



PRODUCER INFORMATION / PROGRAM SELECTION

Agent Name:	Agent #:	Effective Date:
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APPLICANT / CO-APPLICANT INFORMATION

Name		DOB	
Designee Type: <input type="checkbox"/> N/A <input type="checkbox"/> C/O <input type="checkbox"/> DBA <input type="checkbox"/> Executor <input type="checkbox"/> Trust		Designee Comments:	
Mailing Address			
City	State	Zip	Country
Daytime Phone No.		Evening Phone No.	
Email Address		Social Security #	
Employment Status: <input type="checkbox"/> Disabled <input type="checkbox"/> Employed <input type="checkbox"/> Homemaker <input type="checkbox"/> Retired <input type="checkbox"/> Self Employed <input type="checkbox"/> Unemployed		Occupation	
Employer		Employer Phone No.	
Co-applicant's Name		DOB	
Does the co-applicant live at the residence? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Co-applicant Employment Status: <input type="checkbox"/> Disabled <input type="checkbox"/> Employed <input type="checkbox"/> Homemaker <input type="checkbox"/> Retired <input type="checkbox"/> Self Employed <input type="checkbox"/> Unemployed		Occupation	
Co-applicant's Social Security #			

UNDERWRITING

Eligibility Information

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

	Yes	No
1. Has the applicant been convicted of arson or insurance fraud?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the home without permanently installed water, electricity and sewage utility services?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the home been salvaged or does the home have any existing structural damage?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the home vacant or under construction or major renovation?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the home in foreclosure?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are there liquid fuel-powered space heaters or any heat reclaiming devices in the home?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is the home's primary source of heat a wood/coal/pellet burning device?	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the home have other structures or garages with a wood/coal/pellet burning device?	<input type="checkbox"/>	<input type="checkbox"/>
9. Does the home have polybutelene pipes?	<input type="checkbox"/>	<input type="checkbox"/>
10. Are explosive or flammable materials stored on the premises?	<input type="checkbox"/>	<input type="checkbox"/>
11. Is brush clearance less than 100 feet around the dwelling?	<input type="checkbox"/>	<input type="checkbox"/>
12. Is there childcare, homecare, lodging, auto repair and/or chemical processing conducted on the premises?	<input type="checkbox"/>	<input type="checkbox"/>
13. Does the applicant own, keep or shelter any animal with a previous bite history or any non-domestic animals? (Applicable to the Special program.)	<input type="checkbox"/>	<input type="checkbox"/>

Underwriting Questions

	Yes	No
1. Has the applicant had a manufactured home / dwelling policy cancelled or non-renewed for underwriting reason (except age of unit) during the past 36 months?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the home built on stilts, posts or piers?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the home without permanently installed steps and handrails, if 3 or more steps on all entrances?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the home located within 1500 feet of water (river or creek) or on an island?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are there multiple horses, livestock or farm animals on the premises?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is there a dock, pier, or boat house on the premises?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is the home on 5 or more acres?	<input type="checkbox"/>	<input type="checkbox"/>
8. Are farming activities conducted on the premises?	<input type="checkbox"/>	<input type="checkbox"/>
9. Are business activities conducted on the premises?	<input type="checkbox"/>	<input type="checkbox"/>
10. Is the home comprised of two separate manufactured homes that are joined together?	<input type="checkbox"/>	<input type="checkbox"/>

