



4507 North Front Street, Suite 200
Harrisburg, PA 17110-1787

P.O. Box 3153
Harrisburg, PA 17105-3153
Phone: (800) 233-2160 Fax: (717) 657-0340
Underwritten by Homesite Insurance Company (AM Best "A" Rated)

Producer:
Producer License Number:
Producer Code:
Producer Phone Number:

Manufactured Home Application

NO COVERAGE EXISTS PRIOR TO THE EFFECTIVE DATE AND HOUR OF THIS APPLICATION.

Policy Number:	Quote Number:
Effective Date and Time: location of the property	12:01 AM Standard Time at the Policy Term: 12 MONTHS
Expiration Date and Time: location of the property	12:01 AM Standard Time at the Payment Plan:
	Down Payment:
Named Insured:	Home Phone:
Mailing Street Address:	Work Phone:
Mailing City, State Zip:	Email:

Named Insured(s):

#	Last Name	First Name	Birth Date
1			

Vesting Information (For dwellings deeded in a name other than an individual - For example, a Living Trust):

Entity on Title

POLICY PREMIUM SUMMARY	
	\$
POLICY FEE	\$25
TOTAL POLICY PREMIUM	\$

Thank you for choosing Aegis General Manufactured Home Insurance!

UNIT LOCATION DETAILS				
Address	City	State	Zip Code	Territory

Unit Information:

Model Year	Make	Model	Occupancy	Wildfire Score
				ON
Serial Number	In Park / # of spaces	Protection Class	Feet to fire hydrant	Configuration

Lienholder:

Lienholder Type	Lienholder	Loan Number	Address	City	State	Zip Code

Additional Insured:

#	Name	Address	City	State	Zip Code

Additional Interest:

#	Additional Interest Type	Name	Address	City	State	Zip Code

Loss History:

Loss Date	Policy Type	Carrier	Loss Type	Loss Amount

The insurance afforded is only with respect to the following coverage as are indicated by specific premium charges. The limit of the company's liability against each such coverage shall be as stated herein, subject to all of the terms of this policy.		
COVERAGE	LIMIT / SELECTION	PREMIUM
Coverage A - Manufactured Home Open Peril		
Coverage B - Unattached Structures Open Peril		
Coverage C - Personal Property Open Peril		
Coverage D - Loss of Use		
Coverage E - Personal Liability		
Coverage F - Medical Payments to Others		
All Other Perils Deductible		

COVERAGE	LIMIT / SELECTION	PREMIUM
UNIT PREMIUM:		\$
UNIT TOTAL:		\$

UNIT ELIGIBILITY QUESTIONS	
Is the manufactured home condemned?	
Is the manufactured home without utilities?	
Is the manufactured home under renovation/under construction?	
Is the manufactured home used as a commercial risk?	
Is there any business conducted on the premises or in the manufactured home?	
Does the applicant own or board any animal that has bitten or caused injury?	
Are there any hazardous liability exposures on the premises or in the manufactured home?	
Is there a swimming pool on the premises?	
Does the manufactured home or attached structure have any damage that has not been repaired?	
Is the manufactured home titled in the name of a business or corporation?	
Is this home on stilts?	

PRIOR INSURANCE HISTORY	
Was the unit purchased within 7 days of the Effective Date?	
Has the risk been uninsured for more than 7 days?	
Previous Policy Expiration Date	

Applicant Statement

I certify that I have read this application in full and that all information I provided is true and complete to the best of my knowledge. I agree that the policy, if issued, may be subject to an adjustment in the premium due, the policy period requested, coverage limits or deductibles as a result of an inspection report or loss history report. I further understand that any false statement, omission or misrepresentation that would otherwise alter the Company's evaluation of my insurability may result in a rescission of coverage. In addition, I understand that I have a duty to notify the Company of any changes to the insured risk.

I understand that in connection with my request for premium quotation and Application for insurance the Company may obtain consumer reports which may include a loss history report or personal or privileged information from third parties, I hereby authorize the Company to obtain consumer reports on me. I agree to pay any additional premium owed if the amount of premium shown is inaccurate for any reason.

I understand the policy may be rescinded and no coverage provided if my down payment is returned by the bank for any reason. I understand there may be a processing fee imposed on any returned checks.

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 and denial of insurance benefits.

I hereby certify that I have read and answered all questions on this application. I have read the insurance fraud statement and all the statements set forth in this Applicant Statement section. I hereby certify that all information contained in this Application is accurate and complete.

Applicant Signature

Date

Producer Signature

Date

Email completed application to jennifer@thecentralagency.com