



LOC #: \_\_\_\_\_

# MOBILE HOME APPLICATION

DATE (MM/DD/YYYY)

AGENCY				CARRIER				NAIC CODE	
CONTACT NAME:				APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)					
PHONE (A/C. No. Ext):				DATE AT CURRENT RESIDENCE:					
FAX (A/C. No.):				PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL		SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL			
E-MAIL ADDRESS:				PRIMARY E-MAIL ADDRESS:					
CODE: _____ SUBCODE: _____				SECONDARY E-MAIL ADDRESS:					
AGENCY CUSTOMER ID:				BIRTH DATE		MARITAL STATUS * / CIVIL UNION (if applicable)		* This field may not be utilized for policyholders applying for residential property insurance in CA.	
POLICY NUMBER:				CO-APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed)					
PLAN		FACILITY CODE		EFFECTIVE DATE		EXPIRATION DATE			
APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed)				CO-APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed)					

## LOCATION INFORMATION

PROPERTY ADDRESS STREET			CITY			COUNTY		STATE	ZIP + 4
MOBILE HOME PARK NAME (If Applicable)					DATE PARK ESTABLISHED		NUMBER OF PERMANENT SPACES IN PARK		

## COVERAGES / LIMITS OF LIABILITY

COVERAGE	LIMIT	PREMIUM	FIRE		FIRE & EC		FIRE, EC & VMM		BROAD		SPECIAL		
			COVERAGE	OPTION	COVERAGE	OPTION	COVERAGE	OPTION	COVERAGE	OPTION	COVERAGE	OPTION	
DWELLING	\$	\$	REPL COST - FULL VALUE	INCLUDED							% MAX	\$	
OTHER STRUCTURES	<input type="checkbox"/> INCLUDED \$	\$	REPL COST - DWELLING	INCLUDED								\$	
			REPL COST - CONTENTS	INCLUDED									\$
PERSONAL PROPERTY	\$	\$	TOTAL LOCATION PREMIUM										\$
LOSS OF USE	<input type="checkbox"/> ACTUAL LOSS SUSTAINED \$	\$	DEDUCTIBLES										
BLANKET *	\$	\$	DEDUCTIBLE	AMOUNT	PERCENT	TYPE	DEDUCTIBLE	AMOUNT	PERCENT	TYPE			
RENTAL VALUE	<input type="checkbox"/> ACTUAL LOSS SUSTAINED \$	\$	BASE	\$		%	NAMED HURRICANE*	\$		%			
			WIND / HAIL	\$		%	ANNUAL HURRICANE**	\$		%			
			THEFT	\$		%		\$		%			
ADDITIONAL EXPENSE	\$	\$		\$		%		\$		%			
PERSONAL LIABILITY EA OCC	\$	\$		\$		%		\$		%			
MEDICAL PAYMENTS EA PER	\$	\$		\$		%		\$		%			

\* Includes Dwelling, Other Structures, Personal Property, Loss of Use  
 \*\* Named Storm Percentage Deductible in North Carolina  
 \*\* Not Applicable in North Carolina

## OPTIONAL COVERAGES - ENDORSEMENTS

COVERAGE TYPE	COVERAGE INFORMATION				PREMIUM	COVERAGE TYPE	COVERAGE INFORMATION				PREMIUM
BUILDING ORD OR LAW COVERAGE	\$	AGG	\$	INCR	\$	LOSS ASSESSMENT	\$	LIMIT		\$	
DEBRIS REMOVAL	<input type="checkbox"/> INCLUDED \$	\$	LIMIT	\$	MINE SUBSIDENCE	\$	LIMIT	CONST MATERIAL:		\$	
								PROP DESC:			
EARTHQUAKE	<input type="checkbox"/> INCLUDED \$	\$	LIMIT	\$	UNIT-OWNERS ADDITIONS & ALTERATIONS SPECIAL COVERAGE	<input type="checkbox"/> INCLUDED \$	LIMIT	LIMIT		\$	
								TERR:			
								RETROFIT TYPE:			
FIRE DEPARTMENT SERVICE CHARGE	<input type="checkbox"/> INCLUDED \$	\$	LIMIT	\$	WATER BACKUP OF SEWERS & DRAINS	<input type="checkbox"/> INCLUDED \$	LIMIT	LIMIT		\$	
								MAS VENEER: %			
INFLATION GUARD	% INCREASE				\$	WINDSTORM EXCL	<input type="checkbox"/> YES (Not applicable in Arkansas)				\$
COVERAGE TYPE	OPTS	LIMIT	APPL TO	DEDUCTIBLE	PREMIUM	COVERAGE TYPE	OPTS	LIMIT	APPL TO	DEDUCTIBLE	PREMIUM
CODE		\$		\$		CODE		\$		\$	
DESCRIPTION		\$		TYPE:	\$	DESCRIPTION		\$		TYPE:	\$
CODE		\$		\$		CODE		\$		\$	
DESCRIPTION		\$		TYPE:	\$	DESCRIPTION		\$		TYPE:	\$
CODE		\$		\$		CODE		\$		\$	
DESCRIPTION		\$		TYPE:	\$	DESCRIPTION		\$		TYPE:	\$

**RATING / UNDERWRITING**

YEAR		MAKE		MODEL			ID NUMBER			LENGTH	WIDTH		
PURCHASE DATE		PURCHASE PRICE \$		NEW USED	MARKET VALUE \$		REPLACEMENT COST \$		# BEDROOMS	CONSECUTIVE MONTHS OCCUPIED EACH YEAR	# WEEKS RENTED		
DISTANCE TO: FIRE HYDRANT FT		FIRE STATION MI		FIRE DISTRICT NAME				FIRE DISTRICT CODE		FIRE EXTINGUISHER <input type="checkbox"/> Y / N			
# FIRE DIVISIONS		# UNITS FIRE DIV		PROT CLASS		FIRE PREM GROUP		EC PREM GROUP		TERRITORY PERS LIAB TERR			
COOKING LOCATION <input type="checkbox"/> END <input type="checkbox"/> MIDDLE <input type="checkbox"/> NONE		TIE DOWN <input type="checkbox"/> FULL <input type="checkbox"/> CHASSIS ONLY <input type="checkbox"/> OVERTOP ONLY <input type="checkbox"/> NONE		EXTERIOR CONSTRUCTION <input type="checkbox"/> STEEL <input type="checkbox"/> VINYL <input type="checkbox"/> ALUMINUM <input type="checkbox"/> WOOD		OCCUPANCY <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT <input type="checkbox"/> UNOCC <input type="checkbox"/> VACANT		USE <input type="checkbox"/> PRIMARY <input type="checkbox"/> SECONDARY <input type="checkbox"/> SEASONAL		DWELLING LOCATION <input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> IN FIRE DISTRICT <input type="checkbox"/> IN PROT SUBURB		PERMANENT CONNECTION TO: <input type="checkbox"/> ELEC <input type="checkbox"/> SEWER <input type="checkbox"/> WATER <input type="checkbox"/> PHONE SKIRTED (Y / N)	
HOUSEKEEPING CONDITION <input type="checkbox"/> EXCELLENT <input type="checkbox"/> GOOD <input type="checkbox"/> AVERAGE <input type="checkbox"/> BELOW AVG		FOUNDATION CONSTRUCTION <input type="checkbox"/> CONTINUOUS MASONRY <input type="checkbox"/> POST & PIER		WIRING <input type="checkbox"/> COPPER <input type="checkbox"/> ALUMINUM LAST INSPECTED DATE				ELECTRICAL SYSTEMS <input type="checkbox"/> CIRCUIT BREAKERS <input type="checkbox"/> FUSES NUMBER OF AMPS		PROTECTION DEVICE TYPE SYSTEM SMOKE TEMP BURG CENTRAL DIRECT LOCAL			
ROOF CONDITION <input type="checkbox"/> EXCELLENT <input type="checkbox"/> AVERAGE <input type="checkbox"/> GOOD <input type="checkbox"/> BELOW AVG		WINDSTORM STORM SHUTTERS <input type="checkbox"/> A <input type="checkbox"/> B		WIND CLASS <input type="checkbox"/> RESISTIVE <input type="checkbox"/> SEMI-RESISTIVE		SWIMMING POOL NONE <input type="checkbox"/> ABOVE GROUND <input type="checkbox"/> IN GROUND <input type="checkbox"/> APPROVED FENCE <input type="checkbox"/>		DIVING BOARD SLIDE		DISTANCE TO TIDAL WATER <input type="checkbox"/> Miles <input type="checkbox"/> Feet			
ROOF MATERIAL		HURRICANE RESISTIVE GLASS		FUEL STORAGE TANK LOCATION NONE <input type="checkbox"/> INDOORS ABOVE GROUND MASONRY FLOOR <input type="checkbox"/> INDOORS ABOVE GROUND NO MASONRY FLOOR <input type="checkbox"/> OUTDOORS ABOVE GROUND <input type="checkbox"/> OUTDOORS BELOW GROUND <input type="checkbox"/>		RENOVATIONS WIRING <input type="checkbox"/> PART <input type="checkbox"/> COMP <input type="checkbox"/> YEAR <input type="checkbox"/> PLUMBING <input type="checkbox"/> HEATING <input type="checkbox"/> ROOFING <input type="checkbox"/> EXTERIOR PAINT <input type="checkbox"/>		FIREPLACES (Enter # or 0 for none) CHIMNEYS <input type="checkbox"/> HEARTHES <input type="checkbox"/> PRE-FAB <input type="checkbox"/> WOOD STOVE INSERT <input type="checkbox"/>		RATING CREDITS <input type="checkbox"/> NON-SMOKER <input type="checkbox"/> <input type="checkbox"/> MANNED SECURITY <input type="checkbox"/> LIGHTNING PROTECTION <input type="checkbox"/> OFF PREMISE THEFT EXCL			
FUEL LINE LOCATION <input type="checkbox"/> UNDER GROUND <input type="checkbox"/> THROUGH FOUNDATION		PRIMARY HEAT <input type="checkbox"/> NONE		SECONDARY HEAT <input type="checkbox"/> NONE		DATE HEATING SYSTEM LAST SERVICED:							

