

PRODUCER INFORMATION / PROGRAM SELECTION

Agent Name:	Agent #:	Effective Date:
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APPLICANT / CO-APPLICANT INFORMATION

Name		DOB	
Designee Type: <input type="checkbox"/> N/A <input type="checkbox"/> C/O <input type="checkbox"/> DBA <input type="checkbox"/> Executor <input type="checkbox"/> Trust		Designee Comments:	
Mailing Address			
City	State	Zip	Country
Daytime Phone No.		Evening Phone No.	
Email Address			Social Security #
Employment Status: <input type="checkbox"/> Disabled <input type="checkbox"/> Employed <input type="checkbox"/> Homemaker <input type="checkbox"/> Retired <input type="checkbox"/> Self Employed <input type="checkbox"/> Unemployed		Occupation	
Employer			Employer Phone No.
Co-applicant's Name			DOB
Does the co-applicant live at the residence? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Co-applicant Employment Status: <input type="checkbox"/> Disabled <input type="checkbox"/> Employed <input type="checkbox"/> Homemaker <input type="checkbox"/> Retired <input type="checkbox"/> Self Employed <input type="checkbox"/> Unemployed		Occupation	
Co-applicant's Social Security #			

UNDERWRITING

Eligibility Information

Any "Yes" response makes the risk unacceptable and it cannot be written!

	Yes	No
1. Has the applicant been convicted of arson or insurance fraud?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the home without permanently installed water, electricity and sewage utility services?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the home been salvaged or does the home have any existing structural damage?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the home vacant or under construction or major renovation?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the dwelling in foreclosure?.....	<input type="checkbox"/>	<input type="checkbox"/>
6. Are there liquid fuel-powered space heaters or any heat reclaiming devices in the home?.....	<input type="checkbox"/>	<input type="checkbox"/>
7. Is the home's primary source of heat a wood/coal/pellet burning device?.....	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the home have other structures or garages with a wood/coal/pellet burning device?.....	<input type="checkbox"/>	<input type="checkbox"/>
9. Does the home have polybutelene pipes?	<input type="checkbox"/>	<input type="checkbox"/>
10. Are explosive or flammable materials stored on the premises?.....	<input type="checkbox"/>	<input type="checkbox"/>
11. Is brush clearance less than 350 feet around the dwelling?	<input type="checkbox"/>	<input type="checkbox"/>
12. Is there childcare, homecare, lodging, auto repair and/or chemical processing conducted on the premises?	<input type="checkbox"/>	<input type="checkbox"/>

Underwriting Questions

	Yes	No
1. Does the applicant own a dog?	<input type="checkbox"/>	<input type="checkbox"/>
a. Number of Dog(s) _____		
b. Breed of Dog(s) _____		
2. Has the applicant had a manufactured home policy cancelled or non-renewed for any reason, other than the carrier is no longer writing this business in the past 36 months?.....	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the applicant filed for bankruptcy in the past 36 months?.....	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the applicant been 30 days past due on mortgage payments in the last 12 months?.....	<input type="checkbox"/>	<input type="checkbox"/>
5. Has the home been uninsured for more than 30 days immediately prior to the requested effective date? (Does not apply to a new purchase.).....	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the home built on stilts, posts, or piers?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is the home without handrails on all entrances that have 3 or more steps?	<input type="checkbox"/>	<input type="checkbox"/>
8. Is the home without permanently installed steps at all entrances?.....	<input type="checkbox"/>	<input type="checkbox"/>
9. Is the home within 1,500 feet of water (river or creek) or is it located on an island or in a Special Flood Hazard Area?	<input type="checkbox"/>	<input type="checkbox"/>
10. Are there multiple horses, livestock or farm animals on the premises?.....	<input type="checkbox"/>	<input type="checkbox"/>
11. Is there a dock, pier, or boathouse on the premises?	<input type="checkbox"/>	<input type="checkbox"/>
12. Is the dwelling on 5 or more acres?	<input type="checkbox"/>	<input type="checkbox"/>
13. Are farming activities conducted on the premises?	<input type="checkbox"/>	<input type="checkbox"/>
14. Are business activities conducted on the premises?.....	<input type="checkbox"/>	<input type="checkbox"/>
15. Does the home have attachments or other structures (other than porches, decks, awnings, skirting, or carports) that are not factory/contractor built?	<input type="checkbox"/>	<input type="checkbox"/>
16. Is the home comprised of two separate manufactured homes that are joined together?	<input type="checkbox"/>	<input type="checkbox"/>

