

MANUFACTURED HOME
APPLICATION

- Preferred (LOB 46)
- Special (LOB 37)
- Reliable Vintage (LOB 86)
- All Purpose (LOB 48)

LOUIS T. MASTOS & ASSOCIATES, INC.
405 MARSH AVENUE
RENO, NV 89509-1516
(775) 786-7742 FAX: (775) 322-1987

ATTACH PHOTOS IF NECESSARY

NAMED INSURED		PRODUCER	
Applicant		Agency Name: _____ Agent #: _____	
Address		REQUEST POLICY TERM	
City	State	Zip	From: _____ To: _____ Time: _____ AM <input type="checkbox"/> PM <input type="checkbox"/>
County	Phone No.		Policy Term: 12 Months
Occupation	Employer (If Self-Employed, list "SELF")		
Social Security #	DOB		
Co-Applicant Name			
Co-Applicant Social Security #	DOB		
Co-Applicant Occupation	Co-Applicant's Employer		
Add'l Insured	Address, if different than mailing address (include city, state, zip and county)		
Address	Park Name: _____		
City	State	Zip	Address: _____

BINDING AUTHORITY: For coverage to begin as requested, the application must be mailed within 72 hours of the effective date of coverage. Otherwise, coverage is bound at 12:01 a.m. the day it is received by the General Agent. No coverage may be increased within 72 hours of the announcement of an impending disaster, i.e. hurricane, tropical storm, volcanic eruption, earthquake, flood, mudslide, brushfire, etc.

BILLING / ACCOUNTING INFORMATION

BILL TO: Insured Lienholder

Check # _____ Check Amt \$ _____

***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

LIENHOLDER

Name	Loan #	Name	Loan #
Address		Address	
City	State	Zip	City

GENERAL INFORMATION

Territory	Model Year	Protection Class <input type="checkbox"/> Protected <input type="checkbox"/> Unprotected	Feet to Fire Hydrant	Miles to Fire Dept.	Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No	Supplemental Heating Device: <input type="checkbox"/> None <input type="checkbox"/> Woodburning Stove <input type="checkbox"/> Fireplace <input type="checkbox"/> Other: _____
Manufacturer/Model	Serial Number	Length	Width	Square Footage	Skirted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Tied Down? <input type="checkbox"/> Yes <input type="checkbox"/> No
Purchase Date						Purchase Price \$ _____
Describe Additions/Attached Structures:						Current Value \$ _____
Describe Unattached Other Structures:						Age _____ Size _____ \$ _____

MUST COMPLETE THE FOLLOWING

(Place an "X" in the appropriate boxes.)

Usage: Primary/Permanent Seasonal/Secondary Commercial Vacant
 Rental (If Rental, is home currently occupied by tenant?) Yes No

Age Of Insured: 50 & Over 49 & Under

Age Of Manufactured Home: Special and Reliable Vintage 1-10 11-1977 1976 & Older
Preferred 10 & Newer 11-20 21 - 1977

Claim Free Transfer (Special Program only): Yes* No
**(Must have had continuous prior insurance for the past 12 months with no claims. A current renewal offer, declarations page, or other evidence of insurance dated within the past 30 days is required.)*

How long has applicant lived in the Manufactured Home? _____

Prior Insurance: Yes No New Purchase

Prior Company: _____

Animals On Premises: Yes No
Type of Animal: _____ Breed of Dog: _____

Park Status: Out of Park # of acres: _____ In a Park # of spaces: _____

POLICY INFORMATION

COVERAGES	LIMITS	PREMIUM
Manufactured Home and Additions	\$ _____	\$ _____
Unattached Other Structures		
Personal Property		
Personal Liability		
Medical Payments to Others		
LOB 48 Only <input type="checkbox"/> Comprehensive <input type="checkbox"/> Named Perils <input type="checkbox"/>		
SUBTOTAL:		
*Claim Free Transfer Credit: SUBTOTAL _____ X .95		
Included Deductible: \$250 / \$500 Wind/Hail		
Optional Deductible (List Deductible) \$ _____		
Replacement Cost – Personal Property (Minimum Premium \$25.00)		
Enhancement		
Golf Cart Coverage		
Limit of Increased Radio & TV Antenna Coverage	\$ _____ Coverage	
Scheduled Personal Property	\$ _____ Coverage	
Other:		
Supplemental Heating Surcharge – Add \$25		
Minimum Written Premium is \$100 Minimum Earned Premium is \$50		
TOTAL PREMIUM:		\$ _____

* Applicable for Special Program Only.

