

MOBILE HOMEOWNER APPLICATION (03/14)

NAMED PERIL Actual Cash Value COVERAGE

SAFE INSURANCE COMPANY
P.O. BOX 2085, Huntington, WV 25721

Named Insured: _____, _____, _____ Spouse _____, _____, _____
Age: _____ Soc. Sec. # _____ - _____ - _____ Employer _____ Age: _____ Soc. Sec. # _____ - _____ - _____ Employer _____
Occupation: _____ No. yrs: _____ Occupation: _____ No. yrs: _____
Home Phone: _____ 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 I \$ _____ \$ _____ \$ _____ \$ _____ II \$ _____ \$ _____ /\$25,000
 BROAD
 BASIC

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

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: _____ x _____ / _____ \$ _____
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: _____
Loan Balance: _____
Loan Number: _____
SUPPLEMENTAL APPLICATION IS REQUIRED FOR ADDITIONAL INSURED
Additional Insured Information _____

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 AGENT 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

AGENT:
Address _____
Agent #: _____

BINDER When signed below by a licensed agent of the Company, coverage is bound for a period of 30 days from the date and time of signing unless a later effective date is applied for, in which case coverage is bound effective at 12:01 a.m. local standard time on such later effective date. Coverage is bound subject to the terms, conditions and exclusions contained in the policy applied for and provides only those coverages, amounts, limits and deductibles indicated herein and for which a premium charge has been or will be made. Regardless of the amount of deposit premium, if any tendered with application, coverage under this binder terminates when replaced by a policy; upon ten days written notice mailed or delivered to the applicant; or at the end of 30 days from its effective date whichever occurs first.

I, _____ hereby bind coverage effective: _____ @ _____ 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 []
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 [] [] Central Heat [] [] TV/Radio Towers/ Satellite Dish [] []
Smoke Detectors [] [] Central A/C (# tons) [] [] Swimming Pool [] []
Deadbolt Locks [] [] Electric Baseboard Heat [] [] Trampoline [] []
Vinyl Siding [] [] Shingle Roof [] [] All Terrain Vehicles (excluded) [] []
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 Neighborhood? [] Hillside [] Valley [] Near Creek/River [] Residential
or lot size? "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

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.

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.

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."

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF AGENT

DATE

MINE SUBSIDENCE COVERAGE IS AVAILABLE (contact the company)

Comments: