

# Stroud National Agency, Inc.

(cathy@stroudga.com)

## 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

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