



Manufactured Homeowner Application

Applicant's Name, Address, City, State & Zip

Agent Name

Home Phone: _____ Cell Phone: _____
Policy Period From: _____ to _____

Agent Code: _____
New Application Quote #: _____
Rewrite of Policy # _____
Adding Location to Policy # _____
Submitting for **QUOTE ONLY**

Date of Birth: _____ Social Security #: ____-____-____ Marital Status: _____
Occupation & Employer: _____ Yrs Employed: _____
Date of Birth: _____ Social Security #: ____-____-____ Marital Status: _____
Occupation & Employer: _____ Yrs Employed: _____
Previous Address (if less than 3 years): _____

COVERAGE AND RATING INFORMATION

Location of Risk, including County, if different from above:

Limits of Liability

Coverage A - Dwelling \$ _____ Personal Liability \$ _____ Each Occurrence
Coverage B - Related Structures \$ _____ Medical Payments \$ _____ Each Person
Coverage C - Personal Property \$ _____
Coverage D - Loss of Use \$ _____ Zone: _____

Year: ____ Length: ____ Width: ____ Manufacturer: _____ Make: _____

Purchase Price: _____ Purchase Date: _____ New/Used? _____

Causes of Loss Form: _____

Deductible: _____

Foundation Type: _____

If other, describe: _____

Skirting Type: _____

If other, describe: _____

Tie Downs? Yes No

Miles from Fire Department: _____ Feet from Hydrant: _____

Responding Fire District: _____

LOSS HISTORY & PREVIOUS INSURANCE

- Any previous losses, whether or not paid by insurance during the last 5 years, on this risk or **ANY** other previously owned residence of the insured? Yes No
If yes, please complete the following:
Date: _____ Type: _____
Description of Loss: _____ Amount: \$ _____
Date: _____ Type: _____
Description of Loss: _____ Amount: \$ _____
- If loss has occurred, has damage been repaired? Yes No
- Name Previous Insurance Company: _____ Policy Expiration Date: _____
- Has any company cancelled, non-renewed or refused insurance (*including non-payment of premium*) for this applicant? Yes No
- If yes, why? _____

MORTGAGEE / ADDITIONAL INSURED INFORMATION

(List Name, Address, City, State, Zip & Interest)

- | | |
|--|--|
| 1. <input type="checkbox"/> Mortgagee <input type="checkbox"/> Additional Insured
Interest: _____ | 2. <input type="checkbox"/> Mortgagee <input type="checkbox"/> Additional Insured
Interest: _____ |
|--|--|

BILLING INFORMATION

- Bill Policy to:** **If other**, please include name & address below:
- | | |
|------------------------------------|-------------------------|
| <input type="checkbox"/> Insured | Quoted Premium \$ _____ |
| <input type="checkbox"/> Mortgagee | |
| <input type="checkbox"/> Other | Deposit Amount \$ _____ |
- Transfer money from Policy # _____ Insured's Initials: _____

UNDERWRITING INFORMATION

GENERAL INFORMATION

- How long has applicant owned this risk? _____ years
If less than 3 years, provide: Purchase Price \$ _____, & Cost of Improvement \$ _____
If more than 3 years, provide: Market Value \$ _____, & Replacement Cost \$ _____
Is this property currently occupied? Yes No
Is this the primary residence of the insured? Yes No
Are there any other structures on premises considered to be related private structures (*garages, sheds, etc*)? Yes No
If yes, describe: _____
Are there any farm style buildings on premises (*farm barns, silo, etc.*)? Yes No
If yes, describe: _____

UNDERWRITING INFORMATION (CONTINUED)

UTILITIES

Type of central heat system: Hot Air Furnace Fuel Type? _____ Hot Water Boiler Fuel Type? _____
 Electric Baseboard Other Yr Updated _____

Any of the following: Woodstoves (*Mandatory Interior Inspection*) Pellet Stoves Freestanding Space Heaters

Does dwelling contain circuit breakers at main service panel? Yes No Yr Updated _____

Has roof been replaced in last 15 years? Yes No Yr Updated _____

LIABILITY QUESTIONS

Any business conducted on premises (*in dwelling or or an outbuilding*)? Yes No

If yes, describe: _____

Is there a commercial policy for this exposure? Yes No

Any of the following: Swimming Pool Pond Other Water Frontage Exposure

If yes, make selections for better description: Above Ground Pool Inground Pool
 Diving Board Slide Fenced w/ Locking Gate

