



Mobile Home Application

Policy No:	Replaces Policy #	Effective Time: 12:01 am Standard Time
		Effective Date: (Day/Month/Year) / /

Insured's Name and Mailing Address	Broker Name and Address
Postal Code: _____ Phone #: _____	
Birthdate: (Day/Month/Yr) / /	

Principal Dwelling Legal Location Lots: _____ Block _____ Plan: _____ Street Address: _____ _____ In _____ Sk _____ Postal Code: _____ Location Grade: _____ Loss Payable if other than applicant: _____ _____ _____ _____	Heating Underwriting Information <input type="checkbox"/> Central <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric Oil or Gas Furnace in the basement? Yes <input type="checkbox"/> No <input type="checkbox"/> *Primary Solid Fuel - Surcharges Apply <input type="checkbox"/> Primary Heat <input type="checkbox"/> Auxiliary Heat Fuel Used _____ Type of Chimney _____ Fireplace <input type="checkbox"/> Air Tight Heater <input type="checkbox"/> Other, (Attach Description) _____	Mobile Home Information Double Wide? Yes <input type="checkbox"/> No <input type="checkbox"/> C.S.A. Label? Yes <input type="checkbox"/> No <input type="checkbox"/> Attached Additions & Sizes _____ _____ Home Site Leased <input type="checkbox"/> or Owned <input type="checkbox"/> Concrete Pilings? Yes <input type="checkbox"/> No <input type="checkbox"/> Full Basement? Yes <input type="checkbox"/> No <input type="checkbox"/> Full Skirting? Yes <input type="checkbox"/> No <input type="checkbox"/> Gyproc on 2/3 of Interior? Yes <input type="checkbox"/> No <input type="checkbox"/> Tie-down System? Yes <input type="checkbox"/> No <input type="checkbox"/> Asphalt Shingle Roof? Yes <input type="checkbox"/> No <input type="checkbox"/> Siding Other Than Metal? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, What Type? _____
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Name of Previous Insurer & Policy Number: _____	Owner Occupied? Yes <input type="checkbox"/> No <input type="checkbox"/>
Claims in the past 5 years _____	Location Grade _____

Rating Information Year Built: _____ Class I ___ Class II ___ Class III ___ Mobile Home Pak A ___ Mobile Home Pak B ___ General Dwelling <input type="checkbox"/>	Description & Coverages Mfg Name _____ s/n _____ Size _____ft. x _____ft. Mobile Home \$ _____ Outbuildings \$ _____ Belongings \$ _____ Additional Living Expense \$ _____	Deductibles, Optional, & Liability Coverages <u>Deductibles</u> \$250.00 _____ \$500.00 _____ \$1,000.00 _____ <u>Options</u> Glass/ \$20 Ded. _____ <u>Liability</u> <input type="checkbox"/> \$1,000,000 \$19.00 <input type="checkbox"/> \$2,000,000 \$29.00	*Photos must be submitted (Surcharges may be applied by underwriting dept.) Base Premium \$ _____ Surcharges _____% Discounts _____% Total _____% = _____ Total Premium \$ _____
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Special Belongings & other Property	Deductible	Value x Rate = Premium
		\$ x = \$
		\$ x = \$

Mobile Home Premium: _____ Extra Underwriting Notes: _____
 Optional Premiums: _____
 Other Premiums: _____
 Liability Premium: _____ 20 + _____
Total Policy Premium: _____

Consumer and Previous Insurer's Reports containing personal, credit, factual or investigative information about the application may be sought in connection with this application for insurance or a renewal, extension, or variation thereof.

Date completed (Day/Month/Year)

Customer Signature

Revised - March 09/ 2007