

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

ATTACH PHOTOS IF NECESSARY

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

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.

BILLING / ACCOUNTING INFORMATION	
BILL TO: <input type="checkbox"/> Insured <input type="checkbox"/> Lienholder	*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.
Check # _____ Check Amt \$ _____	<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?	Supplemental Heating Device: <input type="checkbox"/> None <input type="checkbox"/> Wood/coal/pellet burning Stove						
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Woodburning Fireplace <input type="checkbox"/> Gas Fireplace <input type="checkbox"/> Other: _____						
Manufacturer/Model	Serial Number	Length	Width	Skirted?	Tied Down?	Purchase Date	Purchase Price	Current Value				
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$			
Describe Additions/Attached Structures:							Age	Size				
Describe Unattached Other Structures:							Age	Size				

MUST COMPLETE THE FOLLOWING	
<i>(Place an "X" in the appropriate boxes.)</i>	
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- 20 <input type="checkbox"/> 21 & Older	
Protection: <input type="checkbox"/> Protected <input type="checkbox"/> Unprotected	
Claim Free Transfer: <input type="checkbox"/> Yes* <input type="checkbox"/> No	
* (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.)	
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		
<input type="checkbox"/> LOB 48 Only <input type="checkbox"/> Comprehensive <input type="checkbox"/> Named Perils		
BASE PREMIUM SUBTOTAL:		\$
Claim Free Transfer Credit: -5%		
Base Premium x 1. (Credit %) = PREMIUM SUBTOTAL:		\$
Deductible - Varies by Territory (List Deductible) \$ _____		
OPTIONAL COVERAGES:		
Supplemental Heating Surcharge - Add \$35		
Minimum Written Premium is \$100		TOTAL PREMIUM: \$
Minimum Earned Premium is \$35		

LOSS HISTORY

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

Description of Loss Date Amount Paid (repeated 3 times)

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!

8 questions regarding home salvage, construction, foreclosure, heating devices, child care, etc. with Yes/No checkboxes.

SUBMIT RISKS TO GENERAL AGENT

Any "Yes" Response Must Be Explained Below.

18 questions regarding insurance history, bankruptcy, mortgage, pool safety, farm animals, etc. with Yes/No checkboxes.

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...

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.

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...

X MUST BE SIGNED (Signature of Applicant)

Date

X MUST BE SIGNED (Signature of Producer)

Date