**OTHER STRUCTURES**

DESCRIPTION	
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**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE				Y / N
1. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				
LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER	
2. HAS ANY COVERAGE BEEN DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST THREE (3) YEARS? (Missouri Applicants - Do not answer this question)				
3. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE PAST FIVE (5) YEARS?				
4. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE PAST FIVE (5) YEARS?				
5. ANY OTHER RESIDENCE, NOT LISTED ON ANY APPLICATION, OWNED, OCCUPIED OR RENTED?				
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?				

**GENERAL INFORMATION (continued)**

<b>EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE</b>	Y / N
7. DURING THE LAST FIVE (5) YEARS [TEN (10) YEARS IN RHODE ISLAND], HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY ? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one (1) year of imprisonment.)	

**GENERAL INFORMATION - RESIDENTIAL**

<b>EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE</b>	Y / N																						
1. ANY BUSINESS CONDUCTED ON PREMISES? <input type="checkbox"/> FARMING <input type="checkbox"/> TELECOMMUTER <input type="checkbox"/> DAY CARE # OF CHILDREN: ____ <input type="checkbox"/> HOME OFFICE / BUSINESS <input type="checkbox"/>																							
2. ANY FLOODING, BRUSH, FOREST FIRE OR LANDSLIDE HAZARD? <b>(Kansas Applicants - Do not answer this question)</b>																							
3. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES?																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:25%;">ANIMAL TYPE</th> <th style="width:25%;">BREED</th> <th style="width:25%;">BITE HISTORY (Y/N)</th> <th style="width:25%;">ANIMAL TYPE</th> <th style="width:25%;">BREED</th> <th style="width:25%;">BITE HISTORY (Y/N)</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	ANIMAL TYPE	BREED	BITE HISTORY (Y/N)	ANIMAL TYPE	BREED	BITE HISTORY (Y/N)																	
ANIMAL TYPE	BREED	BITE HISTORY (Y/N)	ANIMAL TYPE	BREED	BITE HISTORY (Y/N)																		
4. IS PROPERTY SITUATED ON MORE THAN ONE ACRE? # OF ACRES: _____ LAND USED FOR: _____																							
5. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?																							
6. IS THE MOBILE HOME FOR SALE? (no explanation needed)																							
7. IS PROPERTY WITHIN 300 FEET OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY? (If "YES", describe in detail)																							
8. IS THERE A TRAMPOLINE ON THE PREMISES? a. IF "YES", IS THERE A SAFETY NET? (no explanation needed)																							
9. ANY LEAD PAINT?																							
10. IF A FUEL TANK IS ON PREMISES, HAS OTHER INSURANCE BEEN OBTAINED FOR THE TANK? (If "YES", provide the name of the insurance company, the applicable limit and the cleanup sublimit) INSURANCE COMPANY: _____ LIMIT: _____ CLEANUP/SUBLIMIT: _____																							
