

# TEXAS COMMERCIAL MANUFACTURED HOME INSURANCE APPLICATION

USE	
<input type="checkbox"/> RESIDENTIAL MANUFACTURED HOME RENTED TO OTHERS <input type="checkbox"/> COMMERCIAL MANUFACTURED HOME (DO NOT BIND) <input type="checkbox"/> RENTAL TRAVEL TRAILER (DO NOT BIND) <input type="checkbox"/> UTILITY or ANIMAL TRAILER	
POLICY TERM	EFFECTIVE DATE
1 YEAR	

REFERENCE NUMBER ASSIGNED
POLICY NUMBER ASSIGNED
<b>PRODUCER CANNOT BIND COVERAGE.</b> NO COVERAGE IS PROVIDED UNTIL THE GENERAL AGENCY OR INSURER BINDS COVERAGE.

PRODUCER CODE		
PRODUCER NAME		
STREET ADDRESS		
CITY	STATE	ZIP CODE
( ) —		AGENCY TELEPHONE NUMBER
( ) —		AGENCY FAX NUMBER
NAMED INSURED (UNIT OWNER)		SOCIAL SECURITY NUMBER

SECOND INSURED (UNIT OWNER)
HOW NAMES SHOULD APPEAR ON DECLARATIONS PAGE (IF DIFFERENT FROM ABOVE)

UNIT LOCATION AND DESCRIPTION				
UNIT 1	IS THE UNIT:	IN PARK? <input type="checkbox"/> YES <input type="checkbox"/> NO	INSIDE INCORPORATED CITY LIMITS? <input type="checkbox"/> YES <input type="checkbox"/> NO	TIED DOWN? <input type="checkbox"/> YES <input type="checkbox"/> NO
PARK NAME OR PARK NO.	LOT NO.	STREET ADDRESS		
CITY OR TOWN	STATE	ZIP CODE	COUNTY OR COUNTY CODE	CITY CODE
MODEL YEAR	WIDTH/LENGTH	MAKE/MODEL	SERIAL NO.	PURCHASE DATE
PURCHASE PRICE				
DOES MANUFACTURED HOME HAVE AN ADDITION EXCEEDING 400 SQ. FT.? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, describe and notate policy.</i>				
DOES APPLICANT OWN LAND WHERE MANUFACTURED HOME IS LOCATED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WHAT IS THE CURRENT VALUE OF THE MANUFACTURED HOME (EXCLUDING LAND)? \$ _____				
IS THIS A MULTI-SECTIONAL MOBILE/MANUFACTURED HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO				
IS THIS A MODULAR HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO				
DOES MANUFACTURED HOME OR OTHER STRUCTURE HAVE A WOODSTOVE OR FIREPLACE? <input type="checkbox"/> No <input type="checkbox"/> Factory Installed <input type="checkbox"/> Commercially Installed <input type="checkbox"/> Self-Installed IF YES AND NOT ORIGINALLY INSTALLED BY MANUFACTURER, RISK IS UNACCEPTABLE.				

COVERAGES							
		Policy Deductible (choose one):			<input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000		
PHYSICAL DAMAGE:	UNIT 1 LIMIT	PREM	UNIT 2 LIMIT	PREM	UNIT 3 LIMIT	PREM	TOTALS
UNIT							\$
ADJACENT STRUCTURES AND EQUIPMENT							\$
PERSONAL EFFECTS/ EXCEPT THEFT							\$
<input type="checkbox"/> COLLISION COVERAGE <small><input type="checkbox"/> Annual <input type="checkbox"/> 30 Day Trip</small>							\$
<input type="checkbox"/> OUT-OF-PARK CHARGE							\$
<input type="checkbox"/> OTHER (Specify)							\$
<input type="checkbox"/> OTHER (Specify)							\$
PHYSICAL DAMAGE SUBTOTAL(S)							\$
COMMERCIAL GENERAL LIABILITY SUBTOTAL							\$
<b>TOTAL POLICY PREMIUM</b>							<b>\$</b>

**COMMERCIAL GENERAL LIABILITY**

Commercial General Liability Coverage is underwritten and provided through Foremost Insurance Company.

If purchased, the same limit is required for all residential sites.

SELECT LIMIT:  \$100,000    \$300,000    \$500,000

General aggregate limit will match per occurrence limit.

TERRITORY \_\_\_\_\_

MULTIPLY:

Total # of manufactured homes \_\_\_\_\_ X Rate per site

= \$ \_\_\_\_\_ (Total Liability Premium)

Completed and signed applications must be kept on file in agency office.

