

**MOBILE HOME
APPLICATION**

NOTE: COMPLETE QUALIFICATION CRITERIA SECTION ON REVERSE SIDE FIRST!

NAMED INSURED

Name _____ DOB ____ / ____ / ____
 Address _____
 City _____ State _____ Zip _____
 County _____ Phone No. () _____
 Occupation _____
 Social Security # _____
 Spouse Social Security # _____
 Add'l Insured _____
 Address _____
 City _____ State _____ Zip _____

LOCATION

Park Name _____
 Address, if different than above (include county & zip) _____

 Distance of unit to fire hydrant _____ feet
 Distance of unit to fire station _____ miles
 Is Mobile Home located inside city limits? Yes No

Protection
Class _____

REQUESTED POLICY TERM

From _____ To _____ Policy Term: 12 Months
 Time _____ AM/PM

See Binding Rule – "Submit" risks cannot be bound.

PRODUCER

Agency Code _____
 Agency Name _____
 Address _____
 City _____ State _____
 Zip _____ Phone No. () _____

LIENHOLDER

Name _____
 Address _____
 City _____ State _____ Zip _____
 Loan # _____
 Name _____
 Address _____
 City _____ State _____ Zip _____

DESCRIPTION OF MOBILE HOME, ADDITIONS AND UNATTACHED STRUCTURES

Year	Manufacturer/Model	Length	Width	Serial Number	Purchase Year	Purchase Price \$	Current Value \$
Describe Additions/Attached Structures:						Age	Size
Describe Unattached Structures:							

MUST COMPLETE THE FOLLOWING

POLICY INFORMATION

Place an "X" in the appropriate boxes

LIENHOLDER: None One Two
PARK STATUS: In a Park ___ # of spaces Out of Park
USAGE: Permanent Seasonal Rental/1-4 units
 Rental/5+ units Commercial Tenant
TIE DOWNS: Tied Down Not Tied Down
UNIT TYPE: Singlewide Doublewide
 Modular Other
SUPPLEMENTAL HEATING:
 None Woodburning Stove Fireplace Other _____
PRIOR INSURANCE: No Yes New Purchase

COVERAGES	LIMITS	PREMIUM
Mobile Home and Additions	\$	(Base Premium) <input type="checkbox"/>
Unattached Structures	\$	<input type="checkbox"/> If Package rate
Personal Effects	\$	<input type="checkbox"/> If Package rate
Personal Liability		<input type="checkbox"/> If Package rate
Med Pay <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000	\$	\$
DEDUCTIBLE	Credit (if applicable)	\$
Supplemental Heating Surcharge- Add \$30		\$
Optional Coverages		\$
		\$
Minimum Written & Retained Premium \$35	POLICY PREMIUM	\$
Policy Fee		\$ 10
TOTAL POLICY PREMIUM		\$

To calculate down payment for payment plans, apply percentage to POLICY PREMIUM, then add policy fee and \$5 service charge

BILLING INFORMATION

One Pay – 100% Policy Premium Two Pay – 50% down + \$5
 Four Pay – 25% down + \$5 Eight Pay – 16% down + \$5
 Mortgagee Bill Credit Card

Credit Card Info
 MasterCard Visa Discover
 Card #: _____
 Exp. Date: _____ Name on Card: _____