11. IS THE RESIDENCE IN A GATED COMMUNITY? NAME OF COMMUNITY: _____																							
12. IF BUILDING IS UNDER CONSTRUCTION, IS THE APPLICANT THE GENERAL CONTRACTOR?																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:10%;">START DATE</th> <th style="width:10%;">COMP DATE</th> <th style="width:5%;">INT</th> <th style="width:5%;">EXT</th> <th style="width:10%;">ADDITION</th> <th style="width:10%;">ADD LEVEL</th> <th style="width:10%;">STRUC CHANGES</th> <th colspan="2" style="width:15%;">MATERIALS UNATTACHED</th> <th style="width:10%;">OCC DURING REN</th> <th style="width:15%;">COST OF PROJECT</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td><input type="checkbox"/> Y <input type="checkbox"/> N</td> <td><input type="checkbox"/> INCL <input type="checkbox"/> EXCL</td> <td><input type="checkbox"/> Y <input type="checkbox"/> N</td> <td>\$</td> </tr> </table>	START DATE	COMP DATE	INT	EXT	ADDITION	ADD LEVEL	STRUC CHANGES	MATERIALS UNATTACHED		OCC DURING REN	COST OF PROJECT								<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> INCL <input type="checkbox"/> EXCL	<input type="checkbox"/> Y <input type="checkbox"/> N	\$	
START DATE	COMP DATE	INT	EXT	ADDITION	ADD LEVEL	STRUC CHANGES	MATERIALS UNATTACHED		OCC DURING REN	COST OF PROJECT													
							<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> INCL <input type="checkbox"/> EXCL	<input type="checkbox"/> Y <input type="checkbox"/> N	\$													
13. IS THERE AN APPROVED CARBON MONOXIDE ALARM IN OPERATING CONDITION WITHIN THE MANDATED NUMBER OF FEET OF EVERY ROOM USED FOR SLEEPING PURPOSES? (IL - 15 FT) (no explanation needed)																							
14. IS THE NAMED INSURED THE OWNER OF THE PROPERTY? (If "NO", provide the name of the owner) OWNER'S NAME: _____																							
15. IF HOME IS LOCATED IN A MOBILE HOME PARK DOES MOBILE HOME PARK HAVE A RESIDENT MANAGER? MANAGER'S NAME: _____ PHONE (A/C,No): _____																							
16. DOES MOBILE HOME PARK HAVE LIMITED ACCESS? (no explanation needed)																							
17. DOES MOBILE HOME PARK HAVE SUBDIVISIONS? (no explanation needed)																							
18. ARE ROADS UNPAVED IN THE MOBILE HOME PARK? (no explanation needed)																							
19. IF HOME IS NOT LOCATED IN A MOBILE HOME PARK, IS HOME VISIBLE FROM ROAD? (no explanation needed)																							

**LOSS HISTORY** ANY LOSSES (except for applications for auto insurance), WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST \_\_\_\_\_ YEARS, AT THIS OR AT ANY OTHER LOCATION? Y / N  IF YES, INDICATE BELOW APPLICANT'S INITIALS: \_\_\_\_\_

LINE OF BUSINESS	LOSS DATE	LOSS TYPE	DESCRIPTION OF LOSS	CAT #	AMOUNT PAID	ENTERED BY (AGENT/COMPANY)	IN DISPUTE (Y / N)
					\$		
					\$		
					\$		

<b>PRIOR COVERAGE</b>		<b>NO PRIOR COVERAGE</b>	
PRIOR CARRIER	PRIOR POLICY NUMBER	EXPIRATION DATE	BI OR CSL LIMIT(S) IF APPLICABLE PER PERSON PER ACCIDENT
			\$ / \$
			\$ / \$

AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_

**PAYMENT PLAN (Attach ACORD 610, Premium Payment Supplement, if additional information is required)**

<b>BILLING ACCOUNT #:</b>		<b>DEPOSIT AMOUNT: \$</b>		<b>EST TOTAL PREMIUM: \$</b>	
<b>BILLING</b>		<b>PAYMENT PLAN</b>		<b>PAYMENT METHOD</b>	
<input type="checkbox"/> DIRECT BILL - POLICY	<input type="checkbox"/> FULL PAY	<input type="checkbox"/> BI-MONTHLY	<input type="checkbox"/> CASH	<input type="checkbox"/> EFT	<input type="checkbox"/> AGENT
<input type="checkbox"/> DIRECT BILL - ACCT	<input type="checkbox"/> ANNUAL	<input type="checkbox"/> MONTHLY	<input type="checkbox"/> CHECK	<input type="checkbox"/> PAYROLL DEDUCTION	<input type="checkbox"/> INSURED
<input type="checkbox"/> AGENCY BILL	<input type="checkbox"/> SEMI-ANNUAL	<input type="checkbox"/>	<input type="checkbox"/> CREDIT CARD	<input type="checkbox"/> PRE-AUTHORIZED DRAFT/CHECK (PAC)	<input type="checkbox"/>
	<input type="checkbox"/> QUARTERLY				
<b>PAYOR</b>			<b>PREMIUM FINANCED ?</b>		
<input type="checkbox"/> INSURED	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/>	<b>FINANCE COMPANY</b>		
			<input type="checkbox"/> Y/N		

**ADDITIONAL INTEREST (Attach ACORD 45, Additional Interest Schedule, if more space is required)**

<b>INTEREST</b>	<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	SEND BILL _____	<b>INTEREST IN ITEM NUMBER</b>	
							LOCATION: _____	BOAT: _____
							ITEM CLASS: _____	ITEM: _____
							ITEM DESCRIPTION	
REFERENCE / LOAN #: _____								

**REMARKS / ATTACHMENTS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

<input type="checkbox"/> FLOOD EXCLUSION NOTICE	<input type="checkbox"/> PROTECTION DEVICE CERTIFICATE	<input type="checkbox"/> RESIDENCE BASED BUSINESS SUPP	<input type="checkbox"/> WINDSTORM LOSS MITIGATION
<input type="checkbox"/> LEAD FREE PAINT CERTIFICATION	<input type="checkbox"/> RECREATIONAL VEHICLE APP	<input type="checkbox"/> SOLID FUEL SUPPLEMENT	
<input type="checkbox"/> PHOTOGRAPH	<input type="checkbox"/> REPLACEMENT COST ESTIMATE	<input type="checkbox"/> STATE SUPPLEMENT(S) (If applicable)	

