



MOBILE/MINI HOME INSURANCE APPLICATION

POLICY NUMBER

P MBH

PAC Direct Bill Agency Bill

INSURANCE IS PROVIDED FOR ONLY THOSE COVERAGES FOR WHICH FORMS ARE SPECIFIED AND A SPECIFIC LIMIT OF INSURANCE OR PREMIUM IS STATED BELOW

BROKER OR AGENT	BROKER NUMBER
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NAME OF INSURED (Last name followed by first name)	POSTAL ADDRESS OF INSURED (Street Address or Postal Box)
DATE OF BIRTH (dd/mm/yy):	

POLICY PERIOD	DAY	MONTH	YEAR	TO	DAY	MONTH	YEAR	12 MONTH POLICY TERM ONLY 12:01 A.M. Standard Time at the Postal Address of the Named Insured as stated herein.
FROM								

THIS POLICY CONTAINS A CLAUSE THAT MAY LIMIT THE AMOUNT PAYABLE AND THIS POLICY CONTAINS EXCLUSIONS, RESTRICTIONS, AND SPECIAL LIMITS OF COVERAGE FOR DIFFERENT TYPES OF PROPERTY

DESCRIPTION OF PROPERTY INSURED				
Model Year	Trade Name	Size	Size of Additions	Serial Number

LEGAL ADDRESS (LOCATION OF UNIT Including Postal Code):	LOSS PAYEE (S):
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LOSS & POLICY HISTORY State all losses or claims by the applicant or members of the applicant's household in the past 5 years.

Date of Loss	Cause	Amount Paid	Insurance Company

Has any insurance company cancelled, declined, or refused to renew or issue Mobile home or Habitational insurance to the applicant with the past 5 years? YES NO
If YES, please provide details:

Name of previous insurance carrier: _____ Previous Policy Number: _____

RENOVATION DETAILS:	<input type="checkbox"/> New Roof, Year	<input type="checkbox"/> New Heat, year	<input type="checkbox"/> New Siding, year	Wiring, Plumbing
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OCCUPANCY	PROTECTION GRADE	HEATING
Owner Occupied <input type="checkbox"/>	Protected <input type="checkbox"/>	Primary Heating: _____ Auxiliary Heating: _____ Surcharge <input type="checkbox"/>
Tenant <input type="checkbox"/>	Semi-Protected <input type="checkbox"/>	☛ If heating is OIL, indicate tank Age - _____ <input type="checkbox"/> above ground <input type="checkbox"/> below ground, submit PHOTO & OIL TANK REPORT with this application in order to bind coverage.
Summer / Seasonal <input type="checkbox"/>	Fire Hall: _____	☛ For WOOD BURNING DEVICE: Surcharge applies. Please complete and attach wood heat questionnaire. Inside home or inside outbuildings.
Rented to Others <input type="checkbox"/>	Unprotected <input type="checkbox"/>	

Insurance is provided with respect to the following coverages to the extent of the specified limits of insurance applicable to each.

COVERAGE	BASIS OF LOSS SETTLEMENT
NAMED PERILS – Owner Occupied /Tenant's Package <input type="checkbox"/>	Mobile Home – ACV, Personal Property – R C <input type="checkbox"/>
FIRE & EC – Rented To Others / Summer - Seasonal <input type="checkbox"/>	Mobile Home – ACV, Personal Property – ACV <input type="checkbox"/>
ALL RISKS – Owner Occupied (1991 & Newer Only) <input type="checkbox"/>	Mobile Home – RC, Personal Property – RC <input type="checkbox"/>
<input type="checkbox"/> PHOTO	
<input type="checkbox"/> ATTACHED <input type="checkbox"/>	
<input type="checkbox"/> TO FOLLOW <input type="checkbox"/>	

SECTION I - PROPERTY COVERAGE	SECTION II - LIABILITY COVERAGE	PREMIUM
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A Mobile/ Mini Home	B Detached Private Structures	C Personal Property	D Additional Living Expense	E Personal Legal Liability	F Vol. Medical Payments	G Vol. Property Damage	
\$	\$	\$	20% of Cov. A	\$	\$ 5,000	\$ 1,000	\$
Additional Coverage:				Deductible	Amount of Insurance		
				\$	\$		\$
Discounts/ Surcharges:				\$	\$		\$
Electric Heat <input type="checkbox"/> Mature Market <input type="checkbox"/> Claims Free (3YR) <input type="checkbox"/> Wood \$50 <input type="checkbox"/>							

Consumer and previous insurer reports containing personal, factual or investigative information about the applicant may be sought in connection with this application for insurance or a renewal, extension or variation thereof. The answers above are correct to the best of my knowledge and belief.

INSURED'S SIGNATURE	DATE	G-5115A 08/03	AUTHORIZED SIGNATURE

Total Premium \$