



MOBILE HOME INSURANCE APPLICATION FORM

Revised Form May 2007

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

Applicant's Full Name (Last name, First name)				BROKER NAME/ADDRESS:			
Legal Address (Location of Unit Including Postal Code)				Broker Code:			
Tel. Home () - Work () -				Is the Land Leased? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, provide name/address			
Mailing Address of Applicant (If different from above)				Name and address of MORTGAGEE(S):			
Located in mobile home park: <input type="checkbox"/> yes <input type="checkbox"/> no				Mobile Home Photo <input type="checkbox"/> Attached <input type="checkbox"/> To follow			
POLICY PERIOD		DAY		MONTH		YEAR	
FROM							
						TO	
						12 MONTH POLICY TERM ONLY 12:01 A.M. Standard Time at the Postal Address of the Named Insured as stated herein.	
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 within the past 5 years? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please provide details:							
Name of previous insurance carrier:			Previous Policy Number:			Previous Policy Expiry Date:	
DESCRIPTION OF PROPERTY INSURED							
Model Year		Trade Name		Size (L x W)		Model	Serial Number
OCCUPANCY		PROTECTION GRADE		HEATING			
Owner Occupied <input type="checkbox"/>		Protected <input type="checkbox"/>		Primary Heating: Propane <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/>			
Tenant <input type="checkbox"/>		Semi-Protected <input type="checkbox"/>		☛ If heating is OIL TANK: Indicate Age - _____ <input type="checkbox"/> Above ground <input type="checkbox"/> Below ground			
Summer / Seasonal <input type="checkbox"/>		Unprotected <input type="checkbox"/>		(Include photo and oil tank questionnaire)			
Rented to Others <input type="checkbox"/>				Auxiliary Heating: ☛ For WOOD BURNING DEVICE: Surcharge applies. (Attach solid fuel heating questionnaire and photos)			
Insurance is provided with respect to the following coverages to the extent of the specified limits of insurance applicable to each.							
COVERAGE			UPDATES- (YR, F or P or Type)		BASIS OF LOSS SETTLEMENT		
ALL RISKS – Owner Occupied (15 years and newer) <input type="checkbox"/>			Wiring: _____		Mobile Home – ACV, Personal Property – ACV <input type="checkbox"/>		
NAMED PERILS – Owner Occupied / Tenant's Package <input type="checkbox"/>			Heat: _____		Mobile Home – ACV, Personal Property – RC <input type="checkbox"/>		
FIRE & EC – Rented To Others / Summer - Seasonal <input type="checkbox"/>			Plumbing: _____		Mobile Home – RC, Personal Property – RC <input type="checkbox"/>		
			Roof: _____				
SECTION I - PROPERTY COVERAGE				SECTION II - LIABILITY COVERAGE			PREMIUM
A Mobile 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 or C	\$	\$ 5,000	\$ 1,000	\$
Discounts			Special Coverages: _____		Deductible \$	Amount of Insurance \$	\$
Claims Free Discount <input type="checkbox"/>			Surcharges: _____				\$
Mature Discount D.O.B. _____ <input type="checkbox"/>							\$
Double Wide Discount <input type="checkbox"/>							\$
Other <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.						Total Premium	\$
SIGNATURE OF INSURED(S)						DATE	Broker's Signature