



BEST RATING A

CONNECTICUT 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 \_\_\_ / Seasonal \_\_\_ / Tenant \_\_\_  
 Rental \_\_\_ (If rented, the tenant's name must be provided)  
 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 non renewed? If yes, provide the reason for and the date of cancellation or non renewal. \_\_\_\_\_ 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. If the pool is unfenced or has a diving board or slide the risk is unacceptable. Yes \_\_\_ No \_\_\_  
 4. 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 \_\_\_  
 5. 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, including, but not limited to, a trampoline, all terrain vehicle (ATV) and/or missing railings? Yes \_\_\_ No \_\_\_  
 5. 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? 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.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Producer's 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		\$
Deductible \$ _____		\$
<b>TOTAL POLICY PREMIUM</b>		<b>\$</b>

DESCRIBE ATTACHED AND UNATTACHED STRUCTURES

PAYMENT IN FULL \_\_\_\_\_  
 2 PAYMENTS \_\_\_\_\_  
 4 PAYMENTS \_\_\_\_\_  
 6 PAYMENTS \_\_\_\_\_  
 8 PAYMENTS \_\_\_\_\_

AGENCY NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 AGENCY CODE # \_\_\_\_\_ TELEPHONE# \_\_\_\_\_ FAX# \_\_\_\_\_