



MOBILE HOME POLICY CHANGE REQUEST (PCR)

POLICY NO.:
INSURED:
EFF. DATE OF CHANGE:
POLICY EXPIRATION DATE:

INSTRUCTIONS

FILL IN THE POLICY NUMBER, INSURED, AND EFFECTIVE DATE OF ENDORSEMENT TO THE LEFT. ONLY FILL IN THOSE AREAS BELOW THAT NEED TO BE CHANGED. INSERT IN BOX BY FIELD BEING CHANGED:

A = ADD C = CHANGE D = DELETE

INSURED

(Check box if additional Applicant/Owner is indicated in "Remarks" section on reverse side.)

NAME, SOCIAL SECURITY NO., HOME PHONE, WORK PHONE, MAILING ADDRESS, CITY, COUNTY, STATE, ZIP, LOCATION ADDRESS, CITY, COUNTY, STATE, ZIP, NAME OF MOBILE HOME PARK, DATE OF BIRTH, OCCUPATION, EMPLOYER

LIENHOLDER

(Check box if additional Lienholder is indicated in "Remarks" section on reverse side.)

NAME, ACCOUNT NUMBER, MAILING ADDRESS, CITY, STATE, ZIP

DESCRIPTION OF MOBILE HOME/TRAVEL TRAILER

Table with columns: YEAR, MAKE/MODEL, SERIAL NUMBER, LENGTH, WIDTH, DATE PURCHASED, PURCHASE PRICE \$

PHOTOS REQUIRED ON ALL OUT OF PARK OR 1976 AND OLDER UNITS

DESCRIPTION OF UNATTACHED ADJACENT STRUCTURES

Table with columns: DESCRIPTION, VALUE

CLASSIFICATION

14 numbered questions regarding mobile home classification and safety features.

#7 - #12, IF YES, EXPLAIN ON REVERSE SIDE.

HOW IS MOBILE HOME USED?

Options for mobile home use: Principle Residence, Seasonal Residence, Commercial, Tenant Occupied, Vacant, Travel Trailer. Includes description of golf cart and serial number/valuation.

DIRECT BILL INFORMATION

BILL TO: Insured or Lienholder

DO NOT SEND PAYMENT WITH THIS PCR. Any change in premium will be billed, or returned directly to the billed party.

COVERAGES

Table listing coverages (Mobile Home, Unattached Adjacent Structures, etc.), optional coverages, surcharges, credits, and miscellaneous fees with total limits and premium amounts.

CANCELLATION (Attach Cancellation Evidence)

Effective Date, Reason, Method (PR or Flat), American Reliable Insurance Company to send Notice? (Yes/No)

SUBAGENT

GENERAL AGENT

NAME, AGENT NO. for both Subagent and General Agent

### LOCATION

DISTANCE OF UNIT TO FIRE HYDRANT: \_\_\_\_\_ FEET. DISTANCE OF UNIT TO FIRE DEPARTMENT: \_\_\_\_\_ MILES.

IS MOBILE HOME LOCATED INSIDE CITY LIMITS?  YES  NO

IN MOBILE HOME PARK?  YES  NO IF YES, NUMBER OF OCCP. SPACES: \_\_\_\_\_  PAVED STREETS?  LIGHTED STREETS?  FULL TIME RESIDENT MANAGER?

ON PRIVATE PROPERTY?  YES  NO NUMBER OF ACRES: \_\_\_\_\_ OR MOBILE HOME LOT?  YES  NO

TYPE OF PARK (ELITE PROGRAM ONLY):  PREFERRED  STANDARD  OTHER

### CLASSIFICATION RESPONSES

7. DATE OF LOSS: \_\_\_\_\_ TYPE OF LOSS: \_\_\_\_\_ AMOUNT PAID: \$ \_\_\_\_\_  
 DATE OF LOSS: \_\_\_\_\_ TYPE OF LOSS: \_\_\_\_\_ AMOUNT PAID: \$ \_\_\_\_\_

