP)					
APPLICANT'S OCCUPATION (State nature of business if self-employed)	APPLICANT'S EMPLOYER NAME AND ADDRESS	YEARS IN CURR OCC	YEARS W/ CURR EMPL	YEARS W/ PRIOR EMPL	MAR STAT	DATE OF BIRTH	SOCIAL SECURITY #
CO-APPLICANT'S OCCUPATION (State nature of business if self-employed)	CO-APPLICANT'S EMPLOYER NAME AND ADDRESS	YEARS IN CURR OCC	YEARS W/ CURR EMPL	YEARS W/ PRIOR EMPL	MAR STAT	DATE OF BIRTH	SOCIAL SECURITY #
HOW LONG HAVE YOU KNOWN THE APPLICANT?				DATE AGENT LAST INSPECTED PROPERTY:			

**ADDITIONAL INTEREST**

INT #	MORTG'E	NAME AND ADDRESS	LOAN NUMBER
	ADDL INT		
INT #	MORTG'E	NAME AND ADDRESS	LOAN NUMBER
	ADDL INT		

**COVERAGES/LIMITS OF LIABILITY (Describe all discounts in Remarks)****DEDUCTIBLE**

POLICY TYPE	A. MOBILE HOME	B. OTHER STRUCTURES	C. PERSONAL PROPERTY	D. LOSS OF USE	E. PERSONAL LIABILITY EACH OCCURRENCE	F. MEDICAL PAYMENTS EACH PERSON	ALL PERIL	\$	
	\$	\$	\$	\$	\$	\$	WIND/HAIL	\$	
							THEFT	\$	
	FIRE	FIRE & EC	FIRE, EC & VMM	BROAD	SPECIAL		EST TOTAL PREMIUM	DEPOSIT	BALANCE
ENDORSEMENTS (Indicate where applicable or enter other names and limits below)							\$	\$	\$
<input type="checkbox"/> REPLACEMENT COST MOBILE HOME <input type="checkbox"/> REPLACEMENT COST CONTENTS <input type="checkbox"/> INFLATION GUARD <input type="checkbox"/> %									

**PAYMENT PLAN** ACORD 610 ATTACHED (NOT APPLICABLE IN NC)

ACCOUNT #:	MAIL POLICY TO:		
BILLING	IF DIRECT BILL:	IF APPLICANT BILL:	<input type="checkbox"/> AGENT
<input type="checkbox"/> DIRECT BILL	<input type="checkbox"/> BILL APPLICANT	<input type="checkbox"/> FULL PAY	<input type="checkbox"/> APPLICANT
<input type="checkbox"/> AGENCY BILL	<input type="checkbox"/> BILL MORTGAGEE		

**RATING/UNDERWRITING**

YEAR	MAKE	MODEL	ID NUMBER	LENGTH	WIDTH
PURCHASE DATE		PURCHASE PRICE	NEW	COOKING LOCATION	
	\$		USED	MIDDLE	NONE
			END	FULL	CHASSIS ONLY
					OVERTOP ONLY
					NONE
TERR CODE	FIRE PREM GROUP	EC PREM GROUP	PERS LIAB TERR CODE	PROTECT CLASS	DISTANCE TO HYDRANT
					FT
					MI
					FIRE STATION
					SYSTEM
					SMOKE
					TEMP
					BURGLAR
					HEAT TYPE
					PRIMARY:
					SECONDARY:
					DIRECT
					LOCAL
					CONSECUTIVE MONTHS OCCUPIED EACH YEAR
					OWNER
					TENANT
					UNOCC
					VACANT
					USE
					PRIMARY
					SECONDARY
					SEASONAL
EXTERIOR CONSTRUCTION		FOUNDATION CONSTRUCTION		UTILITIES - PERMANENT CONNECTION TO:	
<input type="checkbox"/> STEEL	<input type="checkbox"/> WOOD	<input type="checkbox"/> VINYL	<input type="checkbox"/> CONTINUOUS MASONRY	<input type="checkbox"/> POST & PIER	<input type="checkbox"/> ELEC
<input type="checkbox"/> ALUM-INUM				SKIRTED	<input type="checkbox"/> SEWER
				YES	<input type="checkbox"/> PHONE
				NO	WIRING
					<input type="checkbox"/> COPPER
					<input type="checkbox"/> ALUMINUM
					LAST INSPECTED:

**OTHER STRUCTURES**

DESCRIPTION
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**LOCATION INFORMATION**

<b>MOBILE HOME PARK NAME (If Applicable)</b>	<b>DATE PARK ESTABLISHED</b>	<b>NUMBER OF PERMANENT SPACES IN PARK</b>
1. DOES PARK HAVE A RESIDENT MANAGER? IF YES, PHONE NUMBER:	YES NO	4. ARE ROADS PAVED?
2. DOES PARK HAVE LIMITED ACCESS?		5. IF HOME IS NOT LOCATED IN A MOBILE HOME PARK, IS HOME VISIBLE FROM ROAD?
3. DOES PARK HAVE SUBDIVISIONS?		

