

MOBILE HOME INSURANCE APPLICATION

Do you currently have insurance on the mobile home? If yes, put date of expiration. If no, use today's date.

EFFECTIVE DATE: _____

WILL THIS POLICY BE: Homeowner Secondary Rental Tenant

NAMED INSURED: _____

DATE OF BIRTH ____/____/____ SS# ____/____/____

SECOND INSURED: _____

LOCATION ADDRESS: _____

MAILING ADDRESS: _____

HOME LOCATED IN: Park or Private Property / City Limits? Yes No

COUNTY: _____ DATE OF PURCHASE ____/____/____

PURCHASE PRICE \$ _____ SIZE OF HOME _____ x _____

MAKE/MODEL _____ YEAR _____

SERIAL# _____ FIREPLACE? Yes No

AMOUNT OF COVERAGE REQUESTED \$ _____

INSUREDS PHONE # () _____ SKIRTED? Yes No

LIENHOLDER NAME: _____

LIENHOLDER ADDRESS: _____

LOSS HISTORY: _____
