



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"/>	CONSTRUCTION
Rented to 3 rd 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
\$	\$	\$	\$	\$	\$	\$

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: _____

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