

- Preferred (LOB 46)
- Special (LOB 37)
- Special By-Line (LOB 77)
- All Purpose (LOB 48) - Comprehensive Coverage
- All Purpose (LOB 48) - Named Perils Coverage



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ATTACH PHOTOS IF NECESSARY

APPLICANT INFORMATION	PRODUCER
Applicant	Agency Name: _____ Agent #: _____
Address	REQUEST POLICY TERM
City State Zip	
County Phone No.	From: _____ To: _____ Time: _____ AM <input type="checkbox"/> PM <input type="checkbox"/>
Occupation Employer (If Self-Employed, list "SELF")	Policy Term: 12 Months
Social Security # DOB	BINDING AUTHORITY: 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.
Co-Applicant Name	
Co-Applicant Social Security # DOB	
Co-Applicant Occupation Co-Applicant's Employer	
Add'l Insured	LOCATION
Address	Address, if different than mailing address (include city, state, zip and county)
City State Zip	Park Name: _____
	Address: _____

BILLING / ACCOUNTING INFORMATION	
BILL TO: <input type="checkbox"/> Insured <input type="checkbox"/> 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. <input type="checkbox"/> 1-Pay, 100% payment, plus any applicable taxes and fees <input type="checkbox"/> 4-Pay, 25% down, plus any applicable taxes and fees * Each installment (not applicable to the down payment) includes a \$6 fully earned service charge <input type="checkbox"/> 2-Pay, 50% down, plus any applicable taxes and fees <input type="checkbox"/> 8-Pay, 20% down, plus any applicable taxes and fees

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

GENERAL INFORMATION									
Territory	Model Year	Protection Class	Feet to Fire Hydrant	Miles to Fire Dept.	Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No	Supplemental Heating Device: <input type="checkbox"/> None <input type="checkbox"/> Wood/coal/pellet burning Stove	Woodburning Fireplace <input type="checkbox"/> Gas Fireplace <input type="checkbox"/> Other: _____		
Manufacturer/Model	Serial Number	Length	Width	Skirted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Tied Down? <input type="checkbox"/> Yes <input type="checkbox"/> No	Purchase Date	Purchase Price	Current Value	
Describe Additions/Attached Structures:						Age	Size	\$	
Describe Unattached Other Structures:						Age	Size	\$	

MUST COMPLETE THE FOLLOWING
(Place an "X" in the appropriate boxes.)
Usage: <input type="checkbox"/> Primary <input type="checkbox"/> Seasonal/Secondary <input type="checkbox"/> Commercial
<input type="checkbox"/> Rental (If Rental, is 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 Manufactured Home: Special and Special By-Line <input type="checkbox"/> 1-10 <input type="checkbox"/> 11- 1977 <input type="checkbox"/> 1976 & Older Preferred <input type="checkbox"/> 10 & Newer <input type="checkbox"/> 11-15 <input type="checkbox"/> 16 & Older
Protection: <input type="checkbox"/> Protected <input type="checkbox"/> Unprotected
Claim Free Transfer (Special, By-Line and Preferred Program only): <input type="checkbox"/> Yes* <input type="checkbox"/> No <i>*(Must have had continuous prior insurance for the past 36 months with no claims. A current renewal offer, declarations page, or other evidence of insurance dated within the past 30 days is required.)</i>
How long has applicant lived in the Manufactured Home? _____
Prior Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> New Purchase
Prior Company: _____
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		
COVERAGES	LIMITS	PREMIUM
Manufactured home and Additions	\$ _____	\$ _____
Other Structures		
Personal Property		
Personal Liability		
Medical Payments to Others		
LOB 48 Only <input type="checkbox"/> Comprehensive <input type="checkbox"/> Named Perils <input type="checkbox"/>		
SUBTOTAL:		\$ _____
*Claim Free Transfer Credit: SUBTOTAL _____ X .95		
Included Deductible: \$250		
Optional Deductible (List Deductible) \$ _____		
Replacement Cost - Manufactured Home (20 Years & Newer)		
Full Repair Cost - Manufactured Home (25 Years & Newer)		
Replacement Cost - Personal Property (Minimum Premium \$25.00)		
Flood Coverage		
Earthquake Coverage		
Golf Cart Coverage		
Identity Fraud	\$ _____ Coverage	
Limit of Increased Fire Department Service Coverage	\$ _____ Coverage	
Scheduled Personal Property	\$ _____ Coverage	
Other:		
Supplemental Heating Surcharge - Add \$30		
Expense Constant - Add \$25		
Minimum Written Premium is \$100	TOTAL	
Minimum Earned Premium is \$100	PREMIUM:	\$ _____

* Applicable for Special, By-Line and Preferred Programs Only.

LOSS HISTORY

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

Description of Loss _____ Date _____ Amount Paid _____
Description of Loss _____ Date _____ Amount Paid _____
Description of Loss _____ Date _____ Amount Paid _____

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 and it cannot be written!

- 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.

RISK TO BE WRITTEN WITHOUT LIABILITY COVERAGE

Any "Yes" Response Must Be Explained Below.

- 1. Does the applicant own, keep or shelter any animal with a previous bite history or any non-domestic animal?
2. Is the risk owner occupied and in the name of a corporation?
3. Is the risk used for Hobby Farming?

SUBMIT RISKS TO GENERAL AGENT

Any "Yes" Response Must Be Explained Below.

- 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? 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 _____

SPECIFIC BREED ANIMAL EXCLUSION (Only applicable to specific breeds/animals): I understand the Specific Breed Animal 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, Pit Bull, Presa Canario, Rottweiler, Wolf, Wolf Hybrid, or any mix of these breeds with any other breed whether listed here or not.

FRAUD WARNING: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, or denial of insurance benefits.

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. 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 will be issued with your policy. This notice is given in compliance with the Federal Credit Reporting Act.

X
MUST BE SIGNED (Signature of Applicant)

Date

X
MUST BE SIGNED (Signature of Producer)

Date