

AGENCY _____ PHONE _____

AGENCY CONTACT _____ EMAIL _____

APPLICANT INFORMATION

EFFECTIVE DATE _____

INSURED NAME _____ DOB _____
 LOCATION ADDRESS _____
 CITY, STATE, ZIP _____
 PHONE _____ COUNTY _____
 MAILING ADDRESS _____
 OCCUPANCY PRIMARY ___ SEASONAL/SECONDARY ___ TENANT ___ VACANT ___ RENTAL ___
 IN TRAILER PARK YES ___ NO ___ NUMBER OF SPACES _____

UNIT INFORMATION

DWELLING VALUE _____ ACV ___ RC ___ PERILS _____
 YEAR BUILT _____ SQUARE FOOTAGE _____ SINGLE WIDE ___ DOUBLEWIDE ___ TRIPLEWIDE ___
 MANUFACTURER _____ MODEL _____
 SERIAL NO. _____
 FOUNDATION TYPE _____ PROPERTY SLOPE _____
 QUALITY GRADE STANDARD ___ DELUXE ___ LUXURY ___
 GARAGE/CARPORT _____
 DISTANCE TO FIRE DEPT _____ DISTANCE TO FIRE HYDRANT _____ PROTECTION CLASS _____
 RENOVATION YEAR _____
 WIRING _____ PLUMBING _____ HEATING _____ ROOF _____
 PROTECTION DEVICE TYPE
 SMOKE ___ HEAT ___ BURGLAR ___ MONITORED ___ LOCAL ___
 MED PAY TO OTHERS _____ HPP _____ PERSONAL LIABILITY _____ (MAX \$300,000)
 DEDUCTIBLE _____

ATTACHED STRUCTURES

DECKS/BALCONIES SQ FT _____ TYPE OF MATERIAL _____
 PATIOS/PORCHES SQ FT _____ TYPE OF MATERIAL _____
 BREEZEWAYS SQ FT _____ TYPE OF MATERIAL _____
 OTHER ATTACHED STRUCTURES GREENHOUSE ___ SUN ROOM ___ SCREENED ENCLOSURE ___
 SITE BUILT ADDITION LIVING SPACE ___ KITCHEN ___ BATHROOM ___

ADDITIONAL FEATURES

DETACHED STRUCTURES _____
 USER DEFINED FEATURE _____

 TYPE OF HEAT _____ THERMOSTAT CONTROLLED YES ___ NO ___

GENERAL INFORMATION

ANY OTHER INSURANCE WITH THIS COMPANY? _____
 HAS COVERAGE BEEN DECLINED, CANCELLED OR NON-RENEWED IN THE LAST 3 YEARS? _____

 ANY BUSINESS CONDUCTED ON PREMISES? _____
 ARE THERE ANY ANIMALS OR EXOTIC PETS ON PREMISES?
 TYPE _____ BITE HISTORY (YES/NO) _____
 IS PROPERTY ON MORE THAN 1 ACRE?
 # OF ACRES _____ LAND USED FOR _____
 ARE THERE ANY ADDITIONS TO THE MOBILE HOME (INCLUDING CARPORT, ADDED ROOMS, ETC)? _____
 _____ ARE ALL ADDITIONS TIED DOWN? _____

LOSS HISTORY ANY LOSSES THE PAST 3 YEARS? YES, PLEASE EXPLAIN. _____ NO _____

LOSS DATE	LOSS TYPE	AMOUNT PAID	OPEN/CLOSED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PRIOR COVERAGE

PRIOR CARRIER	EFFECTIVE DATES	PREMIUM AMOUNT
_____	_____	_____
_____	_____	_____

PAYMENT PLAN

ONE PAY _____ THREE (3) PAY _____ FIVE (5) PAY _____ ELEVEN (11) PAY _____
 DIRECT BILL TO:
 INSURED _____ MORTGAGEE _____ AGENT _____

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please print)	
APPLICANT'S SIGNATURE	DATE	

NAMED INSURED _____

CONTINUED

ADDITIONAL INFORMATION/COMMENTS