Explain "Yes" answers! _____

INTERESTED PARTIES

Interested Party Type: <input type="checkbox"/> Additional Interest <input type="checkbox"/> Mortgagee/Lienholder <input type="checkbox"/> Private Lender/Contract Seller <input type="checkbox"/> Additional Insured <input type="checkbox"/> Premium Finance				Business Ownership: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Business Name					
Name					
Mailing Address					
City		State		Zip	Country
Loan Number			Bill this Party: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Interested Party Type: <input type="checkbox"/> Additional Interest <input type="checkbox"/> Mortgagee/Lienholder <input type="checkbox"/> Private Lender/Contract Seller <input type="checkbox"/> Additional Insured <input type="checkbox"/> Premium Finance				Business Ownership: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Business Name					
Name					
Mailing Address					
City		State		Zip	Country
Loan Number			Bill this Party: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Interested Party Type: <input type="checkbox"/> Additional Interest <input type="checkbox"/> Mortgagee/Lienholder <input type="checkbox"/> Private Lender/Contract Seller <input type="checkbox"/> Additional Insured <input type="checkbox"/> Premium Finance				Business Ownership: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Business Name					
Name					
Mailing Address					
City		State		Zip	Country
Loan Number			Bill this Party: <input type="checkbox"/> Yes <input type="checkbox"/> No		

PROPERTY INFORMATION

Location Address					
City			State	Zip	County
Occupancy: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary/Seasonal <input type="checkbox"/> Rental <input type="checkbox"/> Commercial		Year Built	Manufacturer		
Serial Number	Length in Feet	Width in Feet	Purchase Date	Purchase Price	
Is the home located in a Manufactured Home Park? <input type="checkbox"/> Yes <input type="checkbox"/> No		Park Name		Number of Park Spaces	
Roofing Information: Type: _____		Year of Last Complete Roof Replacement (YYYY): _____			
Heating Information: Type: _____					
Supplemental Heating Device: <input type="checkbox"/> None <input type="checkbox"/> Wood burning Stove <input type="checkbox"/> Fireplace <input type="checkbox"/> Other: _____			Was the device installed by a licensed contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Protective Devices: <input type="checkbox"/> None <input type="checkbox"/> Central Station Fire Alarm <input type="checkbox"/> Central Station Burglar Alarm <input type="checkbox"/> Smoke Detector <input type="checkbox"/> Fire Extinguisher <input type="checkbox"/> Dead Bolts <input type="checkbox"/> Other: _____					
Additional Information					
Does the applicant (or tenant if tenant occupied) own, keep or shelter any animal with a previous bite history or any non-domestic animal?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the premises have a swimming pool or spa that does not have a four-foot fence 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"/> Yes <input type="checkbox"/> No
Has the home been built, rebuilt or retrofitted to better resist hurricane or other catastrophic windstorm events?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the home a new purchase?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the home have awnings? <input type="checkbox"/> Yes <input type="checkbox"/> No Type of awning? <input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Cloth <input type="checkbox"/> Plastic <input type="checkbox"/> Vinyl					
Does the applicant currently have property insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes, Less than one year <input type="checkbox"/> Yes, 1-2 years <input type="checkbox"/> Yes, 3-4 years <input type="checkbox"/> Yes, 5 or more years					
Previous Policy Expiration Date: _____		Prior Insurer's Name: _____			
Distance from a Fire Hydrant or credible water supply: <input type="checkbox"/> 0-1,000 Feet <input type="checkbox"/> More than 1,000 Feet			Miles to a Fire Department: <input type="checkbox"/> 0-5 Miles <input type="checkbox"/> Greater than 5 Miles		Protection Class:

LOSS EXPERIENCE

Type of Loss: <input type="checkbox"/> Fire <input type="checkbox"/> Liability <input type="checkbox"/> Lightning <input type="checkbox"/> Theft/Burglary <input type="checkbox"/> Water/Flood Damage <input type="checkbox"/> Weather <input type="checkbox"/> Other: _____					
Date of Loss: _____			Amount Paid: _____		
Description: _____					
Corrective Action Taken: <input type="checkbox"/> Exposure no longer exists/Removed from property <input type="checkbox"/> No action taken <input type="checkbox"/> Protective Device Installed <input type="checkbox"/> Repaired/Replaced					
Type of Loss: <input type="checkbox"/> Fire <input type="checkbox"/> Liability <input type="checkbox"/> Lightning <input type="checkbox"/> Theft/Burglary <input type="checkbox"/> Water/Flood Damage <input type="checkbox"/> Weather <input type="checkbox"/> Other: _____					
Date of Loss: _____			Amount Paid: _____		
Description: _____					
Corrective Action Taken: <input type="checkbox"/> Exposure no longer exists/Removed from property <input type="checkbox"/> No action taken <input type="checkbox"/> Protective Device Installed <input type="checkbox"/> Repaired/Replaced					
Type of Loss: <input type="checkbox"/> Fire <input type="checkbox"/> Liability <input type="checkbox"/> Lightning <input type="checkbox"/> Theft/Burglary <input type="checkbox"/> Water/Flood Damage <input type="checkbox"/> Weather <input type="checkbox"/> Other: _____					
Date of Loss: _____			Amount Paid: _____		
Description: _____					
Corrective Action Taken: <input type="checkbox"/> Exposure no longer exists/Removed from property <input type="checkbox"/> No action taken <input type="checkbox"/> Protective Device Installed <input type="checkbox"/> Repaired/Replaced					

COVERAGE

Coverage A Manufactured Home Limit: _____

Coverage A Loss Settlement: Replacement Cost
 Actual Cash Value
 Full Repair Cost

Coverage B Other Structures Limit: _____

Description of Other Structure: _____

Year Other Structure Built: _____

Square Footage of Other Structure: _____

Excluded Other Structures: Yes No

Description of Excluded Other Structure: _____

Coverage C Personal Property Limit: _____

Coverage C Loss Settlement: Replacement Cost (Excluding LOB 48)
 Actual Cash Value

Coverage D Additional Living Expense: 20% of Coverage A (Included with LOB 37 and 77)

Fair Rental Value: (LOB 48 only)

Coverage E Personal/Premises Liability Limit:
 \$25,000 \$50,000 \$100,000 \$300,000

Coverage F Medical Payments Limit:
 \$500 \$1,000 \$2,500 \$5,000

Deductibles:
 All Other Perils: \$500 \$1,000 \$2,500 \$5,000

Named Storm: \$1,000 (Only available in Territory D if Windstorm purchased)

Flood
 Enhancement (Included with LOB 37 and 77)
 Occasional Rental (Excluding LOB 77 and 48)
 Builders Risk
 Farm Structures or Livestock Structures
 Water Back Up and Sump Discharge or Overflow (Excluding LOB 48)

Identity Fraud Expense: \$1,000 \$5,000 \$10,000 (Excluding LOB 48)

Increased Radio and TV Antenna Limit: _____

Increased Fire Department Service Charge: _____

Earthquake

Ordinance or Law (Included with LOB 37)

Windstorm (Optional Territory D only)

Scheduled Personal Property (Excluding LOB 48)

Class / Description _____ Limit _____

Class / Description _____ Limit _____

Class / Description _____ Limit _____

Additional Residence Premises Liability (Excluding LOB 77 and 48)

Type: Rented to Others Secondary

Address _____

City _____ State _____ Zip _____

Type: Rented to Others Secondary

Address _____

City _____ State _____ Zip _____

Golf Cart (Excluding LOB 48)

Year _____ Make / Model _____

Serial Number _____ Value _____

Year _____ Make / Model _____

Serial Number _____ Value _____

Swimming Pool Exclusion
 All Terrain Vehicle Exclusion
 Roof Exclusion
 Livestock Exclusion

BILLING / ACCOUNTING INFORMATION

***PAYMENT PLANS:** If the insured desires to pay their premium on an installment basis, the Company will allow a 2-payment, 4-payment, or 8-payment option to be selected.

