



MOBILE MANUFACTURED HOME PROGRAM
Application
Rated A - Excellent, California Admitted Carrier



UNION GENERAL
INSURANCE SERVICES, INC.
P.O. Box 6555
Concord, CA 94524
(925) 671-2128 or (800) 427-8447
Fax: (925) 671-0171
License #0595325

INSURED

Name		DOB
Address		
City	State	Zip
County		Phone #
Occupation		Marital Status
Social Sec. #		Fax No.
Additional Insured		
Address		
City	State	Zip

REQUESTED POLICY TERM For coverage to begin as requested, the application must be mailed within 72 hours of the effective date; otherwise coverage is bound 12:01 AM, the day received by the General Agent.

From:	To:	Policy Term: ____ 1 Yr. ____ 3 Yr.
-------	-----	---------------------------------------

PRODUCER

Name		
Address		
City	State	Zip
Phone No.		Fax No.
Code No.		

LOCATION

Park Name	
Location	
Responding Fire Dept. (incl. County)	
Distance unit to:	Protection Class:
Fire Hydrant (feet)	Is unit Isolated? ____ Yes ____ No
Fire Station (miles)	Is unit visible from public or park road? ____ Yes ____ No

LIENHOLDER

Name		
Address		
City	State	Zip
Phone No.		Fax No.
Loan No.		
Name		
Address		
City	State	Zip
Loan No.		

DESCRIPTION OF MOBILE/MANUFACTURED HOME, ADDITIONS AND UNATTACHED STRUCTURES

Serial Number	Width	Length	Year	Manufacturer/Model	Purchase Year	Purchase Price	Current Value
---------------	-------	--------	------	--------------------	---------------	----------------	---------------

Describe Attached Structures _____

MUST COMPLETE THE FOLLOWING:

LOCATION: Is mobile/manufactured home inside city limits? ____ Yes ____ No
 ____ Preferred Park* ____ Standard Park
 ____ Private Property ____ Protected (1-8)
 * # of Spaces ____ Unprotected (9-10)

USAGE:

____ Owner Occupied/Primary Residence
 ____ Seasonal Secondary
 ____ Commercial ____ Tenant ____ Vacant

UNATTACHED STRUCTURES: ____ None
 ____ Garage/Carport ____ Shed
 ____ Other (Describe)

SUPPLEMENTAL HEATING: ____ None
 ____ Fireplace ____ Woodburning Stove
 ____ Other (Describe)

TIE DOWNS: ____ Tied Down Not Tied Down

Is mobile home in an area subject to flood? ____ Yes ____ No
 If yes, refer to Rate Guide for eligibility.

Is there a swimming pool or other significant hazard located on the premises?
 ____ Yes ____ No If yes, Contact Union General

Has applicant or spouse had a repossession, foreclosure, or bankruptcy in the past 5 years?
 ____ Yes ____ No If yes, Contact Union General

Losses in the past 5 years: ____ None
 Date Type Amount
 Date Type Amount
 If applicant has had any fire, liability or theft loss, or had two or more losses in the past five years, submit.

Does the applicant own any pets or animals? ____ Yes ____ No
 If yes, state type and breed:
 Applicants who own a Pit Bull, Doberman, Rottweiler, Akita, Chow, Wolf or Wolf Hybrid or any wild (non-domestic) animal, or any animal with a bite history are ineligible for liability coverage.

Is the mobile/manufactured home equipped with:
 Local burglar alarm, and dead bolts on exterior doors? ____ Yes ____ No
 Central station fire and/or burglar alarm? ____ Yes ____ No

Does applicant conduct any business pursuits on the property?
 ____ Yes ____ No

PRIOR INSURANCE ____ Yes ____ No
 Prior Company
 Have you ever been cancelled or nonrenewed? ____ Yes ____ No
 Reason:

REVERSE SIDE MUST BE COMPLETED - SIGNATURES REQUIRED
THIS IS NOT A POLICY

RATE PLAN:		
COVERAGE	LIMIT	PREMIUM
MOBILE HOME & ADDITIONS		
UNATTACHED STRUCTURES		
PERSONAL EFFECTS		
PERSONAL LIABILITY		
OPTIONAL COVERAGES (Flood & Earthquake Coverage Excluded unless specifically purchased.)		
Add'l Unattached Structures		
Add'l Personal Effects		
Increased Liability Limits		
O.L. & T/Premises Liability		
Medical Payments Increase		
Mobile Home Replacement Cost		
Mobile Home Replacement Cost Plus		
Personal Property Replacement Cost		
Secured Interest Protection		
Natural Disaster Protection		
Trip Collision Coverage		
Flood Coverage (\$500 Ded.)		
Earthquake Coverage:		
Mobile Home:		
Unattached Structures:		
Personal Property:		
Supplemental Heating Surcharge		
Deductible Amount	\$	
Other Credits:		
Sub Total		
POLICY FEE		\$35
TOTAL PREMIUM		
Minimum Retained Premium		

DISCLOSURE NOTICE:
 I certify that all statements and representations in this application are true and correct.

Applicant:	Date:
Applicant:	Date:
Producer:	Date:

CALIFORNIA EARTHQUAKE OFFER/REJECTION ENDORSEMENT

NAMED INSURED	POLICY NUMBER
AGENCY & NAME	EFFECTIVE DATE

California law, Section #1 0083, requires that the option to purchase Earthquake coverage be offered to all applicants for residential property insurance. The law requires that the offer contain the following statement.

Your policy does not provide coverage against the peril of earthquake. California law requires that Earthquake Coverage be offered to You at Your option.

The coverage, subject to policy provisions, may be purchased at additional cost on the following terms:

AMOUNT OF COVERAGE: Please refer to the limits shown for Mobile/Manufactured Home, Unattached Structures and Personal Property.

APPLICABLE DEDUCTIBLE: A 5% deductible for single side mobile/manufactured homes and a 10% deductible for double/triple wide mobile/manufactured homes applies separately to loss under Coverage (A) Mobile/ Manufactured Home, (B) Unattached Structures, and (C) Personal Property. The deductible amount shall be no less than a minimum of \$500 in any one loss. If Your loss is below this amount, You may not receive any payment from Your coverage.

Your insurance company or agent will provide written notice as to how the deductible applies to the market value of Your coverage, the insured value of Your coverage, or the replacement value of Your coverage.

RATE OF PREMIUM: \$3.75 per \$1,000. Minimum \$100 premium.

You must ask the Company to add Earthquake coverage within 30 days from the date You receive this notice or it shall be conclusively presumed that You have not accepted this offer. Your acceptance or rejection of this coverage will remain part of this or any subsequent renewal policy.

The Coverage shall be effective on the day Your acceptance of this offer is received by Us.

If You accept Our offer for Earthquake Coverage, the Company will provide this coverage only if it provides mobile/ manufactured home coverage. If the Company declines Your application for mobile/manufactured home coverage, it will also decline Your application for Earthquake Coverage.

YES, I WISH TO PURCHASE EARTHQUAKE COVERAGE. I understand that consideration for Earthquake Coverage will be in accordance with the Company's usual underwriting standards.

SIGNATURE _____ DATE _____

NO, I DO NOT WISH TO PURCHASE EARTHQUAKE COVERAGE. I understand that I do not have Earthquake Coverage.

SIGNATURE _____ DATE _____

ACA-133 (4/01)

PRIVACY POLICY

I have received and read a copy of the "Aegis Security Insurance Company Privacy Statement". By submitting this application, I am applying for issuance of a policy of insurance and, at its expiration, for appropriate renewal policies issued by Aegis Security Insurance Company and/or other members of the Aegis Group of insurance companies. 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 any company within the Aegis Group to issue, review, and renew the insurance for which I am applying.

Producer's Signature _____ Date _____

Applicant's Signature _____ Date _____