Any dogs owned by any residents of the property (*attach dog questionnaire*)? Yes No

Any other animals owned or kept on property? Yes No If yes, explain: _____

Are all stairways equipped with handrails? Yes No

Is yard free of debris and unregistered motor vehicles? Yes No

If no, explain: _____

MANDATORY ENDORSEMENTS

<u>FORM #</u>	<u>FORM TITLE</u>
<input type="checkbox"/> ML - 52A	TRAMPOLINE EXCLUSION

OPTIONAL PROPERTY ENDORSEMENTS

<input type="checkbox"/> DML - 152	HOMEOWNERS VIP COVERAGE (<i>ML-1R ineligible</i>) Includes Replacement Cost Contents, Earthquake, Disaster Recovery, etc.
<input type="checkbox"/> ML - 150	HOMEOWNERS PLUS
<input type="checkbox"/> ML - 151	HOMEOWNERS DELUXE
<input type="checkbox"/> ML - 55	REPLACEMENT COST CONTENTS (<i>Not needed if VIP coverage requested</i>)
<input type="checkbox"/> ML - 25	CONSENT TO MOVE MANUFACTURED HOME Date of move: _____
<input type="checkbox"/> ML - 26	TRIP COLLISION (MUST ALSO PURCHASE ML-25 CONSENT TO MOVE)
<input type="checkbox"/> ML - 27	VENDORS SINGLE INTEREST - REGULAR
<input type="checkbox"/> ML - 28	VENDORS SINGLE INTEREST - COMPREHENSIVE
<input type="checkbox"/> ML - 216	PROTECTIVE DEVICE CREDIT ___ Smoke Detectors - 2% Credit ___ Local Fire Alarm - 5% Credit (<i>Certificate Required</i>) ___ Central Station Burglar and or Fire Alarm - 10% Credit (<i>Certificate Required</i>) ___ Sprinkler System - 3% Credit

OPTIONAL PROPERTY ENDORSEMENTS (CONTINUED)

- FORM #** **FORM TITLE**
- ML - 48** **RELATED PRIVATE STRUCTURES** (*garage or shed type, not farm type structures*)
Description: _____ Limit \$ _____
Description: _____ Limit \$ _____
- ML - 40** **PRIVATE STRUCTURES RENTED TO OTHERS** (1 OR 2 FAMILIES)
Description: _____ # of Families: _____ Limit \$ _____
Description: _____ # of Families: _____ Limit \$ _____
- ML-57** **CREDIT CARD, FORGERY AND COUNTERFEIT MONEY** Limit: _____
- ML-189** **IDENTITY FRAUD ENDORSEMENT**
- ML - 303** **FARM BARN STRUCTURES** (FIRE, EC & VMM)
of Stories: ____ Location & Use: _____
Limit \$ _____ Deductible: _____
- FL - 3A** **BARN COVERAGE**
Used for: _____ Used for: _____
Cause of Loss: _____ Cause of Loss: _____
Limit \$ _____ Limit \$ _____
Deductible: _____ Deductible: _____
- ML - 65H** **HIGHER LIMITS OF CERTAIN PROPERTY**
Business Property Limit \$ _____ Motorized Vehicles Limit \$ _____
Dismounted Camper Bodies Limit \$ _____ Securities Limit \$ _____
Grave Markers Limit \$ _____ Guns Limit \$ _____
Silver, Gold & Pewter Ware Limit \$ _____ Unscheduled Jewelry Limit \$ _____
Money Limit \$ _____ Watercraft Limit \$ _____
- ML - 67** **OTHER RESIDENCE COVERAGE** (*complete and attach separate application*)

OPTIONAL LIABILITY ENDORSEMENTS

- FORM #** **FORM TITLE**
- ADDITIONAL RESIDENCE PREMISES LIABILITY - OCCUPIED BY INSURED**
Photo Required
Location: _____ # of Families: _____
- ML - 10** **FARMERS COMPREHENSIVE PERSONAL LIABILITY**
Occupied by Insured: _____ Initial Farm Exposure # of Acres: _____
Rented to others: _____
- ML - 326** **BED & BREAKFAST EXPOSURE** # OF ROOMS: _____
Maximum of 4 rooms to rent - over 4 must go Commercial
- ML - 326** **CHILD DAY CARE LIABILITY** # OF CHILDREN: _____
Licensed family day care only - maximum of 8 children (*copy of NYS certificate required*)
(No Group licensed child day care operations)
Complete Day Care Supplement. *Premium charge for 8 children will apply to all policies with this endsmt.*