1-Pay, 100% payment, plus any applicable taxes and fees
 4-Pay, 25% down, plus any applicable taxes and fees

2-Pay, 50% down, plus any applicable taxes and fees
 8-Pay, 20% down, plus any applicable taxes and fees * Each installment includes a \$6 fully earned service charge

Initial Payment Amount: _____ Payment Type: ECheck Money Order Credit Card Business Check

ECheck Routing Number: _____ ECheck Account Number: _____ Business Check / Money Order Number: _____

Name as it appears on credit card: _____ Credit card billing address zip code: _____

Credit Card Type: Visa Mastercard Credit Card #: _____ Expiration Date: _____ CCID #: _____

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 agent 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.

FRAUD WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

SPECIFIC BREED ANIMAL EXCLUSION NOTICE: You should be aware that a Specific Breed Animal Exclusion will be attached to your policy and that bodily injury, property damage or any other loss or expense arising out of any occurrence involving any of the following types of animals and/or breeds of dogs will not be covered: Any animal with a previous bite history, snakes, monkeys or ostriches; Breeds of dogs include Akita, Anatolian Shepherd, Chow, Doberman, Pit Bull, Presa Canario, Rottweiler, Wolf, Wolf Hybrid, or any mix of these breeds with any other breed whether listed here or not.

X _____ X _____
 MUST BE SIGNED (Signature of Applicant) Date MUST BE SIGNED (Signature of Producer) Date

