



MANUFACTURED HOME APPLICATION

BINDING: Coverage is bound when the agent has advised the customer of the effective date of coverage. For coverage to begin as requested the application must be fully completed, signed and mailed within 48 hours of the effective date, otherwise coverage is bound 12:01 A.M. the day received by the General Agent. **PRIOR TO BINDING COVERAGE** the risk must meet the underwriting criteria and all necessary documents must be obtained.

AGENT INFORMATION

Name:	Agency ID Number:
Address:	
City, State: Zip:	Agency Phone Number:

APPLICANT INFORMATION

Name:	Phone Number:
Mailing Address:	Social Security Number:
City, State: Zip:	Additional Owner:
County:	Address:
	City, State: Zip:
Date of Birth:	Additional Owner Date of Birth:

UNIT INFORMATION

Unit Location:	Usage: <input type="checkbox"/> Owner <input type="checkbox"/> Seasonal <input type="checkbox"/> Rental
Address:	<input type="checkbox"/> Tenant <input type="checkbox"/> Vacant
City, State: Zip:	Protection Class:
County:	Requested Effective Date:
	Term (Vacant only): <input type="checkbox"/> 3 month <input type="checkbox"/> 6 month <input type="checkbox"/> Annual
Year: Manufacturer:	Width: Serial #:
Purchase Price: Purchase Date (mm/yy):	Current Value:
Current Insurer:	Expiration Date:

LOSS PAYEE / LIENHOLDER INFORMATION

ADDITIONAL INTEREST INFORMATION

Name:	Name:
Address:	Address:
City, State: Zip:	City, State: Zip:
Name:	Name:
Address:	Address:
City, State: Zip:	City, State: Zip:

COVERAGES AND ENDORSEMENTS

COVERAGES	LIMITS SELECTED
Coverage A – Manufactured Home <input type="checkbox"/> Actual Cash Value <input type="checkbox"/> Replacement Cost (< 30 yrs)	
Coverage B – Unattached Other Structures	
Coverage C – Unscheduled Personal Property <input type="checkbox"/> Actual Cash Value <input type="checkbox"/> Replacement Cost	
Coverage E – Personal Liability or Premises Liability	<input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$300,000
Coverage F – Medical Payments to Others	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000
Earthquake (10% deductible, min. \$1,000)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Flood (Deductible is greater of \$1,000 or AOP deductible)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Equipment Breakdown (N/A to Tenant & Vacant)	Deductible: <input type="checkbox"/> \$250 <input type="checkbox"/> \$500
Golf Cart (Owner & Seasonal only) # of Golf Carts _____	Same as Coverage E
Identity Fraud (Owner and Tenant only)	<input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$15,000
Scheduled Personal Property (Owner and Tenant only – must complete supplemental application)	
Builder's Risk (Owner & Seasonal only)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Incidental Farming (Owner only)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Non-Structural Hail Damage Exclusion (N/A in Montana)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Personal Property Enhancement (Owner and Tenant only)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trip Coverage (N/A for Vacant)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hail Settlement Buyback (Available when Replacement Cost is purchased; Owner & Rental only)	
Deductible Selected:	
Owner Occupied, Seasonal & Vacant:	<input type="checkbox"/> 0.5% (min. \$250) <input type="checkbox"/> 1.0% (min. \$500) <input type="checkbox"/> 1.5% (min. \$750) <input type="checkbox"/> 2.0% (min. \$1,000)
Rental:	<input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500
Tenant:	<input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$750 <input type="checkbox"/> \$1,000

ELIGIBILITY QUESTIONS

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|---|------------------------------|-----------------------------|
| 1. Is a supplemental heating device used as a source of heat? If so, please specify type.
(This does not apply to Tenant usage.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. If a supplemental heating device is used, was it professionally installed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Is there a swimming pool located on the premises? If so, please specify security type. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Is the unit tied down? (This does not apply to Tenant usage.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Has the applicant had any losses in the last five years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Has the applicant been convicted of fraud, arson or other insurance related offense? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Has the applicant had a foreclosure or repossession in the last 4 years? (This does not apply to Tenant usage.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Is the applicant more than 60 days past due in mortgage payments? (This does not apply to Tenant usage.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Is the applicant unemployed, other than retired or disabled? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Is the primary heat source thermostatically controlled? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Are kerosene or other portable space heaters used? (This does not apply to Vacant usage.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Does the unit have utility services? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. Is the unit easily accessible from public roadways? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. Is the unit located on a site with prior flooding, landslides or brush fires? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15. Does the unit have unrepaired damage? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 16. Is the unit in the process of renovation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 17. Does the unit have working smoke detectors? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 18. Does the unit have more than two loss payees (lienholders)? (This does not apply to Tenant usage.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 19. Are all units rented or available for rent? (Applies to Rental usage only.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 20. Has the applicant been cancelled or non-renewed for underwriting reasons in the last 4 years?
(This does not apply to Tenant usage.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 21. If not a new purchase, has the unit been uninsured for more than 30 days? (This does not apply to Tenant usage.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 22. Has the applicant filed bankruptcy within the last 4 years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 23. Does the applicant have any animals with a bite history or an Akita, Chow, Pit Bull, Doberman, Rottweiler, or any non-domestic animal? (This does not apply to Vacant usage.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 24. Is business conducted on the premises? (This does not apply to Vacant usage.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 25. Do all steps, porches & decks that are 3' or more off the ground have secure rails? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 26. Is there a trampoline on the premises? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

LOSS HISTORY

Describe all prior losses. If none, state "None".

APPLICANT'S STATEMENT AND SIGNATURE – MANDATORY

This notice is given in compliance with the Federal Fair Credit Reporting Act (Public Law 91-508) and the Consumer Credit Reform Act of 1996. I understand that as a part of the Company's underwriting procedure, a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics, mode of living and driving record. Upon written request, additional information as to the scope of the report, if one is made, will be provided.

I have read this application and the entries on it. The foregoing statements made and signed by the applicant represents the information set forth as correct and a true basis on which insurance may be granted but it in no way binds the applicant to accept the quotation or the insurer to accept the risk.

FRAUD WARNING: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits. Your state may have specific warnings against filing false claim information.

CONSUMER NOTICE OF INSURANCE SCORING: To offer an accurate quote in connection with this application for insurance, we will use a credit-based insurance score developed by a third party based on information contained in the applicant's credit report. Future reports may be used to update or renew insurance.

STATE SPECIFIC INSURANCE SCORE NOTIFICATIONS

Oregon	<p>To offer an accurate quote in connection with this application for insurance, we will review the applicant's credit report or obtain or use a credit-based insurance score based on the information contained in that credit report. An insurance score uses information from the credit report to help predict how often you are likely to file claims and how expensive those claims will be. Typical items from a credit report that could affect a score include, but are not limited to, the following: payment history, number of revolving accounts, number of new accounts, the presence of collection accounts, bankruptcies and foreclosures. The information used to develop the insurance score comes from the following consumer reporting agencies: Experian, TransUnion, or Equifax. A lack of credit history will not affect whether your application is accepted; however, it may affect the quote offered. We may use a third party in connection with the development of the applicant's insurance score.</p> <p>If you have questions regarding our use of insurance scoring, please send your request to: Property Underwriting Markel American Insurance Company P.O. Box 906 Pewaukee, WI 53072-0906</p>
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ADDITIONAL REQUIREMENTS

Photos required on homes over 15 years old and for all homes if currently vacant.

A policy cannot be issued without a completed and signed application.

Applicant's Signature: _____ Date: _____

Producer's Signature: _____ Date: _____

Producer's Name (please print): _____