



BEST RATING A

VIRGINIA MANUFACTURED HOME APPLICATION

REQUESTED EFFECTIVE DATE: _____ EXPIRATION DATE: _____

APPLICANT'S NAME		SOCIAL SECURITY #		DATE OF BIRTH	
MAILING ADDRESS			TELEPHONE #		
CITY	COUNTY	TERRITORY	STATE	ZIP CODE	
LOCATION					
MORTGAGEE		LOAN #		BILL MORTGAGEE AT RENEWAL: YES___ NO___	
STREET ADDRESS		CITY		STATE ZIP CODE	

Owner Occupied: Standard___ / Preferred___
Seasonal___ / Tenant___ / Rental___ (provide tenant name below)
Tenant's Name _____
Year___ / Length___ / Width___
Make___ / Model___
Serial # _____
Purchase Date___ / Purchase Price___
Feet from Fire Hydrant___ / Miles from Fire Dept._____
Protection Class___ / In Park___ / Out of Park___
If in a park, how many spaces? _____
Is home located on land owned by insured? Yes___ No___
Does the purchase price include land? Yes___ No___
What is the value of the land? _____
Vinyl or Hardboard Siding: Yes___ No___
Composition Roof: Yes___ No___
Is the home on a permanent foundation? Yes___ No___
Skirted: Yes___ No___ / Tied Down: Yes___ No___

1. Occupation _____ Employer _____ Yrs. Employed _____
2. Previous Carrier _____ Expiration Date _____
3. Has applicant had any claims/losses at any location in the past five (5) years? Yes___ No___
If Yes, give details _____
4. Describe any animals owned by the applicant. _____

IF YES, SUBMIT—DO NOT BIND

1. Has the applicant been cancelled or nonrenewed? If yes, provide the reason for and the date of cancellation or nonrenewal. _____ Yes___ No___
2. Is the manufactured home equipped with a supplemental heating source? If woodstove, submit with interior photos showing the stove and flue exit and an exterior photo of the chimney, plus a completed Aegis woodstove report with details. Yes___ No___
3. Is there a swimming pool on premises? If yes, pool must be surrounded by a 4' stockade type fence with a locked gate. Maximum liability—\$50,000. A photo of the fenced pool is required. The pool exclusion will apply if the pool is unfenced or has a diving board or slide Yes___ No___
4. Does the applicant own or board any Pit Bull, Doberman, Chow, Akita, Rottweiler, Great Dane, Wolf Hybrid; any mix of these breeds; any pet known to be unfriendly; any dog that has bitten; any guard dog; does the applicant own or board horses or livestock or any other large or unusual / exotic animals? If yes, the animal injury exclusion will apply. Please sign below. Yes___ No___

I understand bodily injury and property damage caused by any animal(s) I own or board is excluded from my policy. This exclusion also applies to the company's obligation to defend. I accept a policy with this exclusion.

SIGNATURE _____ Date _____

REQUESTED COVERAGES	LIMIT	PREMIUM
Manufactured Home	\$	\$
Personal Property	\$	\$
Unattached Structures	\$	\$
Personal Liability / Med Pay	\$	\$
Premises Liability (Rentals)	\$	\$
Replacement Cost MH	\$	\$
Replacement Cost PE	\$	\$
Full Repair Cost MH	\$	\$
Scheduled Personal Property	\$	\$
Satellite Dish / Antenna	\$	\$
Supplemental Heating	\$	\$
Sewer Back Up	\$	\$
Ordinance or Law	\$	\$
Deductible \$ _____	\$	\$
TOTAL POLICY PREMIUM	\$	\$

5. Has the applicant had any fire, theft or liability loss or more than two (2) minor losses at any location in the past three (3) years? Yes___ No___
6. Is any business conducted on the premises or in the manufactured home? Yes___ No___

IF YES, DO NOT SUBMIT—UNACCEPTABLE RISK

1. Is there a kerosene heater in the manufactured home? Yes___ No___
2. Is the manufactured home vacant or unoccupied, without utilities or condemned? Yes___ No___
3. Does the manufactured home have any damage that has not been repaired? Yes___ No___
4. Are there any liability hazards on the premises? Yes___ No___

IF NO, DO NOT SUBMIT—UNACCEPTABLE RISK

1. Is the manufactured home well maintained? Yes___ No___

In making this application for insurance, it is understood that an investigative report may be made regarding your credit and / or loss history. You have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of the nature and scope of the investigation. If undisclosed or false information is discovered and the information was material to the Company accepting the risk, coverage will be null and void.
"It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits."

Applicant's Signature _____ Date _____
Producer's Signature _____ Date _____

DESCRIBE ATTACHED AND UNATTACHED STRUCTURES

PAYMENT IN FULL _____
2 PAYMENTS _____
4 PAYMENTS _____
6 PAYMENTS _____
8 PAYMENTS _____

AGENCY NAME _____
ADDRESS _____
AGENCY CODE # _____ TELEPHONE# _____ FAX# _____