

**MANUFACTURED HOME
APPLICATION**

- Special (LOB 37)
- Special By-Line (LOB 77)
- All Purpose (LOB 48)

P.O. Box 6549
Louisville, KY 40206-0549
(502) 423-1800 (800) 626-5660
FAX: (502) 327-6427

ATTACH PHOTOS IF NECESSARY

NAMED INSURED		PRODUCER	
Applicant		Agency Name: _____ Agent #: _____	
Address		REQUEST POLICY TERM	
City	State	Zip	From: _____ To: _____ Time: _____ AM <input type="checkbox"/> PM <input type="checkbox"/>
County		Phone No. _____	
Occupation		Policy Term: 12 Months	
Employer (If Self-Employed, list "SELF")		BINDING AUTHORITY: For coverage to begin as requested, the application must be mailed within 72 hours of the effective date of coverage. Otherwise, coverage is bound at 12:01 a.m. the day it is received by the General Agent. No coverage may be increased within 72 hours of the announcement of an impending disaster, i.e. hurricane, tropical storm, volcanic eruption, earthquake, flood, mudslide, brushfire, etc.	
Social Security #			
DOB			
Co-Applicant Name			
Co-Applicant Social Security #			
Co-Applicant Occupation		LOCATION	
Co-Applicant's Employer		Address, if different than mailing address (include city, state, zip and county)	
Add'l Insured		Park Name: _____	
Address		Address: _____	
City	State	Zip	

BILLING / ACCOUNTING INFORMATION	
BILL TO: <input type="checkbox"/> Insured <input type="checkbox"/> Lienholder Check # _____ Check Amt \$ _____	*PAYMENT PLANS: If the insured desires to pay their premium on an installment basis, the Company will allow a 2-payment or 4-payment option to be selected. <input type="checkbox"/> 1-Pay, 100% payment, plus any applicable taxes and fees <input type="checkbox"/> 2-Pay, 50% down, plus any applicable taxes and fees <input type="checkbox"/> 4-Pay, 25% down, plus any applicable taxes and fees * Each installment includes a \$4 fully earned service charge (not applicable to the down payment)

LIENHOLDER			
Name		Loan #	
Address		Address	
City	State	Zip	City

GENERAL INFORMATION									
Territory	Model Year	Protection Class	Feet to Fire Hydrant	Miles to Fire Dept.	Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No	Supplemental Heating Device: <input type="checkbox"/> None <input type="checkbox"/> Woodburning Stove <input type="checkbox"/> Woodburning Fireplace <input type="checkbox"/> Gas Fireplace <input type="checkbox"/> Other: _____			
Manufacturer/Model	Serial Number	Length	Width	Square Footage	Skirted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Tied Down? <input type="checkbox"/> Yes <input type="checkbox"/> No	Purchase Date	Purchase Price	Current Value
Describe Additions/Attached Structures:							Age	Size	\$
Describe Unattached Other Structures:							Age	Size	\$

MUST COMPLETE THE FOLLOWING	
(Place an "X" in the appropriate boxes.)	
Usage: <input type="checkbox"/> Primary/Permanent <input type="checkbox"/> Seasonal/Secondary <input type="checkbox"/> Commercial	
<input type="checkbox"/> Rental (If Rental, is home currently occupied by tenant? <input type="checkbox"/> Yes <input type="checkbox"/> No)	
Age Of Insured: <input type="checkbox"/> 50 & Over <input type="checkbox"/> 49 & Under	
Age Of Manufactured Home: Special and Special By-Line <input type="checkbox"/> 1-10 <input type="checkbox"/> 11- 20 <input type="checkbox"/> 21 & Older	
Protection: <input type="checkbox"/> Protected <input type="checkbox"/> Unprotected	
Claim Free Transfer (Special Program only): <input type="checkbox"/> Yes* <input type="checkbox"/> No <small>*(Must have had continuous prior insurance for the past 36 months with no claims. A current renewal offer, declarations page, or other evidence of insurance dated within the past 30 days is required.)</small>	
How long has applicant lived in the Manufactured Home? _____	
Prior Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> New Purchase	
Prior Company: _____	
Animals On Premises: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of Animal: _____ Breed of Dog: _____	
Park Status: <input type="checkbox"/> Out of Park # of acres: _____ <input type="checkbox"/> In a Park # of spaces: _____	

POLICY INFORMATION		
COVERAGES	LIMITS	PREMIUM
Manufactured Home and Additions	\$	\$
Unattached Other Structures		
Personal Property		
Personal Liability		
Medical Payments to Others		
LOB 48 Only <input type="checkbox"/> Comprehensive <input type="checkbox"/> Named Perils <input type="checkbox"/>		
BASE PREMIUM SUBTOTAL:		
*Claim Free Transfer Credit: -5%		
Automatic Interior Sprinkler System: -5%		
Total of Credits/Surcharges: _____		
Base Premium x Credit/Surcharge Total = PREMIUM SUBTOTAL:		
Included Deductible: \$250	Optional Deductible (List Deductible) \$	
Optional Coverages:		
Supplemental Heating Surcharge – Add \$35		
CITY TAX CODE:		
COUNTY TAX CODE:		
Minimum Written Premium is \$100		TOTAL PREMIUM: \$
Minimum Earned Premium is \$100		

* Applicable for Special Program Only.

LOSS HISTORY

HAVE YOU HAD ANY PRIOR LOSSES? Yes No If Yes, indicate below.

Description of Loss _____	Date _____	Amount Paid _____
Description of Loss _____	Date _____	Amount Paid _____
Description of Loss _____	Date _____	Amount Paid _____

If the applicant has had 2 or more property losses (paid or unpaid) in the past 36 months or any single fire, theft, liability or water loss in the past 36 months, the risk must be submitted to the General Agent for acceptability.

UNACCEPTABLE RISKS – DO NOT SUBMIT, DO NOT BIND

Any "Yes" response makes the risk unacceptable and it cannot be written!

	Yes	No
1. Has the home been salvaged or have existing structural damage?.....	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the home vacant or under construction/major renovation?.....	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the home in foreclosure?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the home have a liquid fuel-powered space heater or existence of any heat reclaiming devices?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the primary source of heat a wood/coal/pellet burning device?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the home have other structures or garages with a wood, coal or pellet burning device?.....	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the home have childcare, homecare, lodging, auto repair or chemical processing conducted on the premises? All other business pursuits must be submitted for approval.	<input type="checkbox"/>	<input type="checkbox"/>

RISK TO BE WRITTEN WITHOUT LIABILITY COVERAGE

Any "Yes" Response Must Be Explained Below.

	Yes	No
1. Is there a swimming pool or spa that is not completely fenced and not in compliance with all city and/or county ordinances? The swimming pool or spa must meet a fence minimum of four feet high with a self-latching gate, motorized pool cover or other comparable safety device that is securely fastened to the perimeter of the pool/spa thus rendering it inaccessible.	<input type="checkbox"/>	<input type="checkbox"/>
2. Is there a trampoline on the premises?.....	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the applicant own, keep or shelter any of the following breeds: Akita, Anatolian Shepherd, Chow, Doberman, Pit Bull, Presa Canario, Rottweiler, Wolf or Wolf hybrid, any mix of these breeds with any other breed, whether listed or not?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the applicant own, keep or shelter any animal with a previous bite history or any non-domestic animal?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the risk owner occupied and in the name of a corporation?.....	<input type="checkbox"/>	<input type="checkbox"/>

SUBMIT RISKS TO GENERAL AGENT

Any "Yes" Response Must Be Explained Below.

	Yes	No
1. Has the applicant had a Manufactured home/dwelling policy cancelled or non-renewed for underwriting reasons (except age of unit) during the past 36 months?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has the applicant filed for bankruptcy in the past 36 months?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the applicant been 30 days past due on mortgage payments in the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the home been uninsured for more than 30 days immediately prior to the requested effective date? (Does not apply to a new purchase.)	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the home built on stilts, posts or piers? Photos must be included.	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the home or any other structure (other than porches, decks, awnings, skirting or carports) not factory/contractor built or two separate homes that are joined together?	<input type="checkbox"/>	<input type="checkbox"/>
Photos must be included.	<input type="checkbox"/>	<input type="checkbox"/>
7. Is the home equipped with a supplemental heating device that was not installed by the manufacturer or a licensed contractor? Photos and the Woodstove Inspection Report must be included.	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the home have 3 or more steps on any exit without a handrail? Photos must be included.	<input type="checkbox"/>	<input type="checkbox"/>
9. Is the home without permanently installed steps at all entrances? Photos must be included.	<input type="checkbox"/>	<input type="checkbox"/>
10. Is the home within 1,500 feet of water (river, creek or ocean) or is it located on an island or in a Special Flood Hazard Area?	<input type="checkbox"/>	<input type="checkbox"/>
11. Does the home have multiple horses, livestock or farm animals on the premises?.....	<input type="checkbox"/>	<input type="checkbox"/>
12. Is there a dock, pier or boathouse? Photos must be included.	<input type="checkbox"/>	<input type="checkbox"/>
13. Does the premises have 5 or more acres?	<input type="checkbox"/>	<input type="checkbox"/>
14. Are farming activities conducted on the premises?	<input type="checkbox"/>	<input type="checkbox"/>
15. Are business pursuits conducted on the premises?.....	<input type="checkbox"/>	<input type="checkbox"/>

Explain "Yes" answers _____

IN KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance, 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 may subject such person to criminal and civil penalties.

IMPORTANT NOTICE: Personal Information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. 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 without your authorization. Credit scoring information may be used to determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. 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 will be issued with your policy. This notice is given in compliance with the Federal Credit Reporting Act.

X _____
MUST BE SIGNED (Signature of Applicant)

Date

X _____
MUST BE SIGNED (Signature of Producer)

Date