



MANUFACTURED HOMES APPLICATION

Effective Date _____

Applicant Name: _____ SSN: _____

Birth Date _____

Co-applicant Name: _____ SSN: _____

Birth Date _____

Mailing Address: _____

City: _____

Quote Description: _____

Occupancy: _____

Unit 1:

County Where Located: _____

Home Value: _____

Year of Home: _____

Length _____ Width: _____

Miles to fire department: _____

Feet to fire hydrant: _____

Is there a supplemental heat source in the manufactured home, attached/unattached structure or anywhere on the premises? Yes ___ No ___

If yes, what type?

- If so. Was it installed by the original manufacturer or licensed contractor? Yes ___ No ___

Is the manufactured home

- Occupied by the titled owner on a full-time, permanent basis? Yes ___ No ___
- On a permanent foundation? Yes ___ No ___
- Fully skirted? Yes ___ No ___
- Tied down? Yes ___ No ___

Does the manufactured home

- Have an enclosed foundation? Yes____ No____
- Have a composition roof? Yes____ No____
- Have vinyl or hardboard siding? Yes____ No____

Manufactured Home Limit: _____

Unattached Structure Limit: _____

Personal Property Limit: _____

Premises Liability Limit: _____

Medical Payments: _____

Deductible: _____

Optional Coverages:

Manufactured Home Replacement Cost: Yes____ No____

Manufactured Home Replacement Cost on Partial Losses: Yes____ No____

Personal Property Replacement Cost : Yes____ No____

Golf Cart Property/Liability Coverage Yes____ No____ if Yes - # of Carts____

Optional information:

Alternative Phone numbers:

Emails:

Home_____

Work_____

Mobile_____

Other_____

INSURED SIGNATURE_____

BROKER SIGNATURE_____