

MOBILE HOME APPLICATION

Please Print or Type.

CHECK PROGRAM APPLICABLE ☐ SPECIAL MOBILE HOME

•	OF LOWE MODILE FIGURE	,,
ì	PREFERRED	(4

16) (33) □ BASIC

☐ ALL PURPOSE (48) ☐ SPECIAL BY-LINE (77)

Insurance Services, Inc.

PO BOX 6555 CONCORD, CA 94524 (925) 671-2128 FAX: (925) 671-0171 E-MAIL: uu@unionueneral.com LICENSE #: 0595325

G.A.#

SUBAGENT#

APPLICANT / OWNER INFORMATION (Use reverse side for additional applicant.)						(If o		IIT LOCATION t from mailing address.)	LIENHOLDER (Use reverse side for additional Lienholder.)				
INSURED					NAME OF MOB	LE HOME	PARK	g address.)	NAME	everse side for addition	mar Elem	roider.y	
MAILING ADDRES	is				ADDRESS (Lot	#, etc.)			ADDRESS				
CITY COUNTY STATE ZIP					CITY				STATE	CITY			STATE
			ZIP			COUNTY		ZIP	LOAN#				
PHONE #		SOCIAL S	ECURITY#					COUNTY					
								UNIT IS					
DESCRIPTION OF YOUR MOBILE HOME					☐ Princip						DIRECT BILL INFO	RMATIO	N
(If more	than one r		ile home, use back of application.)			Occupie ercial //	Describe)		SEE REVERSE SIDE FOR PAYMENT OPTIONS.				
YEAR MAKE				NEW / USED	G COMM				BILL - 🔾 Insured 🔾 Lienholder				
LENGTH	WIDTH	SERIAL NO		<u> </u>		12		M. STANDARD TIME					
LENGIA	WIDTH	SERIAL NO.			EFFECTIVE DA	ΙE		EXPIRATION DATE	MONTHS	PHOTO	S REQUIRE	D ON	UNITS
ORIGINAL COST		PURCHASE PRICE	PURCHASE	DATE	RENEWAL OF F	OLICY#		PREVIOUS CARRIER			ER 15 YEAR	e oi	n
\$		\$	1							UV	EK 13 TEAR	3 UL	. U .
		CLASS	IFICATIO	N			D	ESCRIPTION OF ADJAC	ENT STR	LICTURES/OTH	ED STRUCTURES	V	ALUE
1. Occup	ation:	OLAGO	Empl				1.	SCRIPTION OF ADJAC	ZENI SIK	OCTORES/OTH	ER STRUCTURES	\$	ALUE
	ate(s): Insur	red:/	/ Sp	,	1		2.					\$	
3. How lo	ng has insur	ed lived in a mobile	home?	Years	YE	S NO					Value of the second of the sec	\$	
4. Is mob					(If add	itional room is needed, use "Re	emarks" area	on back.)	TOTAL	<u> </u>			
5. Woodstove or Fireplace? (If yes, complete inspection report on back.) 6. Tied Down?							COVERAGES TOTAL LIMITS						EMIUM
7. Wood, Masonite, or Vinyl Siding? 6. Tied Down? 7. Wood, Masonite, or Vinyl Siding?						_	Comp	rehensive Mobile Home				\$	
				_	Comp	ehensive Adjacent Structures				\$			
		on mortgage paym					Complemensive reisonal Ellects						
	the applicabl Burglar Alarm	le box(es) of those	items in oper moke Detector				Comprehensive Personal Liability					\$	
	Dead Bolt Loc		re Extinguishe					al Payments				\$	
10. Has ins	sured reporte	ed any claims in pas	•					ehensive Personal Effects Rep Home Full Repair Cost Protect		OST		\$	
11. Does in	nsured/tenan	t own any dogs or l	livestock?					rehensive Mobile Home and Ad		tures		\$	
12. Watero	raft exposure	e?						Perils Mobile Home and Adja				\$	
13. Has the	e mobile hom	ne been relocated in	n the past 12	months?				Perils Personal Effects				\$	
14. Cancel	ed or non-re	newed in past 36 m	nonths?				Owner	s, Landlords, and Tenant's Lia	bility			\$	
		isolated from easily	•	•	_			Coverage ·				\$	
		located in an area as ast 10 years), mud						uake Coverage				\$	
		ated on acreage?	Silues, Drusii	illes, or high ch	ille?	۵		r's Interest Protection If Disaster Protection				\$ \$	
		pool, or similar ha	zard located	on the premises				overage for 30 days from				\$	
	-	0 - 18, IF YES, EXP		•	_	_		erm Collision Less \$	Dec	luctible		\$	
	,		CATION					stove Surcharge				\$	
24 or Less	s spaces?	□ 25 - 100 :		□ 100 o	More Space	s?						\$	
☐ Paved Str		Lighted S						M. Aldahara (and a same a				\$	
□ Full Time □	Manager?	Public Uti	ilities?					/- \ .				\$	
<u> </u>							Credit	(\$):				\$	
ON PRIVATE PROPERTY							Policy	Fee / Expense Constant				\$	
and APPLICANT Rents Property Owns Property							PROTECTION CLASS		DEDUC	TIBLE		PREMIUM	
a) miles f	rom Fire Sta	tion	b) fe	et from fire hydr	ant				\$		\$	\$	

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 STATEMENT: 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 may subject such person to criminal and civil penalties.

"NOTICE" PURSUANT TO INSURANCE DEPARTMENT REGULATIONS, I UNDERSTAND THE AGENCY ASSISTING ME WITH PLACEMENT OF MY INSURANCE DOES NOT HAVE AUTHORITY TO BIND THE INSURANCE COMPANY. IF APPLICATION IS ACCEPTED BY SUPERIOR UNDERWRITERS ON BEHALF OF THE INSURER, COVERAGE WILL BE EFFECTIVE 12:01 A.M., THE DAY OF POSTMARK OR THE HOUR AND DATE SUPERIOR UNDERWRITERS RECEIVES THE APPLICATION.

I also understand that payment of premium is defined as being only when the premium payment check clears, and no temporary or other coverage exists until the check clears when initially submitted by American Reliable Insurance Company or its Agent.

		SUBPRODU	JCER			APPLICANT(S) SIGNATURE			
NAME	CITY	STATE	ZIP	X					
PHONE ()	AGENT NO.	DATE	BY (Agent)			X			

			CLASS	SIFICATIO	N RESPONS	SES				
	TYPE OF								ID: \$	
		TYPE OF LOSS:							OW MANY?	
IF DOG, BREED:								PET OR GUARD DOG?		
	D TIAL SET UP MOVE, HOW MAI		ED CARRY SEPARATE BOA JUTHE PAST YEARS HAS MO	_						
	ANY:									
OTHER REMARK	S:									
17. HOW MANY ACR	ES? WORKING	FARM?	YES INO ANY BU	JSINESS COND	UCTED ON PR	EMISES? • YES	NO – IF	YES, PLEASE EXPLA	AIN:	
•					XPLAIN BELO					
US	E THIS AREA TO EXPLAIN UNI	DERWRITIN					GENERAL (COMMENTS OR INST	RUCTIONS.	
			□ INSTALLMENT PLAN -	- 12 MONTHS	ONLY			ı		
PAYMENT OPTIONS - DIRECT BILL FULL SIX MONTHS PREMIUM			40% DOWN PAYMENT + \$5 INSTAL (EXPENSE CONSTANT) 30% + INSTALLMENT FEE DUE IN 3 30% + INSTALLMENT FEE DUE IN 6			TALLMENT FEE + \$10 POLICY FEE AMO			Gross payment must be submitted with application. (Agency check only.)	
STOVE INFORM		OGRAP	HS MUST BE SUBM (If installed by		ırer, do not	t complete.)	DE VEN	TING.		
DATE INSTALLED		INSTALL	ED BY			A SALAKA LAMBA MARAMATAN ANTANA		PURCHASE COST	Γ: \$	
MAKE/NAME:					IS WOODSTOV	'E EQUIPPED WITH A H	EAT RECLA	AIMING DEVICE?	□ Yes □ No	
TYPE: Woodburnir	ng Pellet	WHAT T	PE OF FUEL IS USED?		USE: 🗅 F	Primary Heat 🔲 Aux	kiliary Heat	☐ Cooking	☐ Other (Specify)	
HOW OFTEN ARE CH	IIMNEY AND STOVE PIPES CLI	EANED?			DATE LAST CL	EANED:		BY WHOM:		
INSTALLATION	INFORMATION (IF	WOODST	OVE IS PRIMARY SOURC	E OF HEAT	OR DOUBLE \	VENTED, RISK IS UN	ACCEPTA	ABLE.)		
LOCATION OF STOVI	E IN HOME:		1.74.1.74.1.74.1.74.1.74.1.74.1.74.1.74	1	S THERE A SMO	OKE DETECTOR IN THIS	S ROOM?	<\$B0> Yes	<\$B0> No	
FLOOR PROTECTION	I: Asbestos Millboard Cove	ered with Me	etal	☐ Stone/Bric	k	☐ Other (Specify)		T	and the state of t	
WALL PROTECTION:	☐ Asbestos Millboard Cove	ered with Me	etal 🗅 Metal	□ Asbestos I	Millboard	☐ Other (Specify)		IF NONE, IS THIS A	ACCEPTABLE WITH THE ?	
CHIMNEY TYPE:	☐ Factory Chimney	☐ Mas	onry 🗅 Ot	ther (Describe)				AIR SPACE BETWE	EN WALL PROTECTION AND INCHES	
CLEARANCES			4							
1 INCH	ES SIDE OF UNIT NEAREST	TO WALL					/			
2 INCH	ES REAR OF UNIT TO WALL					•	_		_	
3 INCH	ES TOP OF STOVE PIPE TO	CEILING					③			
4 INCH	ES BOTTOM OF UNIT TO FL	OOR				O Ki	_ @			
5 INCH	ES FRONT OF UNIT TO FRO	NT EDGE C	F FLOOR PROTECTION			<u>~</u>	4			
6 INCH	ES SIZE OF PIPE USED									
	ES SIZE OF THIMBLE OR RO									
DO THESE DISTANCE REMARKS:	S COMPLY WITH THE MANUF	ACTURERS	STANDARDS?	□ No		② ④;				
								(5) · · ·		