Down Payment \$ _____
 Service Charge \$ _____
 Check Amount Enclosed \$ _____

QUALIFICATION CRITERIA – Refer to rules in rate guide

ANY "YES" RESPONSE MAKES THE RISK UNACCEPTABLE

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Is the applicant requesting coverage on any unattached structure that is a mobile home, site built house or used as living quarters? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is there a swimming pool, trampoline, or other similar hazard located on the premises? <i>(If yes, ineligible for Liability coverage.)</i> If the swimming pool is fenced and without a slide or diving board, risk may be submitted with \$50,000 liability limit. Describe any play, athletic, exercise equipment:_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is the mobile home isolated from easily accessible public roadways or without utility service? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are any entrances to the mobile home missing steps or have unstable steps (including cement blocks)? <i>(If Yes, ineligible for Liability coverage.)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is the mobile home located in an area subject to mudslides, brush fires or high crime? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is the applicant more than 90 days behind in mortgage payments? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Has any applicant or spouse had a repossession, foreclosure or bankruptcy in the past 4 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are there more than 2 lienholders on the mobile home? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Is there any vicious and/or wild (non-domestic) animal on premises? Any domestic animal with a past incident resulting in injury is considered vicious. Risks with a Pit Bull Terrier, Doberman, Rottweiler, Akita, Chow or any vicious and/or wild (non-domestic) animal are ineligible for Liability coverage. LIST ALL PET/ANIMALS OWNED BY THE INSURED:_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Has applicant had a total fire loss due to electrical or unknown cause within the past 5 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Describe mobile home / dwelling losses of any type in the past 5 years.
Date_____ Type_____ Amount_____ | | |
| Date_____ Type_____ Amount_____ | | |

SUBMIT RISKS – Refer to rules in rate guide

ANY "YES" RESPONSE MUST BE EXPLAINED AND SUBMITTED UNBOUND

- | | Yes | No |
|---|--------------------------|--------------------------|
| 12. Has the applicant had a mobile home/dwelling policy cancelled or non-renewed for underwriting reasons (except age of unit) during the past 5 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Has any applicant had a fire, liability, theft loss or more than 2 losses of any type during the past 5 years? Describe losses, obtain police report or fire marshall report:_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Is the mobile home unoccupied or vacant? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Is the applicant aware of any additions/attached structures (other than porches, decks, awnings, skirting and carports) that are non-factory or non-contractor built? <i>(If "Yes", give dimensions and value of all additions on front of application.)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Is applicant unemployed? (Retirees with a guaranteed income are considered employed.) If employed, list occupation of front of application. If unemployed, explain means of support:_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Is the applicant requesting personal effects coverage greater than 75% of the value of the mobile home and more than \$20,000? (Submit with Personal Effects Inventory) | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Does the mobile home currently have NO insurance coverage? (if the mobile home is a new purchase, Please answer with a "No".) | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Is the mobile home located on a parcel of land that is greater than 5 acres? No. of acres: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Is the mobile home located in a Special Flood Hazard Zone or on a site that has flooded in the past? | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Is there any Unattached Structure that exceeds 800 square feet in floor area? | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Are any business or farming activities conducted on the mobile home premises? If yes, describe: _____ | <input type="checkbox"/> | <input type="checkbox"/> |

SUPPLEMENTAL HEATING

Units with wood or coal burning stoves, heaters or fireplaces that are the **primary source** of heat are unacceptable. If used for supplemental heating only and factory or commercially installed by an appliance distributor or licensed contractor, they are acceptable. If used for supplemental heating and not factory or commercially installed by an appliance distributor or licensed contractor, they must be submitted for approval with a completed and signed Markel American (or other authoritative) certification form accompanied by one photo which shows the stove and one exterior photo of the chimney. **Kerosene space heaters or other potentially hazardous supplemental heating devices make the risk prohibited!**

- Is a supplemental heating unit present in the Mobile Home? Yes No
- Was the supplemental heating unit installed at the factory or commercially? Yes No N/A

A "NO" RESPONSE TO "QUESTION 2" REQUIRES A COMPLETED QUESTIONNAIRE AND PHOTO.

SIGNATURES

NOTICE: The normal procedure used by the company to evaluate applications may include obtaining an investigative consumer and credit report involving information on such things as character, general reputation, personal characteristics and mode of living. Information on the nature and scope of such a report, if one is made, will be given to you upon request. I hereby apply for insurance and declare that all of the foregoing statements are true. I agree that the policy shall be null and void if such information is false, misleading or would affect acceptance by the company.

Applicant's Signature **X** _____ Date _____
Agent's Signature **X** _____ Date _____

THIS IS NOT A POLICY