

American Reliable Insurance Company

UTAH MOBILE HOME APPLICATION

PRINT OR TYPE ALL INFORMATION

CHECK PROGRAM APPLICABLE

- | | |
|---|---|
| <input type="checkbox"/> Pkg 1 (10, 36) | <input type="checkbox"/> Vintage (86) |
| <input type="checkbox"/> Pkg 2 (20, 37) | <input type="checkbox"/> All Purpose (48) |
| <input type="checkbox"/> Deluxe (36) | <input type="checkbox"/> Preferred (46) |
| <input type="checkbox"/> Special (37) | <input type="checkbox"/> Basic (33) |
| <input type="checkbox"/> By-line (77) | |
- SUSPENSE #: _____
POLICY #: _____

LOUIS T. MASTOS & ASSOCIATES, INC.

**405 MARSH AVENUE
RENO, NV 89509-1516
(775) 786-7742 FAX: (775) 322-1987**

AGENT #:

SUB AGENT #:

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

NAME:		SOCIAL SECURITY NO.:	DATE OF BIRTH	HOME PHONE: () -	
				WORK PHONE: () -	
MAILING ADDRESS	CITY	COUNTY	STATE	ZIP	
LOCATION ADDRESS (If different than mailing address)	CITY	COUNTY	STATE	ZIP	
NAME OF MOBILE HOME PARK		OCCUPATION	EMPLOYER		

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

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

PERIOD OF INSURANCE (12:01 A.M. STANDARD TIME)

EFFECTIVE DATE:	NO. OF MONTHS	PREVIOUS CARRIER
FROM: TO:		

DESCRIPTION OF MOBILE HOME/TRAVEL TRAILER

YEAR	MAKE/MODEL	SERIAL NUMBER	LENGTH	WIDTH	DATE PURCHASED	PURCHASE PRICE
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PHOTOS REQUIRED ON ALL OUT OF PARK OR 1976 AND OLDER UNITS

CLASSIFICATION	YES	NO
1. How long has insured lived in a mobile home? _____	<input type="checkbox"/>	<input type="checkbox"/>
2. Is mobile home skirted?	<input type="checkbox"/>	<input type="checkbox"/>
3. Woodstove? (If yes, complete inspection report, #A6000M0493.)	<input type="checkbox"/>	<input type="checkbox"/>
4. Tied Down?	<input type="checkbox"/>	<input type="checkbox"/>
5. Wood, Masonite, or Vinyl Siding?	<input type="checkbox"/>	<input type="checkbox"/>
6. Check the applicable box(es) of those items in operable condition:		
<input type="checkbox"/> Burglar Alarm	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Smoke Detector	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Dead Bolt Locks	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Fire Extinguisher	<input type="checkbox"/>	<input type="checkbox"/>
7. Has insured reported any claim in past 36 months?	<input type="checkbox"/>	<input type="checkbox"/>
8. Does insured/tenant own any dogs or livestock?	<input type="checkbox"/>	<input type="checkbox"/>
9. Canceled or nonrenewed in past 36 months?	<input type="checkbox"/>	<input type="checkbox"/>
10. Is the mobile home isolated from easily accessible public roadways?	<input type="checkbox"/>	<input type="checkbox"/>
11. Is the mobile home located in an area subject to flood (or on a site which has flooded in the past 10 years), mudslides, brush fires, or high crime?	<input type="checkbox"/>	<input type="checkbox"/>
12. Is there a swimming pool, or other hazard located on the premises?	<input type="checkbox"/>	<input type="checkbox"/>
13. Handrails on all stairways?	<input type="checkbox"/>	<input type="checkbox"/>
14. Urethane Roofs?	<input type="checkbox"/>	<input type="checkbox"/>

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

HOW IS MOBILE HOME USED?

<input type="checkbox"/> Principle Residence (Owner Occupied) P	<input type="checkbox"/> Rental T
<input type="checkbox"/> Seasonal Residence (Owner Occupied) S	<input type="checkbox"/> Vacant V
<input type="checkbox"/> Commercial (Describe on back) C	

Description of Golf Cart (If applicable):

Serial #: _____ Value: \$ _____

BILLING INFORMATION

<input type="checkbox"/> AGENCY BILL	<input type="checkbox"/> DIRECT BILL
IF DIRECT BILL, BILL TO: <input type="checkbox"/> Applicant <input type="checkbox"/> Lienholder	
Check Amount Enclosed \$ _____	

DESCRIPTION OF ADJACENT STRUCTURES

DESCRIPTION OF ADJACENT STRUCTURES	VALUE
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____

COVERAGES

COVERAGES	TOTAL LIMITS	PREMIUM
Mobile Home <input type="checkbox"/> Comp. <input type="checkbox"/> Named Perils		\$ _____
Adjacent Structures <input type="checkbox"/> Comp. <input type="checkbox"/> Named Perils		\$ _____
Mobile Home & Adjacent Structures <input type="checkbox"/> Comp. <input type="checkbox"/> Named Perils		\$ _____
Personal Effects <input type="checkbox"/> Comp. <input type="checkbox"/> Named Perils		\$ _____
Comprehensive Personal Liability		\$ _____
Medical Payments		\$ _____
Owner's, Landlord's, and Tenant's Liability		\$ _____

OPTIONAL COVERAGES:

	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____

SURCHARGES:

	\$ _____
	\$ _____
	\$ _____
	\$ _____

CREDITS:

	\$ _____
	\$ _____
	\$ _____

MISCELLANEOUS FEES:

	\$ _____
	\$ _____
	\$ _____

TERRITORY (From Rate Chart)	PROTECTION CLASS	DEDUCTIBLE(S)	TOTAL PREMIUM
		\$ _____	\$ _____

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 OCCUPIED SPACES: _____

PAVED STREETS? LIGHTED STREETS? FULL TIME RESIDENT MANAGER? IS MOBILE HOME PARK COMPLETELY FENCED? YES NO

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

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.

PRIVACY POLICY: I have received and read a copy of the Company's Privacy Policy. By submitting this application, I am applying for issuance of a policy of insurance and, at its expiration, for appropriate renewal policies issued by the Company. I understand and agree that any information about me that is contained in, or that is obtained in connection with, this application of any policy issued to me may be used by the Company to issue, review, and renew the insurance for which I am applying.

FAIR CREDIT REPORTING ACT NOTICE: This notice is given in compliance with the Federal Credit Reporting Act (Public Law 91-508). As part of our underwriting procedure, a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance, 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 may subject such person to criminal and civil penalties.

SUBAGENT NAME	DATE	APPLICANT SIGNATURE X
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