OPTIONAL LIABILITY ENDORSEMENTS (CONTINUED)

FORM #

FORM TITLE

ML - 70

ADDITIONAL RESIDENCE PREMISES LIABILITY - RENTED TO OTHERS

Location: _____ 1 or 2 Family: _____

Location: _____ 1 or 2 Family: _____

ML - 71

BUSINESS PURSUITS

NAME OF BUSINESS: _____

___ Clerical Office Employees

___ Salespersons, Collectors or Messengers

___ Teacher

REFER TO MANUAL FOR COMPLETE LIST OF OPTIONAL ENDORSEMENTS

DML - 152 VIP ENDORSEMENT HIGHLIGHTS

Dryden Mutual's VIP Endorsement, when added to your policy, provides a wide array of coverage extensions, making your Dryden Mutual Homeowners Package one of the most inclusive policies available. Following is a summary of the coverage provided. Refer to the actual form for specific terms and conditions.

COVERAGE EXTENSION	ADDITIONAL LIMIT
1. Replacement Cost on Contents.....	Increase Coverage C - Contents limit to 70% of Coverage A
2. Earthquake & Earth Movement Damage.....	Up to policy limits of liability (subject to special deductible)
3. Disaster Recovery Expenses Related to Power Outage of MORE than 24 hours	
A. Additional Living Expenses.....	Up to \$75 per day for up to 10 consecutive days. Maximum \$750
or	
B. Generator Extra Expense.....	Up to \$75 per day for up to 10 consecutive days. Maximum \$750
4. Disaster Debris Removal	
A. Debris Removal Expense.....	Up to an additional 5%
B. Removal of Trees.....	Up to \$500
5. Refrigerated Food Products.....	\$500 or up to 1% of Coverage C
6. Pet Boarding.....	Up to \$250
7. Back up to Sewers & Drains.....	Up to 2.5% of Coverage A
8. Functional Replacement Computer.....	Up to 2.5% of Coverage C
9. Replacement of Locks.....	Up to \$500 per occurrence
10. Landlord Property.....	Up to \$2,500 per occurrence
11. Contingent Compliance with Building Codes.....	Up to 5% of Coverage A
12. Personal Injury Coverage.....	Up to limit of liability
13. Prejudgment Interest.....	Within limit of liability
14. Pollution Liability Extension as a result of a Coverage C Cause of Loss	
15. Medical Payments.....	Increased by \$1,000
16. Damage to Property of Others.....	Increased by \$500

AGENTS

Was prior approval given from underwriting for this risk? Yes No Details: _____

Has this property been visually inspected by agency staff? Yes No

Overall condition of risk: _____

Is insured new to your agency? Yes No

Does insured have any other policies with Dryden Mutual? Yes No

If yes, please provide policy number: _____

REMARKS

AGENCY USE: ATTACHMENTS TO APPLICATION

Photos #: _____

Replacement Cost Square Foot Estimator

Dog Owner Questionnaire

Day Care Liability Questionnaire

For questions regarding this application, please contact Agency Service Representative:

Name: _____ Phone: _____ Ext: _____

Email Address: _____

FAIR CREDIT REPORTING ACT NOTICE

A Consumer Report may be requested by the insurer to which the application is assigned. Subsequent consumer reports may be requested in connection with an update or renewal or extension of the insurance for which this application is made. The applicant, upon request, will be informed whether or not a consumer report was requested and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. The undersigned hereby applies for Insurance Coverage as set forth in the application and the various attached underwriting schedules and affirms that the statements and representations made herein are to the best of his or her knowledge true.

INSURANCE FRAUD WARNING NOTICE

Any person who knowingly and with intent to defraud any insurance company or other 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Agent: _____ Date: _____ Applicant: _____



Credit Card Authorization Form

Please complete **ALL** of the following information for any new business application.

Visa Mastercard *These are the only cards accepted.*

Credit Card #:

Expiration Date: _____ mm/yy Amount: _____

Billing Information as listed on the Credit Card

First Name: _____ Last Name: _____ Middle Initial: _____

Business Name: _____

Address: _____

City: _____ State/Province: _____ Zip Code: _____

Phone: _____

Authorization Signature: _____ Date: _____

New Business

Existing Policy

Policy #: _____

Named Insured: _____

Agency Name: _____

