



ELITE PARK MODEL APPLICATION FORM

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:
Mailing Address (including Postal Code)	Broker Address:
Tel. Home () - Work () -	City:
Risk Location (Address including Postal Code):	Postal Code:
	Broker Code:
	Name and address of MORTGAGEE(S):

POLICY PERIOD	DAY	MONTH	YEAR		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 Park Model insurance to the applicant within the past 3 years? YES NO
 If YES, please provide details:
Name of previous insurance carrier: _____ **Previous Policy Number:** _____ **Previous Policy Expiry Date:** _____

Does the applicant have valid insurance on their primary residence? YES NO (Refer to underwriting)
Name of insurance carrier: _____ **Policy Number:** _____ **Policy Expiry Date:** _____

DESCRIPTION OF PARK MODEL INSURED

Model Year	Trade Name	Length	Model	Serial Number

PARK MODEL PACKAGES

Is the insured the original owner? Yes No If No, Package 1 not available **DEDUCTIBLE \$300**

Package 1: Guaranteed Replacement Cost: All Risk (<5 years & original owner, full purchase price)
 Package 2: Replacement Cost: All Risk (<14 model years)
 Package 3: Standard : ACV Named Perils (>14 model years)

PROPERTY COVERAGES				LIABILITY COVERAGES			
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Park Model Amount of Insurance	Out Building	Personal Property	Emergency Vacation Expense	Comprehensive Personal Liability	Voluntary Medical Payments	Voluntary Property Damage	PREMIUM
\$	10% of Park Model Value	40% of Park Model Value	\$1,000	\$ 1,000,000	\$5,000	\$1,000	\$

Golf Cart Liability Extension +\$25 \$

APPLICABLE TAX \$

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.	<table style="width: 100%;"> <tr> <td style="width: 80%;">Total Premium</td> <td style="width: 20%; text-align: center;">\$</td> </tr> <tr> <td colspan="2" style="text-align: center; height: 40px;"> <div style="border-top: 1px solid black; width: 100%; margin-top: 5px;"> Broker's Signature </div> </td> </tr> </table>	Total Premium	\$	<div style="border-top: 1px solid black; width: 100%; margin-top: 5px;"> Broker's Signature </div>	
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_____ SIGNATURE OF INSURED(S)	_____ DATE				