



# 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:  ML-1R Basic  ML-2 Broad  ML-3 Special  ML-4 Tenant

Deductible:  \$100  \$250  \$500  \$1,000  \$2,500

Foundation Type:  Full Basement  Cement Slab  Other

If other, describe: \_\_\_\_\_

Skirting Type:  Cinder Block/Brick  Vinyl/Aluminum/Wood Skirting  Other

If other, describe: \_\_\_\_\_

Tie Downs (Y/N) ? \_\_\_\_\_

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 (Y/N)? \_\_\_\_\_  
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 (Y/N)? \_\_\_\_\_
- Name Previous Insurance Company: \_\_\_\_\_ Policy Expiration Date: \_\_\_\_\_
- Has any company cancelled, non-renewed or refused insurance (*including non-payment of premium*) for this applicant (Y/N)? \_\_\_\_\_
- If yes, why? \_\_\_\_\_

## MORTGAGEE / ADDITIONAL INSURED INFORMATION

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

- |  |  |
|--|--|
| 1. <input type="checkbox"/> Mortgagee <input type="checkbox"/> Additional Insured<br>Interest: _____ | 2. <input type="checkbox"/> Mortgagee <input type="checkbox"/> Additional Insured<br>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 \$ _____   |
| <input type="checkbox"/> 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 (Y/N)? \_\_\_\_\_  
Is this the primary residence of the insured (Y/N)? \_\_\_\_\_  
Are there any other structures on premises considered to be related private structures (*garages, sheds, etc*) (Y/N)? \_\_\_\_\_  
If yes, describe: \_\_\_\_\_  
Are there any farm style buildings on premises (*farm barns, silo, etc.*) (Y/N)? \_\_\_\_\_  
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 (Y/N)? \_\_\_\_\_ Yr Updated \_\_\_\_\_

Has roof been replaced in last 15 years (Y/N)? \_\_\_\_\_ Yr Updated \_\_\_\_\_

### LIABILITY QUESTIONS

Any business conducted on premises (*in dwelling or or an outbuilding*) (Y/N)? \_\_\_\_\_

If yes, describe: \_\_\_\_\_

Is there a commercial policy for this exposure (Y/N)? \_\_\_\_\_

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*) (Y/N)? \_\_\_\_\_

Any other animals owned or kept on property (Y/N)? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Are all stairways equipped with handrails (Y/N)? \_\_\_\_\_

Is yard free of debris and unregistered motor vehicles (Y/N)? \_\_\_\_\_

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

## OPTIONAL PROPERTY ENDORSEMENTS (CONTINUED)

- 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: \_\_ \$2,500 \_\_ \$5,000 \_\_ \$7,500 \_\_ \$10,000
- ML-189** **IDENTITY FRAUD ENDORSEMENT**
- ML - 303** **FARM BARN STRUCTURES (FIRE, EC & VMM)**  
# of Stories: \_\_\_\_\_ Location & Use: \_\_\_\_\_  
Limit \$ \_\_\_\_\_ Deductible: \_\_ \$100 \_\_ \$250 \_\_ \$500 \_\_ \$1,000 \_\_ \$2,000 \_\_ \$2,500
- FL - 3A** **BARN COVERAGE**  
Used for: \_\_\_\_\_ Used for: \_\_\_\_\_  
Cause of Loss:  Fire Only Cause of Loss:  Fire Only  
 Fire & EC  Fire & EC  
 Fire, EC & VMM  Fire, EC & VMM  
Limit \$ \_\_\_\_\_ Limit \$ \_\_\_\_\_  
Deductible:  \$100  \$250  \$500 Deductible:  \$100  \$250  \$500  
 \$1,000  \$2,000  \$2,500  \$1,000  \$2,000  \$2,500
- 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

- 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 (Y/N)? \_\_\_\_\_ Details: \_\_\_\_\_

Has this property been visually inspected by agency staff (Y/N)? \_\_\_\_\_

Overall condition of risk:  Fair  Good  Excellent

Is insured new to your agency (Y/N)? \_\_\_\_\_

Does insured have any other policies with Dryden Mutual (Y/N)? \_\_\_\_\_

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: \_\_\_\_\_