Explain "Yes" answers! _____

INTERESTED PARTIES

Interested Party Type: <input type="checkbox"/> Additional Interest <input type="checkbox"/> Mortgagee/Lienholder <input type="checkbox"/> Private Lender/Contract Seller <input type="checkbox"/> Additional Insured <input type="checkbox"/> Premium Finance				Business Ownership: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Business Name					
Name					
Mailing Address					
City			State	Zip	Country
Loan Number			Bill this Party: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Interested Party Type: <input type="checkbox"/> Additional Interest <input type="checkbox"/> Mortgagee/Lienholder <input type="checkbox"/> Private Lender/Contract Seller <input type="checkbox"/> Additional Insured <input type="checkbox"/> Premium Finance				Business Ownership: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Business Name					
Name					
Mailing Address					
City			State	Zip	Country
Loan Number			Bill this Party: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Interested Party Type: <input type="checkbox"/> Additional Interest <input type="checkbox"/> Mortgagee/Lienholder <input type="checkbox"/> Private Lender/Contract Seller <input type="checkbox"/> Additional Insured <input type="checkbox"/> Premium Finance				Business Ownership: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Business Name					
Name					
Mailing Address					
City			State	Zip	Country
Loan Number			Bill this Party: <input type="checkbox"/> Yes <input type="checkbox"/> No		

PROPERTY INFORMATION

Location Address					
City			State	Zip	County
Occupancy: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary/Seasonal <input type="checkbox"/> Rental <input type="checkbox"/> Commercial		Year Built	Manufacturer		
Serial Number	Length in Feet	Width in Feet	Purchase Date	Purchase Price	
Is the home located in a Manufactured Home Park? <input type="checkbox"/> Yes <input type="checkbox"/> No		Park Name		Number of Park Spaces	
Roofing Information: Type: _____			Year Of Last Update: _____		
Heating Information: Type: _____					
Supplemental Heating Device: <input type="checkbox"/> None <input type="checkbox"/> Wood burning Stove <input type="checkbox"/> Fireplace <input type="checkbox"/> Other: _____			Was the device installed by a licensed contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Protective Devices: <input type="checkbox"/> None <input type="checkbox"/> Central Station Fire Alarm <input type="checkbox"/> Central Station Burglar Alarm <input type="checkbox"/> Smoke Detector <input type="checkbox"/> Fire Extinguisher <input type="checkbox"/> Dead Bolts <input type="checkbox"/> Other: _____					
Additional Information					
Does the applicant (or tenant if tenant occupied) own, keep or shelter any animal with a previous bite history or any non-domestic animals?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the premises have a swimming pool or spa that does not have a four-foot fence with a self-latching gate, motorized pool cover, or other comparable safety device that is securely fastened to the perimeter of the pool/spa thus rendering it inaccessible?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the home a new purchase?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the applicant been continuously insured with another carrier for the past 36 months with no claims and no lapse in coverage?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Prior Insurer Name: _____					
Is the applicant currently insured with another carrier?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Previous Policy Expiration Date: _____					
Distance to Fire Hydrant: <input type="checkbox"/> 0-1,000 Feet <input type="checkbox"/> Greater than 1,000 Feet		Distance to Fire Station: <input type="checkbox"/> 0-5 Miles <input type="checkbox"/> Greater than 5 Miles		Protection Class	

LOSS EXPERIENCE

Type of Loss: <input type="checkbox"/> Fire <input type="checkbox"/> Liability <input type="checkbox"/> Lightning <input type="checkbox"/> Theft/Burglary <input type="checkbox"/> Water/Flood Damage <input type="checkbox"/> Weather <input type="checkbox"/> Other: _____					
Date of Loss: _____			Amount Paid: _____		
Description: _____					
Corrective Action Taken: <input type="checkbox"/> Exposure no longer exists/Removed from property <input type="checkbox"/> No action taken <input type="checkbox"/> Protective Device Installed <input type="checkbox"/> Repaired/Replaced					
Type of Loss: <input type="checkbox"/> Fire <input type="checkbox"/> Liability <input type="checkbox"/> Lightning <input type="checkbox"/> Theft/Burglary <input type="checkbox"/> Water/Flood Damage <input type="checkbox"/> Weather <input type="checkbox"/> Other: _____					
Date of Loss: _____			Amount Paid: _____		
Description: _____					
Corrective Action Taken: <input type="checkbox"/> Exposure no longer exists/Removed from property <input type="checkbox"/> No action taken <input type="checkbox"/> Protective Device Installed <input type="checkbox"/> Repaired/Replaced					
Type of Loss: <input type="checkbox"/> Fire <input type="checkbox"/> Liability <input type="checkbox"/> Lightning <input type="checkbox"/> Theft/Burglary <input type="checkbox"/> Water/Flood Damage <input type="checkbox"/> Weather <input type="checkbox"/> Other: _____					
Date of Loss: _____			Amount Paid: _____		
Description: _____					
Corrective Action Taken: <input type="checkbox"/> Exposure no longer exists/Removed from property <input type="checkbox"/> No action taken <input type="checkbox"/> Protective Device Installed <input type="checkbox"/> Repaired/Replaced					