**CERTIFICATION OF MOBILE HOME TIE DOWNS**

<b>NO EXPLANATION REQUIRED UNLESS STATED OTHERWISE</b>		<b>Y / N</b>
1. IS MOBILE HOME TIED DOWN? (If "YES", Answer Questions 2 through 13)		
2. IS MOBILE HOME EQUIPPED WITH FACTORY INSTALLED "UNDER THE SKIN" TIE DOWN STRAPPING?		
3. TYPE OF STRAPS OR CABLES USED? (If strapping is used, answer Questions 4 and 5. If cable is used, answer Question 6)	<input type="checkbox"/> 1 1/4 STEEL STRAP <input type="checkbox"/> 1 1/2 STEEL STRAP	<input type="checkbox"/> 1/4 STEEL CABLE <input type="checkbox"/> 1/2 STEEL CABLE
4. IS ALL STRAPPING USED IN TIE DOWNS GALVANIZED?		
5. IS ALL STRAPPING USED IN TIE DOWNS WITHOUT PERFORATIONS?		
6. IF CABLE USED, ARE LOOSE ENDS FIRMLY CLAMPED AND SECURE?		
7. ARE OVER THE ROOF TIE DOWNS VISIBLE? (If "YES", answer Question 7a.)		
a. ARE CORNER BLOCKS OF WOOD OR METAL USED UNDER STRAPPING CABLE TO PREVENT SHARP BENDS?		
8. TYPE OF ANCHORS USED FOR TIE DOWNS? <input type="checkbox"/> DEAD MEN <input type="checkbox"/> SCREW AUGER (Explain below) <input type="checkbox"/> OTHER TIE DOWN ANCHORS (Explain below)		
9. ARE TURNBUCKLES USED IN TIE DOWNS? (If "YES", answer Questions 9a. through 9c.)		
a. ARE THEY FORGED STEEL?		
b. ARE TURNBUCKLES ENDING WITH JAWS PROPERLY SECURED?		
c. DO TURNBUCKLES END WITH OPEN HOOK? (If "YES", answer Question 9d.)		
d. ARE THEY CLOSED WITH TWINE OR WIRE?		
10. ARE THERE ANY ADDITIONS TO THE MOBILE HOME (INCLUDING CARPORT, ADDED ROOMS, etc)? (If "YES", answer Question 10a.)		
a. ARE ALL ADDITIONS TO THE MOBILE HOME TIED DOWN?		
11. IS MOBILE HOME PROPERLY BLOCKED? (If "NO", explain below)		
12. HOW MANY PROPERLY SECURED STRAPS OR CABLES ARE THERE OVER THE ROOF? NUMBER OF STRAPS OR CABLES: _____		
13. FACING EITHER END OF THE MOBILE HOME, HOW MANY PROPERLY SECURED FRAME TIE DOWNS ARE THERE? RIGHT: _____ LEFT: _____		
EXPLANATION OF ITEMS NOT ADEQUATELY DESCRIBED ABOVE		
THE UNDERSIGNED DOES HEREBY CERTIFY THAT THE ABOVE DESCRIBED MOBILE HOME AND ITS TIE DOWN FACILITIES ARE CORRECT AS DESCRIBED ABOVE.		
SIGNATURE OF OWNER / APPLICANT		DATE (MM/DD/YYYY)

**MINIMUM TIE DOWN REQUIREMENTS**

1. NUMBER OF TIE DOWNS

A. EXTENDED COVERAGE ZONES 4 & 5

Length of Home	Frame Ties and Anchors Per Side	Over Home Ties
Up to 40'	4	2
41' to 60'	6	3
61' to 82'	8	4

B. EXTENDED COVERAGE ZONES 1, 2 & 3

Length of Home	Frame Ties and Anchors Per Side	Over Home Ties
Up to 40'	3	2
41' to 60'	5	3
61' to 82'	6	3

C. Multiple-wide mobile homes shall have diagonal ties and anchors as required above for single-wide mobile homes. No over-the-roof ties shall be required.

2. ANCHOR

A minimum anchor is an auger (steel screw) at least 6 inches in diameter on a rod that allows the auger to penetrate at least 4 feet into the ground while leaving the eye or tensioning head exposed.

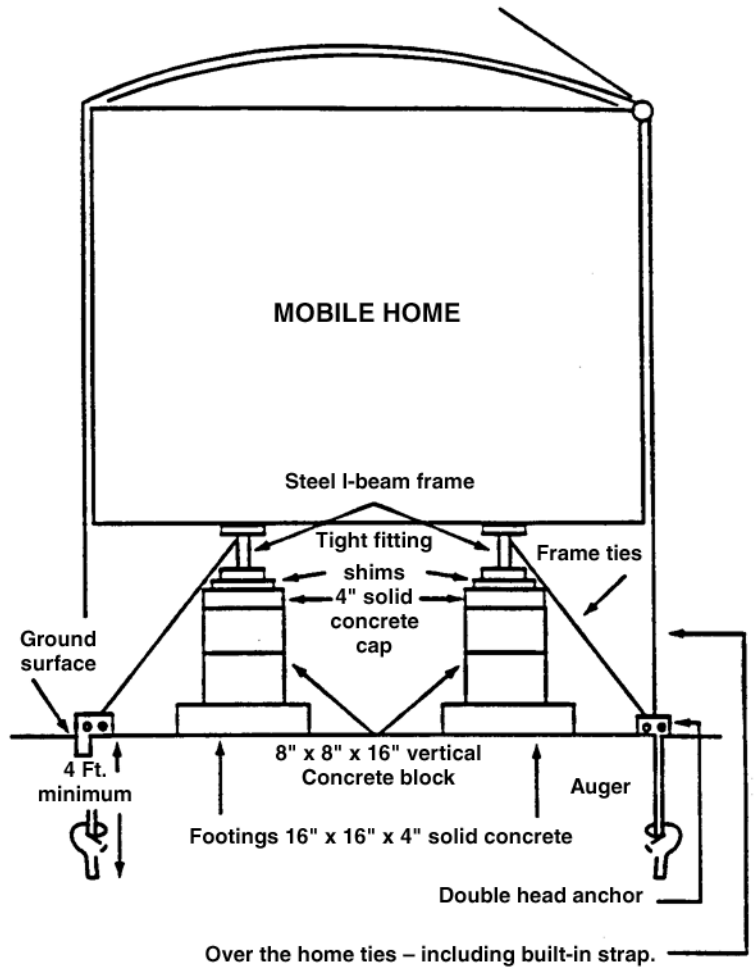
3. CONNECTORS

- A. Galvanized steel strap -- 1 1/4" X .035" with tensioning device.
- B. Galvanized or stainless steel cable -- 3/8" (7X7 - 7 strands of 7 wires each).
- C. Galvanized aircraft cable 1/4" (7X19 - 7 strands of 19 wires each).
- D. Cable ends secured by 2 U-bolt clamps.
- E. Steel rods -- 5/8" with ends welded closed.
- F. Turnbuckles -- 1/2" drop forged-closed eyes.

4. BLOCKING AND FOOTINGS

- A. Spaced at 10 ft intervals on both frame rails with end footings no further than 5' from end of home.
- B. Footings of solid concrete 16" X 16" X 4".
- C. Blocking of 8" X 8" X 16" celled concrete block with cells placed vertically, topped with solid 4" concrete cap.
- D. Treated shims for leveling.
- E. Perimeters of 14' wide and over, must be blocked adjacent to over-the-home ties.

Over Home ties buffered at corner if home does not include built-in strap.



INSTALLATION OF TIE DOWNS DOES NOT ASSURE SAFE OCCUPANCY DURING SEVERE WINDS AND HURRICANES.

**BINDER**

INSURANCE BINDER	
EFFECTIVE DATE	EXPIRATION DATE
TIME	12:01 AM
	NOON
COVERAGE IS NOT BOUND	

IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY: THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY.

THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE.

THIS BINDER MAY BE CANCELLED BY THE COMPANY BY NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLICY CONDITIONS. THIS BINDER IS CANCELLED WHEN REPLACED BY A POLICY. IF THIS BINDER IS NOT REPLACED BY A POLICY, THE COMPANY IS ENTITLED TO CHARGE A PREMIUM FOR THE BINDER ACCORDING TO THE RULES AND RATES IN USE BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY.

APPLICABLE IN ARIZONA: Binders are effective for no more than 90 days. APPLICABLE IN COLORADO: The insurer has thirty (30) business days, commencing from the effective date of coverage, to evaluate the issuance of the insurance policy. APPLICABLE IN MARYLAND: The insurer has 45 business days, commencing from the effective date of coverage, to confirm eligibility for coverage under the insurance policy. APPLICABLE IN MICHIGAN: The policy may be cancelled at any time at the request of the insured. APPLICABLE IN MONTANA: No binder shall be valid beyond the issuance of the policy with respect to which it was given or beyond 90 days from its effective date, whichever period is the shorter. If the policy has not been issued, a binder may be extended or renewed beyond such 90 days with the written approval of the insurer. APPLICABLE IN OKLAHOMA: All policies shall expire at 12:01 AM standard time on the expiration date stated in the policy. APPLICABLE IN OREGON: Binders are effective for no more than ninety (90) days. A binder extension or renewal beyond such 90 days would require the written approval by the Director of the Department of Consumer and Business Services.

**NOTICE OF INFORMATION PRACTICES**

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 HELP 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 MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA or WV. Specific ACORD 38s are available for applicants in these states.) (Applicant's Initials): \_\_\_\_\_

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, please contact your agent or broker for your state's requirements.)

**FRAUD STATEMENTS / SIGNATURE**

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV:** Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

**Applicable in KS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER