

Stroud National Agency, Inc.

MOBILE HOME APPLICATION

DATE _____

AGENCY _____ PHONE _____

AGENCY CONTACT _____ EMAIL _____

APPLICANT INFORMATION

EFFECTIVE DATE _____

INSURED NAME _____	DOB _____
LOCATION ADDRESS _____	INSURED'S EMAIL: _____
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 _____
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 _____	CONTENTS _____	PERSONAL LIABILITY _____ (MAX \$300,000)
DEDUCTIBLE _____		

ATTACHED STRUCTURES

DECKS/BALCONIES SQ FT _____	TYPE OF MATERIAL _____	COVERED? _____
PATIOS/PORCHES SQ FT _____	TYPE OF MATERIAL _____	COVERED? _____
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 _____	LIMIT _____
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