8. DESCRIBE ANIMALS: \_\_\_\_\_ HOW MANY? \_\_\_\_\_  
 IF DOG, BREED: \_\_\_\_\_ PET OR GUARD DOG? \_\_\_\_\_

9. NAME OF COMPANY: \_\_\_\_\_ REASON: \_\_\_\_\_  
 OTHER REMARKS: \_\_\_\_\_

12. IS THERE A FENCE AROUND THE SWIMMING POOL MADE OUT OF SUITABLE MATERIAL TO A HEIGHT OF AT LEAST 4½ FEET?  YES  NO  
 DOES THE FENCE HAVE A SELF-CLOSING GATE?  YES  NO IS IT AN ABOVE GROUND POOL?  YES  NO IF YES, VALUE: \$ \_\_\_\_\_

USE THIS AREA TO EXPLAIN UNDERWRITING INFORMATION, LIST ADDITIONAL APPLICANTS OR LIENHOLDERS, AND FOR GENERAL COMMENTS OR INSTRUCTIONS.

## WOODSTOVE INSPECTION REPORT

**PHOTOGRAPHS MUST BE SUBMITTED SHOWING INSIDE AND OUTSIDE VENTING.**

*(If installed by manufacturer, do not complete.)*

### STOVE INFORMATION

DATE INSTALLED	INSTALLED BY	PURCHASE COST: \$
MAKE/NAME:		IS WOODSTOVE EQUIPPED WITH A HEAT RECLAIMING DEVICE? <input type="checkbox"/> Yes <input type="checkbox"/> No
TYPE: <input type="checkbox"/> Radiant <input type="checkbox"/> Jacketed <input type="checkbox"/> Circulating	WHAT TYPE OF FUEL IS USED?	USE: <input type="checkbox"/> Primary Heat <input type="checkbox"/> Auxiliary Heat <input type="checkbox"/> Cooking <input type="checkbox"/> Other (Specify)
HOW OFTEN ARE CHIMNEY AND STOVE PIPES CLEANED?	DATE LAST CLEANED:	BY WHOM:

### INSTALLATION INFORMATION *(IF WOODSTOVE IS PRIMARY SOURCE OF HEAT OR DOUBLE VENTED, RISK IS UNACCEPTABLE.)*

LOCATION OF STOVE IN HOME:	IS THERE A SMOKE DETECTOR IN THIS ROOM? <input type="checkbox"/> Yes <input type="checkbox"/> No
FLOOR PROTECTION: <input type="checkbox"/> Asbestos Millboard Covered with Metal <input type="checkbox"/> Metal <input type="checkbox"/> Stone/Brick <input type="checkbox"/> Other (Specify)	
WALL PROTECTION: <input type="checkbox"/> Asbestos Millboard Covered with Metal <input type="checkbox"/> Metal <input type="checkbox"/> Asbestos Millboard <input type="checkbox"/> Other (Specify)	IF NONE, IS THIS ACCEPTABLE WITH THE MANUFACTURER? <input type="checkbox"/> Yes <input type="checkbox"/> No
CHIMNEY TYPE: <input type="checkbox"/> Factory Chimney <input type="checkbox"/> Masonry <input type="checkbox"/> Other (Describe)	HOW MUCH AIR SPACE BETWEEN WALL PROTECTION AND COMBUSTIBLE WALL? _____ INCHES

### CLEARANCES

1	_____ INCHES	SIDE OF UNIT NEAREST TO WALL
2	_____ INCHES	REAR OF UNIT TO WALL
3	_____ INCHES	TOP OF STOVE PIPE TO CEILING
4	_____ INCHES	BOTTOM OF UNIT TO FLOOR
5	_____ INCHES	FRONT OF UNIT TO FRONT EDGE OF FLOOR PROTECTION
6	_____ INCHES	SIZE OF PIPE USED
7	_____ INCHES	SIZE OF THIMBLE OR ROOF JOIST SHIELD

DO THESE DISTANCES COMPLY WITH THE MANUFACTURERS STANDARDS?  Yes  No

REMARKS:

