

# ACORD™ MOBILE HOME APPLICATION

DATE

<b>PRODUCER</b> <b>PREMIER GROUP</b> 106 Central Ave. Cheltenham, PA 19012-2202 (215) 663-8998 FAX 663-9794		APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)		NAIC CODE	FACILITY CODE
CODE: AGENCY CUSTOMER ID	SUBCODE:	YRS AT THIS RES CO/PLAN	HOME PHONE #	POLICY #	DAY EVE
		EFFECTIVE DATE	EXPIRATION DATE	BUSINESS PHONE #	DAY EVE

## APPLICANT INFORMATION

PREVIOUS ADDRESS (If less than 3 years)	YRS AT PREV ADDR	LOCATION OF PROPERTY IF DIFF FROM ABOVE (Inc county & ZIP)					
APPLICANT'S OCCUPATION (State nature of business if self-employed)	APPLICANT'S EMPLOYER NAME AND ADDRESS	YEARS IN CURR OCC	YEARS W/ CURR EMPL	YEARS W/ PRIOR EMPL	MAR STAT	DATE OF BIRTH	SOCIAL SECURITY #
CO-APPLICANT'S OCCUPATION (State nature of business if self-employed)	CO-APPLICANT'S EMPLOYER NAME AND ADDRESS	YEARS IN CURR OCC	YEARS W/ CURR EMPL	YEARS W/ PRIOR EMPL	MAR STAT	DATE OF BIRTH	SOCIAL SECURITY #
HOW LONG HAVE YOU KNOWN THE APPLICANT?				DATE AGENT LAST INSPECTED PROPERTY:			

## ADDITIONAL INTEREST

INT #	MORTG'E ADDL INT	NAME AND ADDRESS	LOAN NUMBER
INT #	MORTG'E ADDL INT	NAME AND ADDRESS	LOAN NUMBER

## COVERAGES/LIMITS OF LIABILITY (Describe all discounts in Remarks)

## DEDUCTIBLE

HO DWG OTHR \$	A. MOBILE HOME	B. OTHER STRUCTURES	C. PERSONAL PROPERTY	D. LOSS OF USE	E. PERSONAL LIABILITY EACH OCCURRENCE	F. MEDICAL PAYMENTS EACH PERSON	ALL PERIL WIND/HAIL THEFT		
FIRE FIRE & EC FIRE, EC & VMM BROAD SPECIAL OTHER	\$	\$	\$	\$	\$	\$	EST TOTAL PREMIUM \$	DEPOSIT \$	BALANCE \$
ENDORSEMENTS (Indicate where applicable or enter other names and limits below)							PAYOR		
<input type="checkbox"/> REPLACEMENT COST MOBILE HOME <input type="checkbox"/> REPLACEMENT COST CONTENTS <input type="checkbox"/> INFLATION GUARD							<input type="checkbox"/> BILL INSURED <input type="checkbox"/> BILL MORTGAGEE		

## PAYMENT PLAN

ACCOUNT #: BILLING	IF DIRECT BILL: <input type="checkbox"/> DIRECT BILL <input type="checkbox"/> AGENCY BILL	<input type="checkbox"/> BILL APPLICANT <input type="checkbox"/> BILL MORTGAGEE	<input type="checkbox"/> OTHER:	IF APPLICANT BILL: <input type="checkbox"/> FULL PAY <input type="checkbox"/> OTHER:	MAIL POLICY TO: <input type="checkbox"/> AGENT <input type="checkbox"/> APPLICANT <input type="checkbox"/> OTHER:
-----------------------	---	--	---------------------------------	--	--

## RATING/UNDERWRITING

YEAR	MAKE	MODEL	ID NUMBER	LENGTH	WIDTH
PURCHASE DATE	PURCHASE PRICE \$	NEW USED	COOKING LOCATION <input type="checkbox"/> END <input type="checkbox"/> MIDDLE <input type="checkbox"/> NONE	TIE DOWN <input type="checkbox"/> FULL <input type="checkbox"/> CHASSIS <input type="checkbox"/> NONE	
TERR CODE	FIRE PREM GROUP	EC PREM GROUP	PERS LIAB TERR CODE	PROTECT CLASS	DISTANCE TO HYDRANT FT MI
		FIRE DISTRICT/CODE NUMBER		PROTECTION DEVICE TYPE SYSTEM FIRE SMOKE	HEAT TYPE PRIMARY: SECONDARY:
HOUSEKEEPING CONDITION			DIRECT LOCAL	CONSECUTIVE MONTHS OCCUPIED EACH YEAR	OCCUPANCY OWNER TENANT UNOCC VACANT
EXTERIOR CONSTRUCTION <input type="checkbox"/> STEEL ALU-MINUM <input type="checkbox"/> WOOD <input type="checkbox"/> VINYL <input type="checkbox"/> OTHER:		ROOF TYPE	FOUNDATION CONSTRUCTION <input type="checkbox"/> CONTINUOUS MASONRY <input type="checkbox"/> OTHER:	UTILITIES - PERMANENT CONNECTION TO: <input type="checkbox"/> ELEC <input type="checkbox"/> WATER <input type="checkbox"/> SEWER <input type="checkbox"/> PHONE	WIRING <input type="checkbox"/> COPPER <input type="checkbox"/> ALUMINUM