COVERAGE

Coverage A Manufactured Home Limit: _____

Coverage A Loss Settlement: Replacement Cost
 Actual Cash Value
 Full Repair Cost

Coverage B Other Structures Limit: _____

Description of Other Structure: _____

Year Built: _____

Square Footage: _____

Excluded Other Structures: Yes No

Description of Excluded Other Structure: _____

Coverage C Personal Property Limit: _____

Coverage C Loss Settlement: Replacement Cost
 Actual Cash Value

Coverage D Additional Living Expense: 10% of Coverage A

Coverage E Personal/Premises Liability Limit:
 \$25,000 \$50,000 \$100,000 \$200,000 \$300,000

Coverage F Medical Payments Limit:
 \$500 \$1,000 \$2,500 \$5,000

Deductibles:
 \$500 \$750 \$1,000 \$2,500

Flood
 Enhancement (LOB 37 only)
 Occasional Rental (Excluding LOB 48)
 Builders Risk
 Farm Structures or Livestock Structures

Water Backup and Sump Discharge or Overflow (Excluding LOB 48)

Identity Fraud Limit: \$1,000 \$5,000 \$10,000 (Excluding LOB 48)

Increased Radio and TV Antenna Limit: _____

Increased Fire Department Service Charge Limit: _____

Earthquake

Hobby Farming (Excluding LOB 48)

Extended Replacement Cost (Excluding LOB 48)

Scheduled Personal Property (Excluding LOB 48)

Class / Description _____ Limit _____

Class / Description _____ Limit _____

Class / Description _____ Limit _____

Additional Residence Premises Liability (LOB 37 only)

Type: Rented to Others Secondary

Address _____

City _____ State _____ Zip _____

Type: Rented to Others Secondary

Address _____

City _____ State _____ Zip _____

Golf Cart (Excluding LOB 48)

Year _____ Make / Model _____

Serial Number _____ Value _____

Year _____ Make / Model _____

Serial Number _____ Value _____

Mine Subsidence – Dwelling

Mine Subsidence – Other Structures

Swimming Pool and Spa Exclusion

All Terrain Vehicle Exclusion

Livestock Exclusion

BILLING / ACCOUNTING INFORMATION

***PAYMENT PLANS:** If the insured desires to pay their premium on an installment basis, the Company will allow a 2-payment, 4-payment, or 8-payment option to be selected.

1-Pay, 100% payment, plus any applicable taxes and fees 4-Pay, 25% down, plus any applicable taxes and fees

2-Pay, 50% down, plus any applicable taxes and fees 8-Pay, 20% down, plus any applicable taxes and fees ** Each installment includes a \$6 fully earned service charge*

Initial Payment Amount: _____ Payment Type: Check Money Order Credit Card Check / Money Order Number: _____

Name as it appears on credit card: _____ Credit card billing address zip code: _____

Credit Card Type: Visa Mastercard Credit Card #: _____ Expiration Date: _____ CCID #: _____

IMPORTANT NOTICE: Personal Information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agent may in certain circumstances be disclosed to third parties without your authorization. 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. 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 will be issued with your policy. This notice is given in compliance with the Federal Credit Reporting Act.

FRAUD WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

SPECIFIC BREED ANIMAL EXCLUSION NOTICE: You should be aware that a Specific Breed Animal Exclusion will be attached to your policy and that bodily injury, property damage or any other loss or expense arising out of any occurrence involving any of the following types of animals and/or breeds of dogs will not be covered: Any animal with a previous bite history, snakes, monkeys or ostriches; Breeds of dogs include Akita, Anatolian Shepherd, Chow, Doberman, Pit Bull, Presa Canario, Rottweiler, Wolf, Wolf Hybrid, or any mix of these breeds with any other breed whether listed here or not.

X _____ **X** _____
MUST BE SIGNED (Signature of Applicant) Date MUST BE SIGNED (Signature of Producer) Date

