

**Max Ins. Agency Inc.**  
**Personal Line's Specialist**  
**P.O. Box 963 Green Bay, WI. 54305**  
**1-920-593-0331**  
**Website: Maxinsagency.com**  
**MOBILE HOME QUICK QUOTE**

Name \_\_\_\_\_ Effective Date Requested \_\_\_\_\_

Address \_\_\_\_\_

Phone No. \_\_\_\_\_ Email \_\_\_\_\_

**Current Coverages**

Mobile Home \_\_\_\_\_

Personal Property \_\_\_\_\_

Other Structures \_\_\_\_\_

Personal Liability \_\_\_\_\_ Med. Pay \_\_\_\_\_

YEAR \_\_\_\_\_ LENGTH \_\_\_\_\_ WIDTH \_\_\_\_\_ MAKE/MODEL \_\_\_\_\_

**Special Riders Needed ( Please List Each or Answer no )**

Jewelry/Fine Arts/Guns/Antiques/Other \_\_\_\_\_

Boat or Jet Ski \_\_\_\_\_

4 Wheelers Or Side by Side \_\_\_\_\_

Snowmobile \_\_\_\_\_

Golf Cart \_\_\_\_\_

2<sup>nd</sup> Residences or Vacant Land \_\_\_\_\_

PRIOR CARRIER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

**Any Claims Last 3 Yrs.**

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

**Mobile Home Information**

Age \_\_\_\_\_

Roof \_\_\_\_\_

Electrical Age \_\_\_\_\_

Plumbing Age \_\_\_\_\_

Heating System \_\_\_\_\_

**EMAIL MOBILE HOME QUICK QUOTE FORM TO:**

**Maxinsagency@gmail.com**

**TO BIND : SIGNED APPLICATION AND PAYMENT OR PAY PLAN.**