LOSS HISTORY

HAVE YOU HAD ANY PRIOR LOSSES? Yes No If Yes, indicate below.

Table with 3 columns: Description of Loss, Date, Amount Paid. Three rows for recording losses.

If the applicant has had 2 or more property losses (paid or unpaid) in the past 36 months or any single fire, theft, liability or water loss in the past 36 months, the risk must be submitted to the General Agent for acceptability.

UNACCEPTABLE RISKS - DO NOT SUBMIT, DO NOT BIND

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

- 1. Has the home been salvaged or have existing structural damage?
2. Is the home vacant or under construction/major renovation?
3. Is the home in foreclosure?
4. Does the home have a liquid fuel-powered space heater or existence of any heat reclaiming devices?
5. Is the primary source of heat a wood/coal/pellet burning device?
6. Does the home have other structures or garages with a wood, coal or pellet burning device?
7. Does the home have child care, homecare, lodging, auto repair or chemical processing conducted on the premises? All other business pursuits must be submitted for approval.

RISK TO BE WRITTEN WITHOUT LIABILITY COVERAGE

Any "Yes" Response Must Be Explained Below.

- 1. Is there a swimming pool or spa that is not completely fenced and not in compliance with all city and/or county ordinances?
2. Is there a trampoline on the premises?
3. Does the applicant own, keep or shelter any of the following breeds: Akita, Anatolian Shepherd, Chow, Doberman, Pit Bull, Presa Canario, Rottweiler, Wolf or Wolf hybrid, any mix of these breeds with any other breed, whether listed or not?
4. Does the applicant own, keep or shelter any animal with a previous bite history or any non-domestic animal?
5. Is the risk owner occupied and in the name of a corporation?

SUBMIT RISKS TO GENERAL AGENT

Any "Yes" Response Must Be Explained Below.

- 1. Has the applicant had a Manufactured home/dwelling policy cancelled or non-renewed for underwriting reasons (except age of unit) during the past 36 months?
2. Has the applicant filed for bankruptcy in the past 36 months?
3. Has the applicant been 30 days past due on mortgage payments in the last 12 months?
4. Has the home been uninsured for more than 30 days immediately prior to the requested effective date? (Does not apply to a new purchase.)
5. Is the home built on stilts, posts or piers? Photos must be included.
6. Is the home or any other structure (other than porches, decks, awnings, skirting or carports) not factory/contractor built or two separate homes that are joined together? Photos must be included.
7. Is the home equipped with a supplemental heating device that was not installed by the manufacturer or a licensed contractor? Photos and the Woodstove Inspection Report must be included.
8. Does the home have 3 or more steps on any exit without a handrail? Photos must be included.
9. Is the home without permanently installed steps at all entrances? Photos must be included.
10. Is the home within 1,500 feet of water (river, creek or ocean) or is it located on an island or in a Special Flood Hazard Area?
11. Does the home have multiple horses, livestock or farm animals on the premises?
12. Is there a dock, pier or boathouse? Photos must be included.
13. Does the premises have 5 or more acres?
14. Are farming activities conducted on the premises?
15. Are business pursuits conducted on the premises?

Explain "Yes" answers

ANIMAL LIABILITY EXCLUSION (Only applicable to specific breeds/animals): I understand the Animal Liability Exclusion will be attached to my policy if Liability is purchased 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.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claims containing any materially false information or conceals, for the purposes of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and may subject such person to criminal and substantial civil penalties.

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 agents 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.

X MUST BE SIGNED (Signature of Applicant) Date

X MUST BE SIGNED (Signature of Producer) Date