Revised Form May 2007



## MOBILE HOME INSURANCE APPLICATION FORM

☐ PAC ☐ Direct Bill ☐ Agency Bill

INSURANCE IS PROVIDED FOR UNLY THOSE COVERAGES FOR WHICH FORMS ARE SPECIFIE										
Applicant's Full Name (Last name, First name)					BROKER NAME/ADDRESS:					
					Broker Code:					
Legal Address (Location of Unit Including Postal Code)					Is the Land Leased? Yes ☐ No ☐ If yes, provide name/address					
Tel. Home ( ) - Work ( ) -										
Mailing Address of Applicant (If different from above)					Name and address of MORTGAGEE(S):					
Located in mobile home park:  yes no					Mobile Home Photo ☐ Attached ☐ To follow					
POLICY PEROD	DAY MONT	1 YEAR		DAY MO	NTH YEA	NR		H POLICY TERM		
FROM			то				12:01 A.M. Standa Named I	rd Time at the Posta Insured as stated he		
	SS & POLICY HISTOR			s by the applicant or	members of the			•		
Date of Loss		(	Cause			A	mount Paid	Insurance C	ompany	
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?									YES NO	
,	If YES, please provide details:									
Name of previous insurance carrier: Previous Policy Number: Previous Policy Expiry Date:										
					PROPERTY INSURED  L x W) Model Serial Number					
Model Year Trade Name			Size (L x W)		Wodei		IEI	Serial Nullibel		
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OCCUPANC) Owner Occupied	Y PROTECTION		•	Heating: Propan	_	tural G	Sas 🗌 Elect	ric 🗌 Oil [		
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