

ACORD™ MOBILE HOME APPLICATION

DATE (MM/DD/YYYY)

AGENCY	PHONE (A/C, No, Ext):	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)				NAIC CODE	FACILITY CODE
	FAX (A/C, No):					POLICY #	
CODE:	SUBCODE:	YRS AT THIS RES	CO/PLAN	HOME PHONE #			DAY EVE
AGENCY CUSTOMER ID		EFFECTIVE DATE	EXPIRATION DATE	BUSINESS PHONE #			DAY EVE

APPLICANT INFORMATION

PREVIOUS ADDRESS (If less than 3 years)	YRS AT PREV ADDR	LOCATION OF PROPERTY IF DIFF FROM ABOVE (Inc county & ZIP)					
APPLICANT'S OCCUPATION (State nature of business if self-employed)	APPLICANT'S EMPLOYER NAME AND ADDRESS	YEARS IN CURR OCC	YEARS W/ CURR EMPL	YEARS W/ PRIOR EMPL	MAR STAT	DATE OF BIRTH	SOCIAL SECURITY #
CO-APPLICANT'S OCCUPATION (State nature of business if self-employed)	CO-APPLICANT'S EMPLOYER NAME AND ADDRESS	YEARS IN CURR OCC	YEARS W/ CURR EMPL	YEARS W/ PRIOR EMPL	MAR STAT	DATE OF BIRTH	SOCIAL SECURITY #
HOW LONG HAVE YOU KNOWN THE APPLICANT?				DATE AGENT LAST INSPECTED PROPERTY:			

ADDITIONAL INTEREST

INT #	MORTG'E	NAME AND ADDRESS	LOAN NUMBER
	ADDL INT		
INT #	MORTG'E	NAME AND ADDRESS	LOAN NUMBER
	ADDL INT		

COVERAGES/LIMITS OF LIABILITY (Describe all discounts in Remarks)

DEDUCTIBLE

POLICY TYPE	A. MOBILE HOME	B. OTHER STRUCTURES	C. PERSONAL PROPERTY	D. LOSS OF USE	E. PERSONAL LIABILITY EACH OCCURRENCE	F. MEDICAL PAYMENTS EACH PERSON	ALL PERIL	\$	
	\$	\$	\$	\$	\$	\$	WIND/HAIL	\$	
							THEFT	\$	
	FIRE	FIRE & EC	FIRE, EC & VMM	BROAD	SPECIAL	OTHER	EST TOTAL PREMIUM	DEPOSIT	BALANCE
ENDORSEMENTS (Indicate where applicable or enter other names and limits below)							\$	\$	\$
<input type="checkbox"/> REPLACEMENT COST MOBILE HOME <input type="checkbox"/> REPLACEMENT COST CONTENTS <input type="checkbox"/> INFLATION GUARD									

PAYMENT PLAN

ACORD 610 ATTACHED (NOT APPLICABLE IN NC)

ACCOUNT #:	MAIL POLICY TO:		
BILLING	IF DIRECT BILL:	IF APPLICANT BILL:	<input type="checkbox"/> AGENT
<input type="checkbox"/> DIRECT BILL	<input type="checkbox"/> BILL APPLICANT <input type="checkbox"/> OTHER:	<input type="checkbox"/> FULL PAY	<input type="checkbox"/> APPLICANT
<input type="checkbox"/> AGENCY BILL	<input type="checkbox"/> BILL MORTGAGEE	<input type="checkbox"/> OTHER:	<input type="checkbox"/> OTHER:

RATING/UNDERWRITING

YEAR	MAKE	MODEL	ID NUMBER	LENGTH	WIDTH
PURCHASE DATE		PURCHASE PRICE	NEW	COOKING LOCATION	
	\$		USED <input type="checkbox"/> END <input type="checkbox"/>	<input type="checkbox"/> MIDDLE <input type="checkbox"/> NONE <input type="checkbox"/>	TIE DOWN
TERR CODE	FIRE PREM GROUP	EC PREM GROUP	PERS LIAB TERR CODE	PROTECT CLASS	DISTANCE TO HYDRANT
					FT MI
					FIRE STATION
					SYSTEM SMOKE TEMP BURGLAR
					HEAT TYPE
					PRIMARY: <input type="checkbox"/>
					SECONDARY: <input type="checkbox"/>
HOUSEKEEPING CONDITION	FIRE DISTRICT/CODE NUMBER		DIRECT	CONSECUTIVE MONTHS OCCUPIED EACH YEAR	
			LOCAL		OWNER <input type="checkbox"/>
					TENANT <input type="checkbox"/>
					UNOCC <input type="checkbox"/>
					VACANT <input type="checkbox"/>
EXTERIOR CONSTRUCTION	FOUNDATION CONSTRUCTION		UTILITIES - PERMANENT CONNECTION TO:		WIRING
<input type="checkbox"/> STEEL <input type="checkbox"/> ALUM-INUM	<input type="checkbox"/> WOOD <input type="checkbox"/> VINYL	<input type="checkbox"/> CONTINUOUS MASONRY <input type="checkbox"/> OTHER:	<input type="checkbox"/> POST & PIER SKIRTED <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> ELEC <input type="checkbox"/> WATER	<input type="checkbox"/> SEWER <input type="checkbox"/> PHONE
					<input type="checkbox"/> COPPER <input type="checkbox"/> ALUMINUM
					LAST INSPECTED:

OTHER STRUCTURES

DESCRIPTION

LOCATION INFORMATION

MOBILE HOME PARK NAME (If Applicable)		DATE PARK ESTABLISHED		NUMBER OF PERMANENT SPACES IN PARK	
		YES	NO		
1. DOES PARK HAVE A RESIDENT MANAGER? IF YES, PHONE NUMBER:				4. ARE ROADS PAVED?	
2. DOES PARK HAVE LIMITED ACCESS?				5. IF HOME IS NOT LOCATED IN A MOBILE HOME PARK, IS HOME VISIBLE FROM ROAD?	
3. DOES PARK HAVE SUBDIVISIONS?					

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES IN REMARKS		YES	NO	EXPLAIN ALL "YES" RESPONSES IN REMARKS (Except question 15, 16 and 17)		YES	NO
1. ANY BUSINESS CONDUCTED ON PREMISES (Including day/child care)				12. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGYS, MINI BIKES, ATVS, ETC)? (List year, type, make, model)			
2. ANY RESIDENCE EMPLOYEES? (Number and type of full and part time employees)				13. DURING THE LAST FIVE (5) YEARS [TEN (10) YEARS IN RHODE ISLAND], HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one (1) year of imprisonment.)			
3. ANY FLOODING, BRUSH, FOREST FIRE HAZARD, LANDSLIDE, ETC?				14. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?			
4. ANY OTHER RESIDENCE OWNED, OCCUPIED OR RENTED?				15. IS MOBILE HOME FOR SALE?			
5. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				16. IS PROPERTY W/IN 300 FT OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY?			
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?				17. IS THERE A TRAMPOLINE ON THE PREMISES?			
7. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS? NOT APPLICABLE IN MO				18. ANY LEAD PAINT HAZARD?			
8. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION OR BANKRUPTCY DURING THE PAST FIVE YEARS?				19. IF A FUEL OIL TANK IS ON PREMISES, HAS OTHER INSURANCE BEEN OBTAINED FOR THE TANK? (Give First Party and limit, and Third Party and limit)			
9. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES? (Note breed and bite history)				20. IS MOBILE HOME DOUBLEWIDE CONSTRUCTION?			
10. IS PROPERTY LOCATED WITHIN TWO MILES OF TIDAL WATER?							
11. IS PROPERTY SITUATED ON MORE THAN FIVE ACRES? (If yes, describe land use)							

LOSS HISTORY		ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST 3 YEARS, AT THIS OR AT ANY OTHER LOCATION?		YES	NO	IF YES, INDICATE BELOW	APPLICANT'S INITIALS:	AMOUNT
DATE	TYPE	DESCRIPTION OF LOSS						

PRIOR COVERAGE

PRIOR CARRIER	PRIOR POLICY NUMBER	EXPIRATION DATE

REMARKS (Attach Additional Sheets if More Space is Required)

ATTACHMENTS

	STATE SUPPLEMENT(S) (If applicable)
	INLAND MARINE APPLICATION
	PHOTOGRAPH
	WATERCRAFT APPLICATION
	PERS EXCESS/UMBRELLA APPLICATION
	REPLACEMENT COST ESTIMATE
	SOLID FUEL QUESTIONNAIRE
FOR COMPANY USE ONLY	
	PROTECTION DEVICE CERTIFICATE

BINDER/SIGNATURE

INSURANCE BINDER		IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:	
EFFECTIVE DATE	EXPIRATION DATE	THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY.	
TIME	12:01 AM	THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE. THIS BINDER MAY BE CANCELLED BY THE COMPANY BY NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLICY CONDITIONS. THIS BINDER IS CANCELLED WHEN REPLACED BY A POLICY. IF THIS BINDER IS NOT REPLACED BY A POLICY, THE COMPANY IS ENTITLED TO CHARGE A PREMIUM FOR THE BINDER ACCORDING TO THE RULES AND RATES IN USE BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY.	
	NOON		
COVERAGE IS NOT BOUND			
PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. CREDIT SCORING INFORMATION MAY BE USED TO DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US. <input type="checkbox"/> COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states)			
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, OH, OK, OR or VT; In DC, LA, ME, TN and VA, insurance benefits may also be denied.)			
APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.			
APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER