

AMERICAN RELIABLE INSURANCE COMPANY IDAHO MANUFACTURED HOME APPLICATION



P.O. Box 2627
Wenatchee, WA 98807
Phone 800-678-1642
Or 509-663-0091
Fax 509-663-0092

PRODUCER INFORMATION / PROGRAM SELECTION

Agent Name:	Agent #:	Effective Date:
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APPLICANT / CO-APPLICANT INFORMATION

Name		DOB	
Designee Type: <input type="checkbox"/> N/A <input type="checkbox"/> C/O <input type="checkbox"/> DBA <input type="checkbox"/> Executor <input type="checkbox"/> Trust		Designee Comments:	
Mailing Address			
City	State	Zip	Country
Daytime Phone No.		Evening Phone No.	
Email Address		Social Security #	
Employment Status: <input type="checkbox"/> Disabled <input type="checkbox"/> Employed <input type="checkbox"/> Homemaker <input type="checkbox"/> Retired <input type="checkbox"/> Self Employed <input type="checkbox"/> Unemployed		Occupation	
Employer		Employer Phone No.	
Co-applicant's Name		DOB	
Does the co-applicant live at the residence? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Co-applicant Employment Status: <input type="checkbox"/> Disabled <input type="checkbox"/> Employed <input type="checkbox"/> Homemaker <input type="checkbox"/> Retired <input type="checkbox"/> Self Employed <input type="checkbox"/> Unemployed		Occupation	
Co-applicant's Social Security #			

UNDERWRITING

Eligibility Information

Any "Yes" response makes the risk unacceptable and it cannot be written!

	Yes	No
1. Has the applicant been convicted of arson or insurance fraud?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the home without permanently installed water, electricity and sewage utility services?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the home been salvaged or does the home have any existing structural damage?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the home vacant or under construction or major renovation?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the home in foreclosure?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are there liquid fuel-powered space heaters or any heat reclaiming devices in the home?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is the home's primary source of heat a wood/coal/pellet burning device?	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the home have other structures or garages with a wood/coal/pellet burning device?	<input type="checkbox"/>	<input type="checkbox"/>
9. Does the home have polybutelene pipes?	<input type="checkbox"/>	<input type="checkbox"/>
10. Are explosive or flammable materials stored on the premises?	<input type="checkbox"/>	<input type="checkbox"/>
11. Is brush clearance less than 100 feet around the dwelling?	<input type="checkbox"/>	<input type="checkbox"/>
12. Is there childcare, homecare, lodging, auto repair and/or chemical processing conducted on the premises?	<input type="checkbox"/>	<input type="checkbox"/>
13. Does the applicant (or tenant if tenant occupied) own, keep or shelter any animal with a previous bite history or any non-domestic animals? (LOB 46 and LOB 37 only)	<input type="checkbox"/>	<input type="checkbox"/>

Underwriting Questions

	Yes	No
1. Does the applicant (or tenant, if tenant occupied) own a dog?	<input type="checkbox"/>	<input type="checkbox"/>
a. Number of Dog(s) _____		
b. Breed of Dog(s) _____		
2. Has the applicant had a manufactured home policy cancelled or non-renewed for underwriting reasons (other than age of unit) in the past 36 months?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the applicant filed for bankruptcy in the past 36 months?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the applicant been 30 days past due on mortgage payments in the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the home built on stilts, posts, or piers?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the home without handrails on all entrances that have 3 or more steps?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is the home without permanently installed steps at all entrances?	<input type="checkbox"/>	<input type="checkbox"/>
8. Is the home within 1,500 feet of water (river or creek) or is it located on an island or in a Special Flood Hazard Area?	<input type="checkbox"/>	<input type="checkbox"/>
9. Are there multiple horses, livestock or farm animals on the premises?	<input type="checkbox"/>	<input type="checkbox"/>
10. Is there a dock, pier, or boat house on the premises?	<input type="checkbox"/>	<input type="checkbox"/>
11. Is the dwelling on 5 or more acres?	<input type="checkbox"/>	<input type="checkbox"/>
12. Are farming activities conducted on the premises?	<input type="checkbox"/>	<input type="checkbox"/>
13. Are business activities conducted on the premises?	<input type="checkbox"/>	<input type="checkbox"/>
14. Does the home have attachments or other structures (other than porches, decks, awnings, skirting, or carports) that are not factory/contractor built?	<input type="checkbox"/>	<input type="checkbox"/>
15. Is the home comprised of two separate manufactured homes that are joined together?	<input type="checkbox"/>	<input type="checkbox"/>

