



## MOBILE HOME APPLICATION

### APPLICANT INFO

Name of Insured: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ PC: \_\_\_\_\_

Is the Mobile Home located in a park: Yes  No

### LOSS PAYEE

Mortgagee/Lienholder: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ PC: \_\_\_\_\_

### POLICY PERIOD FROM:

DD MM YY TO DD MM YY

12 MONTH POLICY TERM ONLY

12:01 A.M. All times are local times at the postal address stated herein.

### APPLICANT DATA

Occupation: \_\_\_\_\_ Yrs Continuously Employed: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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Has the Applicant moved in the past 5 years? If yes, provide previous address: \_\_\_\_\_

How long has the Applicant carried continuous habitational insurance: \_\_\_\_\_

### LOSS & POLICY HISTORY

Have there been any losses to any habitational property or personal liability by the applicant's household in the past 5 years, paid or not?

If yes, provide details: \_\_\_\_\_

Date	Location	Cause of Loss	Amount	Insurance Company	Policy Number
_____	_____	_____	_____	_____	_____

Has any insurer cancelled, declined or refused to issue habitational or mobile home insurance to the applicant within the past 5 years? If yes, Provide details. \_\_\_\_\_

Name of Previous Insurer: \_\_\_\_\_

List of policy numbers of other insurance with this company: \_\_\_\_\_

### RATING INFORMATION

OCCUPANCY	FIRE PROTECTION	SECURITY SYSTEM	ELECTRICAL
Primary Residence <input type="checkbox"/>	Unprotected <input type="checkbox"/>	Fire: Local <input type="checkbox"/> Monitored <input type="checkbox"/>	Breakers <input type="checkbox"/> Fuses <input type="checkbox"/> Amps; _____
Second, non seasonal <input type="checkbox"/>	Within 305m of hydrant <input type="checkbox"/>	Monitored by: _____	Wire Type: Copper <input type="checkbox"/> Aluminum <input type="checkbox"/>
Seasonal <input type="checkbox"/>	Within 13kms of firehall <input type="checkbox"/>	Burglar: Local <input type="checkbox"/> Monitored <input type="checkbox"/>	<b>CONSTRUCTION</b>
Rented to 3 <sup>rd</sup> party <input type="checkbox"/>	Name: _____	Monitored by: _____	Exterior: Aluminum <input type="checkbox"/> Metal <input type="checkbox"/>
Vacant/Unoccupied <input type="checkbox"/>	Volunteer: Yes <input type="checkbox"/> No <input type="checkbox"/>	Smoke Detectors: Yes <input type="checkbox"/> No <input type="checkbox"/>	Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Other <input type="checkbox"/>
Tenant <input type="checkbox"/>		Type: _____	Interior: Are walls gyproc?

### HEATING

Primary: \_\_\_\_\_

Secondary: \_\_\_\_\_

If Oil, questionnaire attached?

If Wood burning device, solid fuel questionnaire attached?

Updates: Electrical: \_\_\_\_\_ Heating: \_\_\_\_\_

### DESCRIPTION OF PROPERTY

Model Yr: \_\_\_\_\_ Trade Name: \_\_\_\_\_ Model: \_\_\_\_\_ Length: \_\_\_\_\_ Width: \_\_\_\_\_

Location of Home if different from m/a: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_

Serial#: \_\_\_\_\_ Purchase Date: \_\_\_\_\_ Purchase Price: \_\_\_\_\_

### FUEL

Electric  Natural Gas  Oil

Propane  Wood  Pellet

Other: \_\_\_\_\_

### ROOF

Type: \_\_\_\_\_

Year: \_\_\_\_\_ Updated: \_\_\_\_\_

Age of Hot Water Tank: \_\_\_\_\_

### PLUMBING

### OUTBUILDINGS

Construction: \_\_\_\_\_ Yr Build: \_\_\_\_\_

Heat: \_\_\_\_\_ Sq Ft: \_\_\_\_\_

Value: \_\_\_\_\_ Use: \_\_\_\_\_



Is home tied down? \_\_\_\_\_ Type of Skirt: \_\_\_\_\_ Foundation: \_\_\_\_\_

**COVERAGE AND LIMITS**

Policy Form: Comprehensive: \_\_\_\_\_ Standard: \_\_\_\_\_ Deductible: \$500  \$1,000  \$2,500

Basis of Claim Payment: Mobile Home: RC \_\_\_\_\_ ACV \_\_\_\_\_ Personal Property: RC \_\_\_\_\_ ACV \_\_\_\_\_

Building	Outbuildings	Personal Property	Additional Living Expenses	Legal Liability	Vol. Medical Payments	Vol. Property Damage	Premium
\$	\$	\$	\$	\$	\$	\$	\$

**ADDITIONAL LIABILITY EXPOSURE INFORMATION**

Location rented to others (#wks) <input type="checkbox"/>	Additional Families <input type="checkbox"/>
Rooms rented to others <input type="checkbox"/>	Saddle/Draft Animals <input type="checkbox"/>
Additional Residences/Properties <input type="checkbox"/>	Daycare/Children <input type="checkbox"/>
Incidental Office Use <input type="checkbox"/>	Hobby Farming <input type="checkbox"/>
Additional Insureds to be added <input type="checkbox"/>	Swimming Pool/Hot Tub <input type="checkbox"/>
Outboard Motors/Boats, H.P. _____ <input type="checkbox"/>	Bare Land Strata <input type="checkbox"/>

**ADDITIONAL COVERAGE**

Sewer Backup   
 Burglary   
 Earthquake

**BROKER/AGENT QUESTIONNAIRE**

Is this business new to your office? \_\_\_\_\_  
 How long have you known the applicant? \_\_\_\_\_  
 Have you seen this property? \_\_\_\_\_  
 Have you bound this risk? \_\_\_\_\_  
 Remarks: \_\_\_\_\_

**PREMIUM CALCULATION**

**Maximum 50% Discount**

(\*deductible discount, not included in cap)

Base Premium	_____
Add for inc Contents	+ _____
Add for inc Outbuildings	+ _____
<b>SUB TOTAL PREMIUM</b>	<b>= _____</b>
*Credit for inc Deductible	- _____
Claims Free Disc. 10%	- _____
Mature Disc 15%	- _____
Monitored Fire or Burg 5%	- _____
Monitored Fire & Burg 10%	- _____
Unit in Park 5%	- _____
Factory Double Wide 15%	- _____
Wood Heat Surcharge 15%	+ _____
No Photo on New Bus 25%	+ _____
Un skirted Mobile 25%	+ _____
Earthquake	+ _____
Liability Extensions	+ _____
Optional Coverages	+ _____
<b>SUB TOTAL PREMIUM</b>	<b>_____</b>
<b>POLICY FEE:</b>	<b>+ \$25</b>
<b>TOTAL DUE</b>	<b>_____</b>

**CONSENT AND DISCLOSURE:**

Where (a) an applicant for this contract gives false particulars to the prejudice of the Insurer or misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the Insured contravenes a term of the contract or commits a fraud; or (c) the Insured makes a false statement in respect of a claim will become invalid and the Insured's right to recovery is forfeited.  
 The applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.  
 I have provided personal information in this document and otherwise and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or insurance company to collect, use and disclose any of this personal information, subject to the law and to my broker's or insurance company's policy regarding personal information for the purposes of communication with me, assessing my application for insurance and underwriting my policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Broker

\_\_\_\_\_  
Date

\_\_\_\_\_  
Brokerage

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax