

## Property Quote Information - Mobile Homes

Date \_\_\_\_\_

Insurance Needed: \_\_\_\_\_ Homeowners \_\_\_\_\_ Flood \_\_\_\_\_

Property Address \_\_\_\_\_

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Name \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

Co-owner \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

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

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

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### Home Use

Primary  
 Secondary  
 Seasonal  
 Tenant Occupied  
     Long Term  
     Short Term  
 Number Months Used \_\_\_\_\_

### Home Info

Year Built \_\_\_\_\_  
Sq Ft. \_\_\_\_\_  
Screened Porch \_\_\_\_\_  
Roof Covered Deck \_\_\_\_\_  
Open Deck (no roof) \_\_\_\_\_  
Patio Covers \_\_\_\_\_  
# of bathrooms \_\_\_\_\_ 1/2 baths \_\_\_\_\_

Updates? \_\_\_\_\_  
Room Additions? \_\_\_\_\_  
Roof Type: metal, shingle, other \_\_\_\_\_  
Roof Shape: gable, hip, other \_\_\_\_\_  
Skirting: aluminum, vinyl, brick, other \_\_\_\_\_  
Carport/garage # \_\_\_\_\_  
attached/detached \_\_\_\_\_

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### Check all that Apply

<input type="checkbox"/> Fireplace(wood or gas)	<input type="checkbox"/> Central Heat & Air	<input type="checkbox"/> Animals? _____
<input type="checkbox"/> Skateboard ramp	<input type="checkbox"/> Security System	<input type="checkbox"/> Acres _____
<input type="checkbox"/> Trampoline	<input type="checkbox"/> Smoke Detector	<input type="checkbox"/> Business on premises _____
<input type="checkbox"/> Jacuzzi/Hot Tub		<input type="checkbox"/> Homestead _____
<input type="checkbox"/> Pool (empty, fenced, diving board, slide)		
<input type="checkbox"/> Park or Subdivision Name? _____		
<input type="checkbox"/> 2 Neighbors within 300ft or 21 other homes		

Name and number of person watching home \_\_\_\_\_

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Other Structures needing to be insured? \_\_\_\_\_

Any losses or claims in last 5 years on any properties?  No  Yes, If Yes explain \_\_\_\_\_

Foreclosure, repossession or bankruptcy in last 5 years?  No  Yes, If Yes Explain \_\_\_\_\_

New Purchase?  **Yes** Closing Date: \_\_\_\_\_ Closing Agent \_\_\_\_\_

**No** prior ins. company \_\_\_\_\_ Exp Date \_\_\_\_\_

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### Documents to be provided must be less than 2 years old:

Manufactured Home Appraisal  Elevation Certificate

Who will be providing documents? \_\_\_\_\_

By:  Fax  email  mail  other

**If home over 30 years of age check underwriting guidelines.**