

MOBILE HOMEOWNER APPLICATION (3/14)

NAMED PERIL Actual Cash Value COVERAGE



Named Insured: LAST FIRST M/I Spouse LAST FIRST M/I
Age: Soc. Sec. # Employer Age: Soc. Sec. # Employer
Occupation: No. yrs: Occupation: No. yrs:
Home Household Annual income: Under \$15,000 \$15,000 - \$30,000 Over \$30,000 Number of Children at home:
Mailing Address: Location of Premises if different than mailing address:
Town/County/State Zip

COVERAGES AND LIMITS OF LIABILITY

Occupancy: Owner Seasonal

(“X” form) Section A. Mobile Home Dwelling B. Other Structures C. Personal Property D. Additional Living Expense E. Personal Liability (each occurrence) F. Medical Payments (each pers./each acc.)
PLUS BROAD BASIC I \$ \$ \$ \$ II \$ /\$25,000

DEDUCTIBLE Section I: Any loss by perils insured against under Section I of this policy is subject to a mandatory deductible of \$500 unless other deductible noted:
REQUESTED DATE: (to be effective) time: a.m. p.m.
TERM: 3 month 6 month Annual

Table with columns: Base Premium \$, Additional Premium \$, Credits \$, Fees \$, Total \$, Amount Paid:
Additional Coverages or Endorsements requested at time of issue: Explain additional Premium Charges or Credits:

MOBILE HOME Year Mfg. Size L x W Make / Model Serial Number Purchase Price When Purchased?
INFORMATION: Responding Fire Dept.: Volunteer? Yes No Prot. Class: Distance from F/D: Distance from Hydrant:

Describe Specific OTHER STRUCTURES if coverage needed (Attach Photo) Value when insured Purchase Price Month Year

MORTGAGEE / LIENHOLDER INFORMATION: SUPPLEMENTAL APPLICATION IS REQUIRED FOR ADDITIONAL INSURED
Additional Insured Information
Loan Balance:
Loan Number:

Please “X” where BILLING is to be sent: Insured Mortgagee Other - explain:
Is Mobile Home being purchased by a LAND or LEASE Purchase Contract? NO YES (IF YES, SUBMIT UNBOUND WITH COPY OF CONTRACT, The Lease Purchase Seller will be listed as an ‘Additional Insured’)
What is your MONTHLY Loan payment for the Mobile Home: Are your payments current and up to date? NO YES

FOR BROKER COMPLETION: Do you personally know applicant or family? Just Met YES
If yes, how long?
Have you seen the Mobile Home? YES NO, is exterior of the mobile home dented or un-repaired?
Have you written other lines of insurance for the applicant? YES NO
BROKER: Address Broker #:

COVERAGE IS NOT BOUND BY THIS APPLICATION. TO HAVE COVERAGE BOUND PLEASE CALL ASSOCIATED INSURANCE SERVICE, INC. (AIS).

I, (BROKER), spoke with (LICENSED SAFE AGENT) of AIS,

who bound coverage effective: at a.m. p.m.

PLEASE COMPLETE BOTH SIDES AND ATTACH CURRENT PHOTO

MOBILE HOMEOWNER APPLICANT INFORMATION:

- 1) Applicant: Married Single Widow Divorced/Separated
- 2) Have you ever been indicted or convicted for the commission of a crime? NO YES - explain _____
- 3) Name of previous insurance carrier & policy number? _____ Thru what agency? _____
 If no previous insurance, why? _____, if "CANCELED", why? _____
 Any late Pay notices on insurance in the last 2 years? NO YES; Any other Insurance in effect on the Mobile Home, other structures or contents? NO YES
- 4) List all losses incurred (other than auto) during the last FIVE (5) years for Property, Theft, or Liability. If None, mark NONE

DATE OF LOSS	TYPE OF LOSS	CAUSE	AMOUNT OF LOSS
- 5) Have you EVER had a property loss greater than \$10,000? NO Yes – explain: _____
- 6) Any BUSINESS, paid childcare or eldercare conducted on the premises? NO YES, explain: _____
- 7) Has Applicant gone through BANKRUPTCY proceedings or REPOSSESSIONS within the last 7 years? NO YES, explain _____
- 8) How long has Applicant lived in current residence? _____
- 9) Do you have DOGS on premises? NO YES, IF "YES", what BREED: _____ ever bitten anyone? _____

MOBILE HOME INFORMATION:

- A) Foundation continuously enclosed? NO YES; SOLID MASONRY foundation or Stacked Blocks? _____
 SKIRTING? NO YES; TIE DOWNS: NONE Chassis Only Over roof Both
- B) Size and description of any extension, porch or room addition to Mobile Home (LxW): _____
- C) Has electrical system (wiring) been inspected by a qualified electrician? _____ When? _____ How old is wiring? _____
- D) Please "X" answer that applies -

	NO	YES		NO	YES		NO	YES
Fire Extinguisher	<input type="checkbox"/>	<input type="checkbox"/>	Central Heat	<input type="checkbox"/>	<input type="checkbox"/>	TV/Radio Towers/ Satellite Dish	<input type="checkbox"/>	<input type="checkbox"/>
Smoke Detectors	<input type="checkbox"/>	<input type="checkbox"/>	Central A/C (# _____ tons)	<input type="checkbox"/>	<input type="checkbox"/>	Swimming Pool	<input type="checkbox"/>	<input type="checkbox"/>
Deadbolt Locks	<input type="checkbox"/>	<input type="checkbox"/>	Electric Baseboard Heat	<input type="checkbox"/>	<input type="checkbox"/>	Trampoline	<input type="checkbox"/>	<input type="checkbox"/>
Vinyl Siding	<input type="checkbox"/>	<input type="checkbox"/>	Shingle Roof	<input type="checkbox"/>	<input type="checkbox"/>	All Terrain Vehicles (excluded)	<input type="checkbox"/>	<input type="checkbox"/>
- E) Are there any 'OPTIONAL' heating devices? (e.g.: fireplace, woodstove, kerosene heater) _____ None _____ YES, describe: _____
(FOR ALL WOODSTOVES & NON-FACTORY INSTALLED FIREPLACES the questionnaire I/S WB-1 must be attached)
- F) Has Mobile Home been moved from its original set-up location? NO YES, when: _____
- G) Is unit accessible to fire equipment at all times? NO YES; Distance to nearest occupied dwelling? _____
- H) What is premises acreage or lot size? _____ Neighborhood? Hillside Valley Near Creek/River Residential
"X" all that apply: Commercial ISOLATED Mobile Home Park Farm Property
- I) Owner of land or lot where Mobile Home is located: Applicant Landlord or Other – explain _____

FAIR CREDIT REPORTING ACT - Pursuant to requirements of the Fair Credit Reporting Act, I (We) understand that , in connection with my (our) application for insurance, an investigative consumer report, including information as to character, general reputation, personal characteristics, and mode of living will be made. I (We) also understand that I (We) am (are) entitled, upon submission of written request, to be furnished a complete disclosure of the nature and scope of any such report." All policies have SPECIAL or LOWER LIMITS on specific types of personal property and/or for the peril of theft on some policies. LOSS DUE TO FLOOD or Rising Water is NOT COVERED. Section I coverage is suspended in the event that the insured structure is VACANT or UNOCCUPIED FOR MORE THAN SIXTY (60) DAYS. Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud. I (We) declare the information provided in this application is true and request the Company to issue a policy of insurance, including any renewals in reliance thereon. IT IS UNDERSTOOD AND AGREED THAT COVERAGE IS NOT IN EFFECT UNTIL AUTHORIZED BY THE COMPANY OR ITS LICENSED REPRESENTATIVE and that any binder, policy or renewal certificate issued subsequent thereto is void from its effective date if any check tendered in payment of premium is not honored when presented. I (We) the applicant hereby apply for policyholder membership and if accepted as a member, I hereby appoint the Proxy Committee of the Board of Directors of the Insurance Company my true and lawful attorney for me, in my name, place and stead, to vote for me as my proxy at any meeting of the members of the Company held during the period of my membership under the policy herein applied for and any renewal thereof, and at which meeting I am not attending in person.

PRODUCER – COMPANY RELATIONSHIP DISCLOSURE: Non Appointed Producer (broker); I (we) have been advised by my (our) individual insurance producer listed below that he (she) is NOT appointed with SAFE Insurance Company. This application for insurance coverage will be placed with a SAFE Ins. Co. appointed producer with Associated Insurance Service Inc. I (We) understand that my (our) individual insurance producer is not authorized to bind coverage or to execute or issue a policy on the behalf of SAFE Insurance Company.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF BROKER

DATE

**MINE SUBSIDENCE
 COVERAGE IS
 AVAILABLE
 (contact AIS)**

Comments: