



**APPLICANT INFORMATION**

**AGENT INFORMATION**

NAMED INSURED				AGENT CODE #		LICENSE #	
MAILING ADDRESS				AGENT NAME			
CITY, STATE, ZIP				AGENT ADDRESS			
REQUESTED POLICY PERIOD	EFFECTIVE	EXPIRATION	<input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL		AGENT CITY, STATE, ZIP		
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION	<input type="checkbox"/> LIMITED CORPORATION <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> OTHER	SIC	FEDERAL ID #	CONTACT	PHONE (A/C, NO. EXT.)		
YEARS IN BUSINESS: _____						WEB SITE ADDRESS:	
<input type="checkbox"/> NEW ENTITY (Attach Financials, Summary of Experience)							

**COVERAGES**

**DEDUCTIBLE:**

- \$250 per unit / \$1,250 per occurrence aggregate
- \$500 per unit / \$2,500 per occurrence aggregate
- \$1,000 per unit / \$5,000 per occurrence aggregate
- \$2,500 per unit / \$12,500 per occurrence aggregate
- \$5,000 per unit / \$25,000 per occurrence aggregate
- \$10,000 per unit / \$50,000 per occurrence aggregate

**POLICY FORM REQUESTED**

- COMPREHENSIVE
    - FLOOD EXCLUSION
    - EX WINDSTORM, HAIL, FLOOD
  - NAMED PERILS
    - FLOOD EXCLUSION
    - EX WINDSTORM, HAIL, FLOOD
  - ADDITIONAL DEBRIS REMOVAL
- \$ \_\_\_\_\_ LIMIT

**UNDERWRITING INFORMATION - REFERTO GUIDELINES FOR COMPLETE ELIGIBILITY REQUIREMENTS**

- SUBMIT PHOTO OF ANY UNIT OVER 20 YEARS OLD. (DO NOT BIND)
- SUBMIT PHOTO OF ANY UNATTACHED STRUCTURES WHOSE VALUE EXCEEDS UNIT VALUE. (DO NOT BIND)
- SUBMIT INVENTORY OF ANY BUSINESS PERSONAL PROPERTY WHERE VALUE EXCEEDS UNIT VALUE. (DO NOT BIND)
- ARE ANY UNITS LOCATED ON ANY ISLAND, LAND OUTSIDE THE INTERCOASTAL WATERWAY OR WITHIN 1000 FEET OF ANY TIDAL WATER OR LOCATED IN NFIP ZONE V, VI, OR V30?  YES  NO
- ARE ANY UNITS WITHIN 500 FEET OF A WATER EXPOSURE?  YES  NO
- HAS ANY LOCATION FLOODED WITHIN THE PAST 10 YEARS?  YES  NO
- ANY UNITS REPOSSESSED OR CONSIGNED?  YES  NO
- ANY UNITS MOTORIZED?  YES  NO
- ANY UNITS HAVE COMMERCIAL COOKING FACILITIES?  YES  NO
- ANY UNITS STORE ANY TYPE EXPLOSIVES, CORROSIVE OR FLAMMABLE LIQUIDS?  YES  NO
- ANY UNITS EQUIPPED WITH GOOSENECK COUPLING DEVICE? IF YES, DECLINE FOR COLLISION COVERAGE.  YES  NO
- ANY UNITS VACANT? IF YES, FOR HOW LONG? \_\_\_\_\_  YES  NO
- WHEN IS UNIT EXPECTED TO BE OCCUPIED? \_\_\_\_\_  YES  NO
- ANY ATTACHED/UNATTACHED STRUCTURE NOT CONSTRUCTED OF STRONG DURABLE MATERIAL, UNDER CONSTRUCTION, INCOMPLETE OR NOT IN COMPLIANCE WITH LOCAL BUILDING CODE?  YES  NO
- ANY UNITS OR EXPOSURES PREVIOUSLY UNINSURED? EXPLAIN  YES  NO

**LOSS HISTORY - Describe all losses to "MH" type units in last 3 years.  None**

DATE OF LOSS	DESCRIPTION OF LOSS	AMOUNT PAID

YEAR / LENGTH / WIDTH	UNIT #1			UNIT #2		
	YEAR:	L:	W:	YEAR:	L:	W:
MANUFACTURER						
SERIAL NUMBER						
TIED DOWN	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO		
PROGRAM	<input type="checkbox"/> RENTAL <input type="checkbox"/> OFFICE <input type="checkbox"/> MISC.			<input type="checkbox"/> RENTAL <input type="checkbox"/> OFFICE <input type="checkbox"/> MISC.		
'Units written in Miscellaneous Program Describe Type and Usage						
FIREPLACE OR WOOD/COAL BURNING STOVE - (COMPLETE U0884)	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO		
LOCATION - IN PARK, give park name and lot number	LOCATION:			LOCATION:		
IF OUT OF PARK, give complete address	PROTECTION CLASS: _____ <input type="checkbox"/> Protected* <input type="checkbox"/> Unprotected**			PROTECTION CLASS: _____ <input type="checkbox"/> Protected* <input type="checkbox"/> Unprotected**		
LENDER NAME & ADDRESS						
COVERAGES	LIMIT	PREMIUM		LIMIT	PREMIUM	
UNIT PHYSICAL DAMAGE (INCL ATT'D STRUC.)						
UNATTACHED STRUCTURES						
BUSINESS PERSONAL PROPERTY						
LENDERS INTEREST	<input type="checkbox"/> INCLUDE			<input type="checkbox"/> INCLUDE		
LENDERS FLOOD	<input type="checkbox"/> INCLUDE			<input type="checkbox"/> INCLUDE		
TRIP COLLISION	EFF:			EFF:		
REPLACEMENT COST	<input type="checkbox"/> INCLUDE			<input type="checkbox"/> INCLUDE		

COMPOSITE POLICY - Unit Schedule with 10 or more units, quarterly reporting (attach schedule of units).

\* Protected - Means a "Rental" is located in a park (with 5 or more mobile homes in the park) and the park is located in Protection Classification 1-8

\*\* Unprotected - Means a "Rental" is not in a park or the park is located in Protection Classification 9 or 10

**REMARKS**

**PRIOR CARRIER**

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRODUCER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Attach Unit Schedule for Additional Units or a Typewritten Schedule with Information Shown Above.