REPLACEMENT COST ESTIMATOR

Has the property been upgraded? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the property on an historic registry? <input type="checkbox"/> Yes <input type="checkbox"/> No Has the property been completely renovated in the last 40 years? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the property have any unique items (custom bar, sauna, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe the custom items: _____ _____ _____ Total amount of insurance on custom items: _____	Construction Type (select one) <input type="checkbox"/> Manufactured <input type="checkbox"/> Modular Construction Quality (select one) <input type="checkbox"/> High Grade / Above Average <input type="checkbox"/> Mid Grade / Averaged <input type="checkbox"/> Economic / Basic	Does the property have a basement? <input type="checkbox"/> Yes <input type="checkbox"/> No Basement Square Footage: _____ Basement Year Built: _____ Basement Type (select one) <input type="checkbox"/> Basement, Finished below grade <input type="checkbox"/> Basement, Finished walk out <input type="checkbox"/> Basement, Partially finished <input type="checkbox"/> Basement, Partially finished walk out <input type="checkbox"/> Basement, Unfinished <input type="checkbox"/> Basement, Unfinished walk out
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Does the property have a deck? <input type="checkbox"/> Yes <input type="checkbox"/> No Deck Square Footage: _____ Deck Year Built: _____ Deck Type (select one) <input type="checkbox"/> Deck, Specialty wood <input type="checkbox"/> Deck, Synthetic lumber <input type="checkbox"/> Deck, Wood	Does the property have a porch? <input type="checkbox"/> Yes <input type="checkbox"/> No Porch Square Footage: _____ Porch Year Built: _____ Porch Type (select one) <input type="checkbox"/> Porch, Enclosed <input type="checkbox"/> Porch, Open	Does the property have a Garage? <input type="checkbox"/> Yes <input type="checkbox"/> No Garage Square Footage: _____ Garage Year Built: _____ Garage Type (select one) <input type="checkbox"/> Carport <input type="checkbox"/> Garage, Attached <input type="checkbox"/> Garage, Built-in
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Does the property have other areas? <input type="checkbox"/> Yes <input type="checkbox"/> No Other Area Type (select all that apply) Square Footage Year Built <input type="checkbox"/> Attic _____ <input type="checkbox"/> Balcony _____ <input type="checkbox"/> Breeze Way _____ <input type="checkbox"/> Carport _____ <input type="checkbox"/> Cellar _____ <input type="checkbox"/> Crawl Space _____ <input type="checkbox"/> Greenhouse _____ <input type="checkbox"/> Half Story _____	<input type="checkbox"/> Lanai _____ <input type="checkbox"/> Living Area Finished _____ <input type="checkbox"/> Living Area Unfinished _____ <input type="checkbox"/> Passageway _____ <input type="checkbox"/> Patio, Covered _____ <input type="checkbox"/> Pergola _____ <input type="checkbox"/> Storage Area w/Breakaway Walls _____ <input type="checkbox"/> Storage Area, Above Ground _____ <input type="checkbox"/> Storage Area, Below Ground _____ <input type="checkbox"/> Three-quarter Story _____
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Foundation Condition: <input type="checkbox"/> Good <input type="checkbox"/> Needs Repair General Condition: <input type="checkbox"/> Good <input type="checkbox"/> Needs Repair Roof Condition: <input type="checkbox"/> Good <input type="checkbox"/> Needs Repair Wall Condition: <input type="checkbox"/> Good <input type="checkbox"/> Needs Repair Debris Removal (state from 1% to 25%): _____	Dwelling Style (select one) <input type="checkbox"/> Doublewide <input type="checkbox"/> Triplewide <input type="checkbox"/> Singlewide	Slope of Site (select one) <input type="checkbox"/> Flat <input type="checkbox"/> Slight <input type="checkbox"/> Moderate <input type="checkbox"/> Steep <input type="checkbox"/> Very Steep
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Locale (select one) <input type="checkbox"/> Beachfront <input type="checkbox"/> City, Large <input type="checkbox"/> City, Medium <input type="checkbox"/> City, Small <input type="checkbox"/> Coastal <input type="checkbox"/> Gated Community <input type="checkbox"/> Remote, Very <input type="checkbox"/> Rural <input type="checkbox"/> Suburban	Roof Configuration (select one) <input type="checkbox"/> Flat <input type="checkbox"/> Gable <input type="checkbox"/> Gable with Dormers <input type="checkbox"/> Gambrel <input type="checkbox"/> Hip <input type="checkbox"/> Hip with Gambrel Dormers <input type="checkbox"/> Mansard <input type="checkbox"/> Multi-level Contemporary <input type="checkbox"/> Salt Box <input type="checkbox"/> Shed	Foundation Type (select one) <input type="checkbox"/> Brick <input type="checkbox"/> Concrete Block <input type="checkbox"/> Concrete Slab <input type="checkbox"/> Fieldstone <input type="checkbox"/> Holland Clay Tile <input type="checkbox"/> No Permanent Foundation <input type="checkbox"/> Pier <input type="checkbox"/> Pier and Beam <input type="checkbox"/> Pilings <input type="checkbox"/> Poured Concrete <input type="checkbox"/> Stone <input type="checkbox"/> Stone Rubble and Mortar <input type="checkbox"/> Treated Wood
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Skirting (select one) <input type="checkbox"/> Brick Veneer <input type="checkbox"/> Hardboard <input type="checkbox"/> Lap <input type="checkbox"/> Metal <input type="checkbox"/> Plywood <input type="checkbox"/> Simulated Brick <input type="checkbox"/> Simulated Stone <input type="checkbox"/> Stone Veneer <input type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> None	Primary Exterior (select one) <input type="checkbox"/> Adobe <input type="checkbox"/> Aluminum Siding <input type="checkbox"/> Brick Masonry <input type="checkbox"/> Cedar Siding <input type="checkbox"/> Cement Fiber <input type="checkbox"/> Clapboard <input type="checkbox"/> Concrete Block <input type="checkbox"/> Decorative Wood Shingle <input type="checkbox"/> Drivit / EIFS <input type="checkbox"/> Half Log Siding <input type="checkbox"/> Hardboard	<input type="checkbox"/> Local Stone <input type="checkbox"/> Log <input type="checkbox"/> Masonite <input type="checkbox"/> Metal Siding <input type="checkbox"/> Redwood Siding <input type="checkbox"/> Steel Siding <input type="checkbox"/> Stucco <input type="checkbox"/> Veneer, Face Brick <input type="checkbox"/> Vinyl Siding <input type="checkbox"/> Wood Shake / Shingle <input type="checkbox"/> Wood Siding
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