

MOBLEHOMES
HOMEOWNER'S QUOTES

NAME(S) _____

ADDRESS _____

City _____ STATE _____ ZIP _____

HM PH _____ WK PH _____ CELL PH _____

APPLICANT DOB _____ SSN _____ DL _____

CO-APPLICANT DOB _____ SSN _____ DL _____

Owner Occupied [] Y [] N Tenant Occupied [] Y [] N

LOCATION OF MOBILE HOME _____

CITY _____ STATE _____ ZIP _____

Is home properly tied down? [] Yes [] No Skirted? [] Y [] N

CURRENT INSUR. CO. _____ NO. OF YEARS _____

IS THE CURRENT INSUR. CO. CANCELLING THE POLICY? _____

If so, Why? _____

HAS THE APPLICANT FILED FOR BANKRUPTCY IN THE PAST 7 YEARS? _____

HAVE THERE BEEN ANY CLAIMS IN THE LAST 5 YEARS? If so list DATE AND AMTS PAID _____

YEAR _____ MAKE _____ MODEL _____

Width _____ Length _____ VALUE/COVERAGE AMT. _____

In trailer Park? [] yes [] No

ASPHALT ROOF _____ METAL ROOF _____ OTHER _____

NO. TIE DOWNS _____ SLAB _____ NO. HANDRAILS _____

BURG. ALARM ____ SM. ALARM ____ FIRE EXT. ____ DEAD BOLTS ____

FIRE PLACE/WOOD BURNING STOVE _____

FIRE DEPART. _____ MILES FROM HOME _____

WATER HYDRANT _____ FT. FROM HOME _____

LOSS PAYEE/LIEN HOLDER _____