Explain "Yes" answers! _____

INTERESTED PARTIES

Interested Party Type: <input type="checkbox"/> Additional Interest <input type="checkbox"/> Mortgagee/Lienholder <input type="checkbox"/> Private Lender/Contract Seller <input type="checkbox"/> Additional Insured <input type="checkbox"/> Premium Finance				Business Ownership: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Business Name					
Name					
Mailing Address					
City			State	Zip	Country
Loan Number			Bill this Party: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Interested Party Type: <input type="checkbox"/> Additional Interest <input type="checkbox"/> Mortgagee/Lienholder <input type="checkbox"/> Private Lender/Contract Seller <input type="checkbox"/> Additional Insured <input type="checkbox"/> Premium Finance				Business Ownership: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Business Name					
Name					
Mailing Address					
City			State	Zip	Country
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Business Name					
Name					
Mailing Address					
City			State	Zip	Country
Loan Number			Bill this Party: <input type="checkbox"/> Yes <input type="checkbox"/> No		

PROPERTY INFORMATION

Location Address					
City			State	Zip	County
Occupancy: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary/Seasonal <input type="checkbox"/> Rental <input type="checkbox"/> Commercial		Year Built	Manufacturer		
Serial Number	Length in Feet	Width in Feet	Purchase Date		Purchase Price
Is the home located in a Manufactured Home Park? <input type="checkbox"/> Yes <input type="checkbox"/> No		Park Name		Number of Park Spaces	
Roofing Information: Type: _____					
Heating Information: Type: _____					
Supplemental Heating Device: <input type="checkbox"/> None <input type="checkbox"/> Wood burning Stove <input type="checkbox"/> Fireplace <input type="checkbox"/> Other: _____				Was the device installed by a licensed contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Protective Devices: <input type="checkbox"/> None <input type="checkbox"/> Central Station Fire Alarm <input type="checkbox"/> Central Station Burglar Alarm <input type="checkbox"/> Smoke Detector <input type="checkbox"/> Fire Extinguisher <input type="checkbox"/> Dead Bolts <input type="checkbox"/> Other: _____					
Additional Information					
Does the applicant (or tenant if tenant occupied) own, keep or shelter any animal with a previous bite history or any non-domestic animals? (LOB 77 and LOB 48 only)					<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the premises have a swimming pool or spa that does not have a four-foot fence with a self-latching gate, motorized pool cover, or other comparable safety device that is securely fastened to the perimeter of the pool/spa thus rendering it inaccessible?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the applicant been uninsured for more than 30 days immediately prior to the requested effective date for any previous property if this is a new purchase or for this property if this is not a new purchase? (If the applicant is a first time home buyer, this rule does not apply.)					<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the home have awnings? Type of Awning: _____					<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the applicant been continuously insured with another carrier for the past 36 months with no claims and no lapse in coverage? Prior Insurer Name: _____					<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the applicant currently insured with another carrier? Previous Policy Expiration Date: _____					<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the home a new purchase?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Distance to Fire Hydrant: <input type="checkbox"/> 0-1,000 Feet <input type="checkbox"/> Greater than 1,000 Feet		Distance to Fire Station: <input type="checkbox"/> 0-5 Miles <input type="checkbox"/> Greater than 5 Miles		Protection Class: _____	

LOSS EXPERIENCE

Type of Loss: <input type="checkbox"/> Fire <input type="checkbox"/> Liability <input type="checkbox"/> Lightning <input type="checkbox"/> Theft/Burglary <input type="checkbox"/> Water/Flood Damage <input type="checkbox"/> Weather <input type="checkbox"/> Other: _____	
Date of Loss: _____	Amount Paid: _____
Description: _____	
Corrective Action Taken: <input type="checkbox"/> Exposure no longer exists/Removed from property <input type="checkbox"/> No action taken <input type="checkbox"/> Protective Device Installed <input type="checkbox"/> Repaired/Replaced	
Type of Loss: <input type="checkbox"/> Fire <input type="checkbox"/> Liability <input type="checkbox"/> Lightning <input type="checkbox"/> Theft/Burglary <input type="checkbox"/> Water/Flood Damage <input type="checkbox"/> Weather <input type="checkbox"/> Other: _____	
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Date of Loss: _____	Amount Paid: _____
Description: _____	
Corrective Action Taken: <input type="checkbox"/> Exposure no longer exists/Removed from property <input type="checkbox"/> No action taken <input type="checkbox"/> Protective Device Installed <input type="checkbox"/> Repaired/Replaced	

COVERAGE

<p>Coverage A Manufactured Home Limit: _____</p> <p>Coverage A Loss Settlement: <input type="checkbox"/> Replacement Cost <input type="checkbox"/> Actual Cash Value <input type="checkbox"/> Full Repair Cost</p> <p>Coverage B Other Structures Limit: _____</p> <p>Description of Other Structure: _____</p> <p>Year Built: _____</p> <p>Square Footage: _____</p> <p>Excluded Other Structures: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Description of Excluded Other Structure: _____</p> <p>Coverage C Personal Property Limit: _____</p> <p>Coverage C Loss Settlement: <input type="checkbox"/> Replacement Cost (Excluding LOB 48) <input type="checkbox"/> Actual Cash Value</p> <p>Coverage D Loss of Use: 20% of Coverage A LOB 46</p> <p>Coverage D Additional Living Expense: 20% of Coverage LOB 37</p> <p>Coverage D Additional Living Expense: 10% of Coverage LOB 77</p> <p>Fair Rental Value (LOB 48 only): _____</p> <p>Coverage E Personal or Premises Liability Limit: <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000</p> <p>Coverage F Medical Payments Limit: <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000</p> <p>Deductibles: All Perils: <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500</p> <p><input checked="" type="checkbox"/> Builders Risk</p> <p><input type="checkbox"/> Flood</p> <p><input type="checkbox"/> Enhancement (Included with LOB 37, Optional with LOB 77)</p>	<p><input type="checkbox"/> Occasional Rental (Excluding LOB 48)</p> <p><input type="checkbox"/> Freezing (Excluding LOB 46)</p> <p><input type="checkbox"/> Identity Fraud Limit (\$1,000 Included): <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 (Excluding LOB 48)</p> <p><input type="checkbox"/> Increased Radio and TV Antenna Limit: _____ (Excluding LOB 46)</p> <p><input type="checkbox"/> Increased Fire Department Service Charge Limit: _____</p> <p><input type="checkbox"/> Earthquake</p> <p><input type="checkbox"/> Water Back Up and Sump Discharge or Overflow (Excluding LOB 48)</p> <p><input checked="" type="checkbox"/> Ordinance or Law (Included with LOB 46 and LOB 37)</p> <p><input type="checkbox"/> Farm Structures or Livestock Structures (Excluding LOB 46)</p> <p><input type="checkbox"/> Scheduled Personal Property (Excluding LOB 48)</p> <p style="margin-left: 20px;">Class / Description _____ Limit _____</p> <p style="margin-left: 20px;">Class / Description _____ Limit _____</p> <p style="margin-left: 20px;">Class / Description _____ Limit _____</p> <p><input type="checkbox"/> Additional Residence Premises Liability (Excluding LOB 77 and 48)</p> <p style="margin-left: 20px;">Type: <input type="checkbox"/> Rented to Others <input type="checkbox"/> Secondary</p> <p style="margin-left: 20px;">Address _____</p> <p style="margin-left: 20px;">City _____ State _____ Zip _____</p> <p style="margin-left: 20px;">Type: <input type="checkbox"/> Rented to Others <input type="checkbox"/> Secondary</p> <p style="margin-left: 20px;">Address _____</p> <p style="margin-left: 20px;">City _____ State _____ Zip _____</p> <p><input type="checkbox"/> Golf Cart (Excluding LOB 48)</p> <p style="margin-left: 20px;">Year _____ Make / Model _____</p> <p style="margin-left: 20px;">Serial Number _____ Value _____</p> <p style="margin-left: 20px;">Year _____ Make / Model _____</p> <p style="margin-left: 20px;">Serial Number _____ Value _____</p> <p><input type="checkbox"/> Swimming Pool and Spa Exclusion</p> <p><input type="checkbox"/> All Terrain Vehicle Exclusion</p> <p><input type="checkbox"/> Livestock Exclusion</p> <p><input type="checkbox"/> Roof Exclusion</p>
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BILLING / ACCOUNTING INFORMATION

***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.

1-Pay, 100% payment, plus any applicable taxes and fees

4-Pay, 25% down, plus any applicable taxes and fees

2-Pay, 50% down, plus any applicable taxes and fees

8-Pay, 20% down, plus any applicable taxes and fees

** Each installment includes a \$6 fully earned service charge*

Initial Payment Amount: _____

Payment Type: ECheck Money Order Credit Card Business Check

ECheck Routing Number: _____

ECheck Account Number: _____

Business Check / Money Order Number: _____

Name as it appears on credit card: _____

Credit card billing address zip code: _____

Credit Card Type: Visa Mastercard

Credit Card #: _____

Expiration Date: _____

CCID #: _____

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 agent 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.

FRAUD WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

SPECIFIC BREED ANIMAL EXCLUSION NOTICE: You should be aware that a Specific Breed Animal Exclusion will be attached to your policy 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.

X _____
MUST BE SIGNED (Signature of Applicant)

Date

X _____
MUST BE SIGNED (Signature of Producer)

Date

REPLACEMENT COST ESTIMATOR

Does the property have any unique items (custom bar, sauna, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe the custom items: _____ _____ _____ _____ Total amount of insurance on custom items: _____ Debris Removal (state from 1% to 25%): _____	Construction Type (select one) <input type="checkbox"/> Manufactured <input type="checkbox"/> Modular Construction Quality (select one) <input type="checkbox"/> Midgrade / Average <input type="checkbox"/> High Grade / Above Average	Does the property have a basement? <input type="checkbox"/> Yes <input type="checkbox"/> No Basement Square Footage: _____ Basement Year Built: _____ Basement Type (select one) <input type="checkbox"/> Basement, Finished below grade <input type="checkbox"/> Basement, Finished walk out <input type="checkbox"/> Basement, Partially finished <input type="checkbox"/> Basement, Partially finished walk out <input type="checkbox"/> Basement, Unfinished <input type="checkbox"/> Basement, Unfinished walk out									
Does the property have a deck? <input type="checkbox"/> Yes <input type="checkbox"/> No Deck Square Footage: _____ Deck Year Built: _____ Deck Type (select one) <input type="checkbox"/> Deck, Specialty wood <input type="checkbox"/> Deck, Synthetic lumber <input type="checkbox"/> Deck, Wood	Does the property have a porch? <input type="checkbox"/> Yes <input type="checkbox"/> No Porch Square Footage: _____ Porch Year Built: _____ Porch Type (select one) <input type="checkbox"/> Porch, Enclosed <input type="checkbox"/> Porch, Open	Does the property have a Garage? <input type="checkbox"/> Yes <input type="checkbox"/> No Garage Square Footage: _____ Garage Year Built: _____ Garage Type (select one) <input type="checkbox"/> Carport <input type="checkbox"/> Garage, Attached <input type="checkbox"/> Garage, Built-in									
Does the property have other areas? <input type="checkbox"/> Yes <input type="checkbox"/> No											
