



## MOBILE HOME APPLICATION

**Please Print All Information Clearly. Complete the application in full and fax to the above number for confirmation of acceptance. We cannot accept a partially completed application.**

Brokerage:						Broker No.		
NAME(S) OF INSURED(S) as they should appear on Policy:						Additional Named Insured (Spouse or Other) - Advise Relationship to the Insured:		
Date of Birth:    /month    /date    /year                    /month    /date    /year						Date of Birth:                    /month    /date    /year		
Occupation: _____						Occupation: _____		
Employer: _____ Length of Employment: _____						Employer: _____ Length of Employment: _____		
POSTAL ADDRESS						LEGAL ADDRESS or ADDRESS OF RISK (if different from postal)		
	MONTH	DAY	YEAR		MONTH	DAY	YEAR	
POLICY PERIOD FROM				TO				12:01 a.m., Standard Time at the Postal Address of the named insured as stated herein.

<b>DESCRIPTION OF MOBILE HOME</b>			
19_____ Manufacturer/Model: _____		Serial #: _____ Size: _____	
Distance to fire hydrant _____ (1000 ft or 305 m)		Owner Occupied Tenants Package Rented to Others Seasonal	Name and Address of LOSS PAYEE:
Distance to Fire Hall _____ Fire Hall Name _____ Unprotected			<b>MANDATORY: (Must be fully skirted, on blocks and have tie-downs)</b>
Fully Skirted?    Yes        No        On Blocks?    Yes        No		Tie-downs?        Yes        No        On Foundation	
Primary Heating    Approved Permanent Oil (COMPLETE OIL HEATING QUESTIONNAIRE & ATTACH PHOTO) Electric        Wood or Coal Burning System Gas        Propane        Other (specify)		Are any appliances used to aid primary heating system? (e.g. space heaters, wood burning stoves) No        Yes (COMPLETE QUESTIONNAIRE - AUXILLIARY HEATING & ATTACH PHOTO)	
Original Roof Replacement Date:	Original Hot Water Tank Replacement Date:	Original Oil Tank Replacement Date:	Original Plumbing Replacement Date:
Original Furnace Replacement Date:	Original Wiring Replacement Date:	Amp Service:	Fuses:    Ordinary        Tamper Proof        Circuit Breakers

<b>PREVIOUS INSURANCE HISTORY</b>	
Give details of Previous Losses – (Past 5 Years):	Give details of Insurance that has been Cancelled or Declined:
Previous Insurer: _____	
Policy Number: _____ Premium: _____	

<b>METHOD OF PAYMENT</b> <input type="checkbox"/> Broker Bill <input type="checkbox"/> Monthly Payments	<b>REMINDER: Please attach a recent original photo of Mobile Home (including outbuildings). If Policy is on Monthly Pay; include First and Last Months Deposit, Void Check and signed Authorization Form.</b>
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**“BROKERS DO NOT HAVE BINDING AUTHORITY”**

COVERAGE DETAILS								
POLICY TYPE				TERRITORY	MOBILE HOME		CONTENTS	
MOBILE HOMEOWNERS	<input type="checkbox"/>	TENANTS PACKAGE	<input type="checkbox"/>		Actual Cash Value	<input type="checkbox"/>	Actual Cash Value	<input type="checkbox"/>
RENTAL UNIT	<input type="checkbox"/>	SEASONAL	<input type="checkbox"/>		Replacement Cost	<input type="checkbox"/>	Replacement Cost	<input type="checkbox"/>

PART I - PRINCIPLE RESIDENCE				PART II - COMPREHENSIVE PERSONAL LIABILITY			
A. MOBILE HOME	B. PRIVATE STRUCTURE	C. PERSONAL PROPERTY	D. ADDITIONAL LIVING EXPENSES	E. BODILY INJURY PROPERTY DAMAGE	F. MEDICAL PAYMENTS	G. VOLUNTARY PROPERTY DAMAGE	BASE PREMIUM
	10% OF A		20% OF A Or C		Each Person \$2,500.	Each Occurrence \$1,000.	\$ _____

**NOTE: TO QUALIFY FOR UPGRADED RATES, ALL OF THE FOLLOWING MUST HAVE BEEN UPGRADED IN THE LAST 15 YEARS: PLUMBING, HEATING, ELECTRICAL, ROOF AND HOT WATER TANK.**

MAXIMUM DISCOUNTS ALLOWED 30%			
DISCOUNTS - <b>**Discounts Taken From Base Premium Only**</b>		Qualifications	
Mature Market Discount	15%	50 Years of Age, Homeowners and Tenants Packages Only	-
3 Years Claim Free Discount	10%	Homeowners Package Only	-
Factory Built Double Wide Discount	15%	Homeowners Package Only	-
Mobile Home Park Discount	10%	1986 or Newer and Homeowners Package Only (Hydrant Protected Only)	-
Electric Heat Discount	5%	Home Owners Package only with no Auxiliary Heat	-
<b>DEDUCTIBLE CHOICES</b>			
\$250. Deductible	\$50. Flat Charge		+
\$1,000. Deductible	\$50. Credit		-
<b>SURCHARGES: Auxiliary Heating Surcharge \$85</b>			+
<b>SPECIAL COVERAGES - Attach schedule if applicable</b>			
REPLACEMENT COST ON CONTENTS.....Additional Premium of \$25. applicable			Insured Amount Premium
<b>COMPREHENSIVE PERSONAL LIABILITY- Additional Hazards - Attach schedule if applicable</b>			Insured Amount Premium

<b>TOTAL PREMIUM (Minimum Policy Premium: \$150. , Minimum Retained: \$50.)</b>	<b>\$</b>
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**Remarks:**

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**OFFICE USE ONLY**

Checked By: \_\_\_\_\_

Logged: \_\_\_\_\_

**CONSENT: IN ACCORDANCE WITH THE ACT RESPECTING THE PROTECTION OF PERSONAL INFORMATION IN THE PRIVATE SECTOR**

IF IT SHOULD BE NECESSARY FOR THE PURPOSE OF MY FILE, I, UNDERSIGNED, THE APPLICANT SPECIFICALLY CONSENT THAT MY BROKER AND MY INSURERS, FOR THE TIME REQUIRED TO FULFIL THEIR FUNCTIONS:

- (A) GATHER ALL THE PERTINENT NECESSARY INFORMATION FROM THE HOLDERS OF MY PRIOR INSURANCE FILES, INTERMEDIARIES IN THE INSURANCE INDUSTRY, INSURANCE COMPANIES, FINANCIAL INSTITUTIONS, CREDIT AGENCIES, GOVERNMENT RECORDS ESTABLISHING DRIVING EXPERIENCE, PREVENTION, DETECTION OR REPRESSION OF CRIME AGENCIES AND INSTITUTIONS THAT GATHER AND COMPILE DATA ON INSURANCE RISKS AND LOSSES.
  - FOR THE PURPOSE OF ESTABLISHING THE PREMIUM AND THE ASSESSMENT OF RISK; AND, (IF YOU WOULD LIKE TO CONSENT NOW)
  - FOR THE PURPOSE OF VERIFICATION, ASSESSMENT AND THE SETTLEMENT OF LOSSES;

FUTHERMORE, I AUTHORIZE MY BROKER TO SIGN ON MY BEHALF ANY REQUEST OR FORM THAT MAY BE NECESSARY IN ORDER TO GATHER INFORMATION CONCERNING ME.

- (B) DISCLOSURE, IN THE CASE OF MY BROKER, THE INFORMATION OBTAINED TO INSURERS WITH WHOM HE IS DOING BUSINESS; WHEN IT IS MY INSURERS, TO INSTITUTIONS THAT GATHER AND COMPILE DATA ON INSURANCE RISKS AND LOSSES AND PREVENTION, DETECTION OR REPRESSION CRIME AGENCIES. SOLEY THE EMPLOYEES, MANDATORIES OR REPRESENTATIVES OF MY BROKER, INSURERS OR OF INSTITUTIONS REFERRED TO IN THIS PARAGRAPH WILL HAVE ACCESS TO THIS INFORMATION WHEN REQUIRED WITHIN THE EXECUTION OF THEIR FUNCTIONS.

FUTHERMORE, I CONSENT THAT HOLDERS OF INFORMATION CONCERNING ME AND COVERED BY THE PRESENT CONSENT BE RELEASED FROM THEIR CONFIDENTIALITY UNDERTAKING AND THAT THEY CONVEY THE REQUIRED INFORMATION TO MY BROKER, MY INSURERS, THEIR EMPLOYEES, TRAINEES OR REPRESENTATIVES.

I ACKNOWLEDGE HAVING BEEN INFORMED OF MY RIGHT TO ACCESS TO INFORMATION OBTAINED BY VIRTUE OF THE PRESENT CONSENT AND TO HAVE IT CORRECTED, IF NEED BE.

FURTHERMORE, I ACKNOWLEDGE HAVING BEEN INFORMED THAT I MAY ADDRESS ALL QUESTIONS REGARDING THE PRESENT CONSENT TO MY BROKER AND/OR MY INSURERS, THEIR EMPLOYEES, TRAINEES OR REPRESENTATIVES.

THIS INSURANCE APPLICATION IS CONSIDERED TO INCLUDE ALL PROVISIONS FOR ALL FORMS TO BE ISSUED IN ACCORDANCE WITH THIS CONTRACT.

THE TOTAL ESTIMATED POLICY PREMIUM IS SUBJECT TO ADJUSTMENT TO THE INSURER'S MANUAL PREMIUM FOR THE RISK.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF CO-APPLICANT

DATE

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NAME OF PRODUCER:

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SIGNATURE OF PRODUCER:

\_\_\_\_\_

DATE: \_\_\_\_\_