



TEXAS MANUFACTURED HOME INSURANCE APPLICATION

AGENCY CODE
AGENCY NAME
STREET ADDRESS
CITY STATE ZIP CODE
() — TELEPHONE NUMBER
() — FAX NUMBER

USE	
<input type="checkbox"/> PRIMARY RESIDENCE <input type="checkbox"/> FARM or RANCH <small>Does not apply to Hobby Farm</small> <input type="checkbox"/> SECONDARY RESIDENCE <input type="checkbox"/> TENANT* <small>* Rental Manufactured Homes Require Commercial Application, Form 2002-42</small>	
POLICY TERM	EFFECTIVE DATE
____ YEAR(S)	

REFERENCE NUMBER
POLICY NUMBER ASSIGNED
COVERAGE BOUND? <input type="checkbox"/> YES <input type="checkbox"/> NO ____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM <small>When coverage has been bound, agents must notify the company within 30 days.</small>

NAMED INSURED (Must be named on the title, N/A to Tenant, and reside in the manufactured home)	DATE OF BIRTH	SOCIAL SECURITY NUMBER
		— — —
SECOND INSURED (Must also reside in the manufactured home)	DATE OF BIRTH	SOCIAL SECURITY NUMBER
		— — —

COMPLETE IF A SECOND INSURED IS TO BE NAMED ON THE POLICY IS THE SECOND INSURED A FAMILY MEMBER RELATED TO THE NAMED INSURED? YES NO
 IF NO, IS THE SECOND INSURED ALSO NAMED ON THE TITLE? (N/A TO TENANT POLICIES) YES NO

HOW NAMES SHOULD APPEAR ON DECLARATION PAGE (IF DIFFERENT FROM ABOVE)

MANUFACTURED HOME IN PARK? <input type="checkbox"/> YES <input type="checkbox"/> NO	MANUFACTURED HOME LOCATED INSIDE INCORPORATED CITY LIMITS? <input type="checkbox"/> YES <input type="checkbox"/> NO
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PARK NAME	LOT NUMBER	PARK NO.
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MANUFACTURED HOME LOCATION	STREET ADDRESS	CITY OR TOWN	STATE	ZIP CODE
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COUNTY	COUNTY CODE	CITY CODE
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MANUFACTURED HOME INFORMATION		
MODEL YEAR	WIDTH	LENGTH
MAKE/MODEL	SERIAL NUMBER	
DOES THE 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		
MANUFACTURED HOME TIED DOWN? <input type="checkbox"/> YES <input type="checkbox"/> NO		
DATE OF PURCHASE	PURCHASE PRICE	
	\$	
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		
IS OTHER STRUCTURE LIMIT HIGHER THAN PACKAGE LIMIT? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>If yes, indicate new amount _____</small>		
DOES MANUFACTURED HOME HAVE AN ADDITION EXCEEDING 400 SQ. FT.? <small>If yes, describe and notate policy.</small> <input type="checkbox"/> YES <input type="checkbox"/> NO		
DOES APPLICANT OWN LAND WHERE MANUFACTURED HOME IS LOCATED? <input type="checkbox"/> YES <input type="checkbox"/> NO		

PAYMENT PLANS — AUTHORIZED FLEX-A-BILL AGENTS ONLY	
001 <input type="checkbox"/> ANNUAL PAY	BILL DOWN PAYMENT TO:
022 <input type="checkbox"/> TWO-PAY	<input type="checkbox"/> AGENT (Regular Bill)
024 <input type="checkbox"/> FOUR-PAY	<input type="checkbox"/> INSURED
021 <input type="checkbox"/> TEN-PAY	<input type="checkbox"/> LIENHOLDER
001 <input type="checkbox"/> ESCROW BILL	
DOWN PAYMENT COLLECTED: \$ _____	
<small>A service charge will apply if payment plan is other than annual.</small>	

ENTER COVERAGE AMOUNTS BELOW			
RATE PLAN NUMBER		PACKAGE PREMIUM FROM RATE CHART \$	
—			
COVERAGES		TOTAL COVERAGE AMT.	DEDUCTIBLE
MANUFACTURED HOME		\$	\$
OTHER STRUCTURES (ADJACENT STRUCTURES)		\$	
PERSONAL PROPERTY (PERSONAL EFFECTS)		\$	
PERSONAL LIABILITY/ MEDICAL PAYMENTS		\$	/\$
ADD	REPLACEMENT COST — MANUFACTURED HOME		\$
<input type="checkbox"/>	REPLACEMENT COST — PERSONAL PROPERTY		\$
<input type="checkbox"/>	OTHER (Specify)		\$
<input type="checkbox"/>	OTHER (Specify)		\$
<input type="checkbox"/>	OTHER (Specify)		\$
<input type="checkbox"/>	OTHER (Specify)		\$

	SUBTOTAL	\$
	SURCHARGES	\$
	TOTAL PREMIUM	\$

Enter policy at: www.ForemostSTAR.com or call our Automated Policy Phone Service at: **1-800-527-3905**. Do not mail bound applications.

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.

	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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/> <input type="checkbox"/>
9. Any Farm or Ranch activity conducted on the premises, including the owning of non-domestic animals? a. <i>If yes, does activity meet the Hobby Farm definition? (Refer to UW Guide).</i> b. <i>If yes, do you want the Hobby Farm Endorsement? N/A Tenant (Only available when liability is added).</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Answer the Following Questions Regarding the Losses the Applicant Has Had During The Previous 5 Years	YES	NO
10. Theft or liability loss greater than \$2,500? <i>If yes, submit with explanation (include amount paid).</i>	<input type="checkbox"/>	<input type="checkbox"/>
11. Water loss with unrepaired damage? <i>If yes, do not bind coverage; the risk is unacceptable.</i>	<input type="checkbox"/>	<input type="checkbox"/>
12. Any water-related losses greater than \$5,000? <i>If yes, submit with explanation (include amount paid).</i>	<input type="checkbox"/>	<input type="checkbox"/>
13. 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"/>
14. 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"/>
15. Three or more losses of any kind? <i>If yes, submit with explanation (include amount paid).</i>	<input type="checkbox"/>	<input type="checkbox"/>

PRIMARY MAILING ADDRESS		
<input type="checkbox"/> SAME AS MANUFACTURED HOME LOCATION		
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.	

ALTERNATE ADDRESS		
<input type="checkbox"/> SAME AS MANUFACTURED HOME LOCATION		
EFFECTIVE DATES: FROM: _____ TO: _____		
DATES SHOWN ARE VALID: <input type="checkbox"/> ONE-TIME CHANGE, ONLY <input type="checkbox"/> YEARLY		
ADDRESS LINE 1		
ADDRESS LINE 2		
CITY OR TOWN	STATE	ZIP CODE
TELEPHONE NUMBER () —	COUNTRY (IF NOT U.S.A.)	

ADDITIONAL INTEREST		
NAME LINE 1 or LIENHOLDER CODE (IF ASSIGNED)	INDICATE INSURABLE INTEREST:	
NAME LINE 2	<input type="checkbox"/> LIENHOLDER	
ADDRESS LINE 1	<input type="checkbox"/> ADDITIONAL INSURED (Non-Resident)	
ADDRESS LINE 2	<input type="checkbox"/> Contract Seller <input type="checkbox"/> Co-Titleholder	
CITY STATE ZIP CODE	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> OTHER (Specify)	
LOAN NUMBER	COUNTRY (IF NOT U.S.A.)	

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NAME LINE 2	<input type="checkbox"/> LIENHOLDER	
ADDRESS LINE 1	<input type="checkbox"/> ADDITIONAL INSURED (Non-Resident)	
ADDRESS LINE 2	<input type="checkbox"/> Contract Seller <input type="checkbox"/> Co-Titleholder	
CITY STATE ZIP CODE	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> OTHER (Specify)	
LOAN NUMBER	COUNTRY (IF NOT U.S.A.)	

SIGN AND DATE THIS APPLICATION	
<p>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.</p> <p>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.</p> <p>By signing this application I understand and consent to the following items:</p> <ol style="list-style-type: none"> The coverage(s), limits and deductibles shown are those I selected. 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. 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. 	
APPLICANT SIGNATURE _____	AGENT NAME (Please Print) _____
DATE _____	AGENT SIGNATURE _____
	DATE _____