Other Area Type (select all that apply) <input type="checkbox"/> Attic <input type="checkbox"/> Balcony <input type="checkbox"/> Breeze Way <input type="checkbox"/> Carport <input type="checkbox"/> Cellar <input type="checkbox"/> Crawl Space <input type="checkbox"/> Greenhouse <input type="checkbox"/> Half Story <input type="checkbox"/> Lanai	Square Footage _____ _____ _____ _____ _____ _____ _____ _____	Year Built _____ _____ _____ _____ _____ _____ _____ _____	Other Area Type (select all that apply) <input type="checkbox"/> Living Area Finished <input type="checkbox"/> Living Area Unfinished <input type="checkbox"/> Passageway <input type="checkbox"/> Patio, Covered <input type="checkbox"/> Pergola <input type="checkbox"/> Storage Area w/Breakaway Walls <input type="checkbox"/> Storage Area, Above Ground <input type="checkbox"/> Storage Area, Below Ground <input type="checkbox"/> Three-quarter Story	Square Footage _____ _____ _____ _____ _____ _____ _____ _____	Year Built _____ _____ _____ _____ _____ _____ _____ _____						
Skirting (select one) <input type="checkbox"/> Brick Veneer <input type="checkbox"/> Hardboard <input type="checkbox"/> Lap <input type="checkbox"/> Metal <input type="checkbox"/> Plywood		<input type="checkbox"/> Simulated Brick <input type="checkbox"/> Simulated Stone <input type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> None		Dwelling Style (select one) <input type="checkbox"/> Singlewide <input type="checkbox"/> Doublewide <input type="checkbox"/> Triplewide <input type="checkbox"/> Park Model		Slope of Site (select one) <input type="checkbox"/> Flat <input type="checkbox"/> Slight <input type="checkbox"/> Moderate <input type="checkbox"/> Steep <input type="checkbox"/> Very Steep					
Locale (select one) <input type="checkbox"/> Beachfront <input type="checkbox"/> City, Large <input type="checkbox"/> City, Medium <input type="checkbox"/> City, Small <input type="checkbox"/> Coastal <input type="checkbox"/> Gated Community <input type="checkbox"/> Remote, Very <input type="checkbox"/> Rural <input type="checkbox"/> Suburban		Roof Configuration (select one) <input type="checkbox"/> Flat <input type="checkbox"/> Gable <input type="checkbox"/> Gable with Dormers <input type="checkbox"/> Gambrel <input type="checkbox"/> Hip <input type="checkbox"/> Hip with Gambrel Dormers <input type="checkbox"/> Mansard <input type="checkbox"/> Multi-level Contemporary <input type="checkbox"/> Salt Box <input type="checkbox"/> Shed		Foundation Type (select one) <input type="checkbox"/> Brick <input type="checkbox"/> Concrete Block <input type="checkbox"/> Concrete Slab <input type="checkbox"/> Fieldstone <input type="checkbox"/> Holland Clay Tile <input type="checkbox"/> No Permanent Foundation <input type="checkbox"/> Pier <input type="checkbox"/> Pier and Beam <input type="checkbox"/> Pilings <input type="checkbox"/> Poured Concrete <input type="checkbox"/> Stone <input type="checkbox"/> Stone Rubble and Mortar <input type="checkbox"/> Treated Wood							
Primary Exterior (select one) <input type="checkbox"/> Adobe <input type="checkbox"/> Aluminum Siding <input type="checkbox"/> Brick Masonry <input type="checkbox"/> Cedar Siding <input type="checkbox"/> Cement Fiber <input type="checkbox"/> Clapboard						<input type="checkbox"/> Concrete Block <input type="checkbox"/> Decorative Wood Shingle <input type="checkbox"/> Drivit / EIFS <input type="checkbox"/> Half Log Siding <input type="checkbox"/> Hardboard <input type="checkbox"/> Local Stone		<input type="checkbox"/> Log <input type="checkbox"/> Masonite <input type="checkbox"/> Metal Siding <input type="checkbox"/> Redwood Siding <input type="checkbox"/> Steel Siding <input type="checkbox"/> Stucco		<input type="checkbox"/> Veneer, Face Brick <input type="checkbox"/> Vinyl Siding <input type="checkbox"/> Wood Shake / Shingle <input type="checkbox"/> Wood Siding	