



OREGON MANUFACTURED HOME APPLICATION

APPLICANT'S NAME		SOCIAL SECURITY #		DATE OF BIRTH	
MAILING ADDRESS			TELEPHONE #		
CITY	COUNTY	TERRITORY	STATE	ZIP CODE	
LOCATION					
MORTGAGEE		LOAN #	BILL MORTGAGEE AT RENEWAL: YES ___ NO ___		
STREET ADDRESS		CITY	STATE	ZIP CODE	

REQUESTED POLICY PERIOD
Effective _____ / Expiration _____

Owner Occupied ___ / Seasonal ___ / Tenant ___ / Rental ___
If home is rented, provide name of tenant below:
Tenant's name _____
Year _____ / Length _____ / Width _____
Make _____ / Model _____
Serial # _____
Feet from Fire Hydrant _____ / Miles from Fire Dept. _____
Protection Class _____ / In Park _____ / Out of Park _____
If in a park, how many spaces? _____
If in park, name of park must be provided in above address.
Purchase Date _____ / Purchase Price _____
Is home located on land owned by insured? Yes ___ No ___
Does the purchase price include land? Yes ___ No ___
Vinyl or Hardboard Siding: Yes ___ No ___
Composition Roof: Yes ___ No ___
Is the home on a permanent foundation? Yes ___ No ___
Skirted: Yes ___ No ___ / Tied Down: Yes ___ No ___

REQUESTED COVERAGES	LIMIT	PREMIUM
Manufactured Home	\$	\$
Personal Property	\$	\$
Unattached Structures	\$	\$
Personal Liability—owner	\$	\$
Premises Liability—rental	\$	\$
Replacement Cost PE	\$	\$
Replacement Cost MH	\$	\$
Antenna / Satellite Dish	\$	\$
Supplemental Heat Surcharge	\$	\$
New Home Credit	\$	\$
Owner Occupied / Loss Free Credit	\$	\$
Park Credit	\$	\$
Deductible \$ _____	\$	\$
TOTAL PREMIUM	\$	\$

- Occupation _____ Employer _____ Yrs. Employed _____
- Previous Carrier _____ Expiration Date _____
- Has applicant had any claims/losses in the past three (3) years? Yes ___ No ___
If Yes, give details _____
- Describe any animals owned by the applicant. _____

IF YES, SUBMIT—DO NOT BIND

- Is the manufactured home equipped with a supplemental heating source? If yes, and it is a woodstove, submit with interior photos showing the stove and flue exit and an exterior photo of the chimney and a completed Aegis woodstove report. Yes ___ No ___
- Is there a swimming pool? If yes, pool must be surrounded with a 4' fence with a locked gate. Unfenced pools and pools with a diving board are unacceptable. Photo of fenced pool is required. Maximum liability coverage available—\$50,000. Yes ___ No ___

IF YES, DO NOT SUBMIT—UNACCEPTABLE RISK

- Is any business conducted on the premises? Yes ___ No ___
- Is there a kerosene heater on the premises? Yes ___ No ___
- Has the applicant had any fire, theft, or liability loss / claim or more than one (1) minor loss at any location in the past three (3) years? Yes ___ No ___
- Is the manufactured home vacant, unoccupied or without utilities? Yes ___ No ___
- Does the manufactured home have any damage that has not been repaired? Yes ___ No ___
- Does the applicant own or board any German Shepherd, Doberman, Pit Bull, Chow, Akita, Rottweiler, Great Dane, Wolf Hybrid, or any mix of these breeds or any pet known to be unfriendly or any dog that has bitten or does the applicant own or board horses or livestock or any other large or unusual / exotic animals? Yes ___ No ___
- Is there a trampoline on the premises? Yes ___ No ___
- Is there an ATV (all terrain vehicle) on premises? Yes ___ No ___

IF NO, DO NOT SUBMIT—UNACCEPTABLE RISK

- Does the manufactured home have permanently installed steps with safety railing at all entrances? If raised deck or porch, must be surrounded with railing with balusters a maximum of 4" apart. Yes ___ No ___
- Is the manufactured home well maintained? Yes ___ No ___

In making this application for insurance, it is understood that an investigative report may be made regarding your credit history and / or loss / claim history. You have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of the nature and scope of the investigation. **COVERAGE WILL BE NULL AND VOID** if the company discovers undisclosed loss / claim information that was material to accepting the risk.

REVIEW YOUR POLICY WITH YOUR BROKER FOR EXCLUSIONS AND / OR LIMITATIONS.

Applicant's Signature _____ Date _____
Producer's Signature _____ Date _____

AGENCY NAME	AGENCY CODE#
ADDRESS	
TELEPHONE #	FAX#