## OTHER STRUCTURES

DESCRIPTION	LIMIT
-------------	-------

**LOCATION INFORMATION**

IF HOME IS LOCATED IN MOBILE HOME PARK:		YES	NO	IF NOT LOCATED IN MOBILE HOME PARK:		YES	NO
PARK NAME		APPROVED?		LOCATION			
DATE ESTABLISHED	NUMBER OF PERMANENT SPACES			1. IS HOME VISIBLE FROM ROAD?			
1. DOES PARK HAVE A RESIDENT MANAGER? IF YES, PHONE NUMBER:				2. ARE ROADS PAVED?			
2. DOES PARK HAVE LIMITED ACCESS?							
3. DOES PARK HAVE PAVED STREETS?							
4. DOES PARK HAVE SUBDIVISIONS?							

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES IN REMARKS		YES	NO	EXPLAIN ALL "YES" RESPONSES IN REMARKS		YES	NO
1. ANY BUSINESS CONDUCTED ON PREMISES? (including day/child care)				8. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGYS, MINI BIKES, ATVS, ETC)? (List year, type, make, model)			
2. ANY SUPPLEMENTAL HEATING? (Describe)				9. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy #)			
3. ANY FLOODING, BRUSH HAZARD, FIRE HAZARD, LANDSLIDE, ETC?				10. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?			
4. ANY OTHER RESIDENCE OWNED, OCCUPIED OR RENTED?				11. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS? NOT APPLICABLE IN MO			
5. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION OR BANKRUPTCY DURING THE PAST FIVE YEARS?				12. DURING THE LAST TEN YEARS, HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.)			
6. DOES APPLICANT OR ANY TENANT HAVE ANY ANIMALS OR EXOTIC PETS?							
7. IS PROPERTY LOCATED WITHIN TWO MILES OF TIDAL WATER?							

**LOSS HISTORY**

ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST 3 YEARS, AT THIS OR AT ANY OTHER LOCATION?

DATE	TYPE	DESCRIPTION OF LOSS	YES	NO	IF YES, INDICATE BELOW	APPLICANT'S INITIALS:	AMOUNT

**PRIOR COVERAGE**

PRIOR CARRIER	PRIOR POLICY NUMBER	EXPIRATION DATE	RISK NEW TO AGENCY
			<input type="checkbox"/> YES <input type="checkbox"/> NO

**REMARKS**

A broker fee is included with your premium, see invoice, and pays for us to market your insurance to find the best coverage and price at renewal. It also pays for our claim prevention information to help limit your risk of loss.

**ATTACHMENTS**

FOR COMPANY USE ONLY	INLAND MARINE APPLICATION
	PHOTOGRAPH
	WATERCRAFT APPLICATION
	PERS EXCESS/UMBRELLA APPLICATION
	REPLACEMENT COST ESTIMATE
	WOODBURNING STOVE QUESTIONNAIRE
	PROTECTION DEVICE CERTIFICATE

**BINDER/SIGNATURE**

INSURANCE BINDER		IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY: THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY. THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE. THIS BINDER MAY BE CANCELLED BY THE COMPANY BY NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLICY CONDITIONS. THIS BINDER IS CANCELLED WHEN REPLACED BY A POLICY. IF THIS BINDER IS NOT REPLACED BY A POLICY, THE COMPANY IS ENTITLED TO CHARGE A PREMIUM FOR THE BINDER ACCORDING TO THE RULES AND RATES IN USE BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY.
EFFECTIVE DATE	EXPIRATION DATE	
TIME	12:01 AM NOON	
COVERAGE IS NOT BOUND		

**Notice of Insurance Information Practices**

Personal information about you, including information from a credit report, may be collected from persons other than you. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instruction on how to submit a request to us.

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and [NY: substantial] civil penalties. (Not applicable in Nebraska)

Applicant's Statement: I have read the above application and any attachments. I declare that the information provided in them is true, complete and correct to the best of my knowledge and belief. This information is being offered to the company as an inducement to issue the policy for which I am applying.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE
X		

ACORD 60 (1/98)

**APPLICANT TO SIGN HERE & FAX BACK TO 215-663-9794**

Your signature allows us to always have your authorization to change your carrier for the same or better coverage with similar rates.