



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)

- Mortgagee Additional Insured
Interest: _____
- Mortgagee Additional Insured
Interest: _____

BILLING INFORMATION

Bill Policy to: **If other**, please include name & address below:

- Insured Quoted Premium \$ _____
 Mortgagee
 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 (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

FORM #	FORM TITLE
<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 - 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
<input type="checkbox"/> ML - 48	RELATED PRIVATE STRUCTURES (<i>garage or shed type, not farm type structures</i>) Description: _____ Limit \$ _____ Description: _____ Limit \$ _____

OPTIONAL PROPERTY ENDORSEMENTS (CONTINUED)

- 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**
Deductible: __ \$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 FARM BARN (FIRE ONLY)**
of Stories: _____ Location & Use: _____
Limit \$ _____ Deductible: __ \$100 __ \$250 __ \$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)*
Complete Day Care Supplement
- 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

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: _____