**REVERSE SIDE MUST BE COMPLETED**

**UNDERWRITING — FOR MORE INFORMATION, REFER TO THE FOREMOST GROUP MANUFACTURED HOME UNDERWRITING GUIDE, FORM 5805.**

The Following Questions Must Be Answered By All Producers		YES	NO
1.	Has the applicant's policy been canceled/non-renewed (including nonpay) during the past 5 years? a. <i>If yes, was reason nonpay or because company/agent had withdrawn from product/state?</i> b. <i>If 1a. is no, submit with explanation.</i>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Has the applicant had a lapse in insurance coverage of more than 12 months? a. <i>If yes, provide reason(s) for the lapse.</i> b. <i>If yes, was the applicant a former Foremost policyholder?</i>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Is the manufactured home raised more than 4 feet on poles, pilings or blocks? a. <i>If yes, was the manufactured home raised to comply with a state or local requirement?</i> b. <i>If 3a. is no, submit with photos and explanation of why the manufactured home was raised and who did the work.</i>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Does the manufactured home include non-professionally built additions (includes two different manufactured homes joined together; does NOT include open porches, decks and carports)? a. <i>If yes, include size of structure</i> b. <i>If yes, was the completed work inspected by an authorized building inspector?</i>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Is any other structure a manufactured home, site built home, farm building or larger than 1200 sq. ft.? a. <i>If yes and structure is insured with another company, list here and notate policy</i> b. <i>If yes and structure is not insured with another company, submit with photos and describe how structure is used.</i>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Does the applicant have an exotic pet or own an animal that has previously bitten? <i>If yes, do not bind coverage; the risk is unacceptable.</i>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Did the applicant have a Foremost policy cancel/expire in the last 90 days? <i>If yes, provide explanation and notate policy.</i>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Does any applicant conduct a business (including day care) on the premises? a. <i>If yes, describe.</i> b. <i>If yes, is applicant licensed with the state?</i>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Is the manufactured home titled in the name of a park or dealership?	<input type="checkbox"/>	<input type="checkbox"/>
10.	Is the applicant the owner of the park or the land on which the park is located?	<input type="checkbox"/>	<input type="checkbox"/>
11.	Does each manufactured home have a working smoke detector or fire alarm?	<input type="checkbox"/>	<input type="checkbox"/>

Answer the Following Questions Regarding the Losses the Applicant Has Had During The Previous 5 Years		YES	NO
12.	Theft or liability loss greater than \$2,500? <i>If yes, submit with explanation (include amount paid).</i>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Water loss with unrepaired damage? <i>If yes, do not bind coverage; the risk is unacceptable.</i>	<input type="checkbox"/>	<input type="checkbox"/>
14.	Any water-related losses greater than \$5,000? <i>If yes, submit with explanation (include amount paid).</i>	<input type="checkbox"/>	<input type="checkbox"/>
15.	Two or more water losses from the same cause? <i>If yes, submit with explanation (include amount paid).</i>	<input type="checkbox"/>	<input type="checkbox"/>
16.	Fire loss of any kind? <i>If yes, submit with explanation (include amount paid and fire official/claims report).</i>	<input type="checkbox"/>	<input type="checkbox"/>
17.	Three or more losses of any kind? <i>If yes, submit with explanation (include amount paid).</i>	<input type="checkbox"/>	<input type="checkbox"/>
18.	Is the manufactured home located within 1500' of any river, creek, canal or tidal water OR on a site that has previously flooded? <i>If yes, do not bind coverage; the risk is unacceptable.</i>	<input type="checkbox"/>	<input type="checkbox"/>

INSURED'S MAILING ADDRESS		
ADDRESS LINE 1		
ADDRESS LINE 2		
CITY OR TOWN	STATE	ZIP CODE
HOME TELEPHONE NUMBER ( ) —	COUNTRY (IF NOT U.S.A.)	
WORK TELEPHONE NUMBER ( ) —	EXT.	

PAYMENT PLANS	
001	<input type="checkbox"/> ANNUAL PAY
022	<input type="checkbox"/> TWO-PAY
024	<input type="checkbox"/> FOUR-PAY
021	<input type="checkbox"/> TEN-PAY
DOWN PAYMENT COLLECTED \$ _____	
A service charge will apply if payment plan is other than annual.	

ADDITIONAL INTEREST		Applies to unit(s) no.:
NAME LINE 1 or LIENHOLDER CODE (IF ASSIGNED)	<b>INDICATE INSURABLE INTEREST:</b> <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> Contract Seller <input type="checkbox"/> Co-Titleholder <input type="checkbox"/> OTHER (Specify)	
NAME LINE 2		
ADDRESS LINE 1		
ADDRESS LINE 2		
CITY STATE ZIP CODE		
LOAN NUMBER	COUNTRY (IF NOT U.S.A.)	

ADDITIONAL INTEREST		Applies to unit(s) no.:
NAME LINE 1 or LIENHOLDER CODE (IF ASSIGNED)	<b>INDICATE INSURABLE INTEREST:</b> <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> Contract Seller <input type="checkbox"/> Co-Titleholder <input type="checkbox"/> OTHER (Specify)	
NAME LINE 2		
ADDRESS LINE 1		
ADDRESS LINE 2		
CITY STATE ZIP CODE		
LOAN NUMBER	COUNTRY (IF NOT U.S.A.)	

SIGN AND DATE THIS APPLICATION	
It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. In connection with this application for insurance, we may review your credit report or obtain or use a credit-based insurance score based on information contained in that credit report. We may use a third party in connection with the development of your insurance score. By signing this application I understand and consent to the following items:	
1. The coverage(s), limits and deductibles shown are those I selected. 2. I agree that the Company may investigate and secure consumer reports including records of loss history reports and the credit report information as described above, for persons listed in the application. 3. I declare that all information on this application is true and complete to the best of my knowledge and belief, I understand that the Company will rely on this information in determining my eligibility and rate. 4. The producer is submitting this application to a licensed representative to assist me in obtaining coverage, and that the producer does not have binding authority, and coverage will not be bound until I am informed by a licensed representative that my coverage is bound.	
APPLICANT SIGNATURE _____	PRODUCER NAME (Please Print) _____
DATE _____	PRODUCER SIGNATURE _____
	LICENSE NO. _____ DATE _____