**GENERAL INFORMATION**

<b>EXPLAIN ALL "YES" RESPONSES IN REMARKS</b>			<b>EXPLAIN ALL "YES" RESPONSES IN REMARKS (Except question 15, 16 and 17)</b>			
1. ANY BUSINESS CONDUCTED ON PREMISES (Including day/child care)			13. DURING THE LAST FIVE (5) YEARS [TEN (10) YEARS IN RHODE ISLAND], HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY ? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one (1) year of imprisonment.)			
2. ANY RESIDENCE EMPLOYEES? (Number and type of full and part time employees)						
3. ANY FLOODING, BRUSH, FOREST FIRE HAZARD, LANDSLIDE, ETC?						
4. ANY OTHER RESIDENCE OWNED, OCCUPIED OR RENTED?						
5. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)						
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?						
7. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS? NOT APPLICABLE IN MO				14. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?		
8. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION OR BANKRUPTCY DURING THE PAST FIVE YEARS?				15. IS MOBILE HOME FOR SALE?		
9. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES? (Note breed and bite history)				16. IS PROPERTY W/IN 300 FT OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY?		
10. DISTANCE TO TIDAL WATER: _____ <input type="checkbox"/> Miles <input type="checkbox"/> Feet				17. IS THERE A TRAMPOLINE ON THE PREMISES?		
11. IS PROPERTY SITUATED ON MORE THAN FIVE ACRES? (If yes, describe land use)				18. ANY LEAD PAINT HAZARD?		
12. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGYS, MINI BIKES, ATVS, ETC)? (List year, type, make, model)				19. IF A FUEL OIL TANK IS ON PREMISES, HAS OTHER INSURANCE BEEN OBTAINED FOR THE TANK? (Give First Party and limit, and Third Party and limit)		
			20. IS MOBILE HOME DOUBLEWIDE CONSTRUCTION?			

**LOSS HISTORY**

ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST 3 YEARS, AT THIS OR AT ANY OTHER LOCATION?

DATE	TYPE	DESCRIPTION OF LOSS	YES	NO	IF YES, INDICATE BELOW	APPLICANT'S INITIALS:	AMOUNT

**PRIOR COVERAGE**

<b>PRIOR CARRIER</b>	<b>PRIOR POLICY NUMBER</b>	<b>EXPIRATION DATE</b>

**REMARKS (Attach Additional Sheets if More Space is Required)**

**ATTACHMENTS**

	STATE SUPPLEMENT(S) (If applicable)	REPLACEMENT COST ESTIMATE
	INLAND MARINE APPLICATION	SOLID FUEL QUESTIONNAIRE
	PHOTOGRAPH	PROTECTION DEVICE CERTIFICATE
	WATERCRAFT APPLICATION	
	PERS EXCESS/UMBRELLA APPLICATION	

**FOR COMPANY USE ONLY**

**BINDER/SIGNATURE**

<b>INSURANCE BINDER</b>	<p>IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:</p> <p>THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY.</p> <p>THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE. THIS BINDER MAY BE CANCELLED BY THE COMPANY BY NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLICY CONDITIONS. THIS BINDER IS CANCELLED WHEN REPLACED BY A POLICY. IF THIS BINDER IS NOT REPLACED BY A POLICY, THE COMPANY IS ENTITLED TO CHARGE A PREMIUM FOR THE BINDER ACCORDING TO THE RULES AND RATES IN USE BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY.</p> <p>APPLICABLE IN COLORADO: THE INSURER HAS THIRTY (30) BUSINESS DAYS, COMMENCING FROM THE EFFECTIVE DATE OF COVERAGE, TO EVALUATE THE ISSUANCE OF THE INSURANCE POLICY.</p>	
<b>EFFECTIVE DATE</b>		<b>EXPIRATION DATE</b>
<b>TIME</b>		12:01 AM NOON
<input type="checkbox"/> COVERAGE IS NOT BOUND		

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 IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not applicable in all states; consult your agent or broker for your state's requirements.)

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, MA, OH, OK, OR or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied.)

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

<b>APPLICANT'S SIGNATURE</b>	<b>DATE</b>	<b>PRODUCER'S SIGNATURE</b>	<b>NATIONAL PRODUCER NUMBER</b>