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APPLICATION FOR MOBILE HOME INSURANCE

Name of Insured _____

Postal Address _____ Postal Code _____

Legal Address _____

Telephone No _____ Date of Birth (mm/dd/yy) _____

Policy Period: From _____ To _____

BROKER REPORT

Broker _____

Address _____

Phone _____ Fax _____

Is this New Business to your office? Yes No How long have you known applicant? _____

Is Property for Sale? Yes No If yes, please provide details _____

Previous Insurer _____ Policy Number _____ # of Years Insured _____

Has any Company Refused, Cancelled, Declined to Renew Application? Yes No

If yes, give details: _____

PREVIOUS CLAIMS IN LAST FIVE YEARS

Date of Loss (mm/dd/yy)	Details of Loss	Amount Paid or Reserved

OCCUPANCY

Primary Seasonal Rental Vacant Other (describe): _____

Model Year _____ Trade Name _____ Size (length x width) _____ x _____

Model Number _____ Serial Number _____

Loss Payable _____

(Include Full Address) _____

HEATING	Fuel Used	Primary	Auxiliary
<input type="checkbox"/> Furnace (Central)		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Combination with Wood		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Electric		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Space Heater		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Fireplace Insert		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Solid Fuel Heating Unit		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (describe)		<input type="checkbox"/>	<input type="checkbox"/>

Is the Unit fully skirted? Yes No

UPDATES	Full	Partial	Year
<input type="checkbox"/> Electric	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Heating	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Plumbing	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Roof	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Hot Water Tank	<input type="checkbox"/>	<input type="checkbox"/>	

If updates are Partial, describe: _____

****A Woodstove Questionnaire and a photo of the woodstove must accompany application**

of Amps 60 100 200 Other (describe): _____ Breakers Fuses

Plumbing Copper _____ % Plastic _____ % Other (describe): _____ %

Type of Roof Asphalt Steel Other (describe): _____

Oil Tank Inside Outside Above Ground In Ground Age: _____

****An Oil Tank Questionnaire and a photo of the oil tank must accompany application**

Protection Within 300 m of Hydrant Within 8 km of Firehall Unprotected

Alarms Burglar (central monitored) Fire (Central monitored)

Detached Structures Yr Built _____ Size _____ Construction _____
Heat _____ Use _____

Please ensure the Limit of Insurance is sufficient to include:
The Cost of the Trailer, Debris Removal, Cost of Trailing & Setting up a new unit, additions, etc.
(Minimum Insurable Limits for R/C: \$45,000 for Single Wide units and \$70,000 for Double Wide units)
The factor to determine R/C is \$80 / Sq. Ft.; ACV - \$60 / Sq. Ft.

LIMITS REQUIRED						
Mobile Home	Detached Private Structures	Personal Property	Additional Living Expenses	Legal Liability	Voluntary Medical Payments	Voluntary Property Damage
\$	\$	\$	\$	<input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000	\$1,000	\$500

NOTE – All Risk Cover is only available on Units 15 yrs old and newer All Risk Cover Required? Yes No

BASIS OF LOSS SETTLEMENT

Deductible:\$ _____

- Mobile Home – ACV; Personal Property - ACV
- Mobile Home – ACV ; Personal Property – RC
- Mobile Home – RC; Personal Property - RC

SCHEDULED ARTICLES (Personal Articles, Fine Arts, Watercraft)

Personal Articles/Fine Arts (Appraisal required on articles valued in excess of \$1,000) **A Deductible may apply**

Item #	Description of Articles	Amount of Insurance

ADDITIONAL EXPOSURE INFORMATION

Explain 'Yes' Responses in Remarks	Yes	No	
Additional Residences/Properties	<input type="checkbox"/>	<input type="checkbox"/>	
Location Rented to others	<input type="checkbox"/>	<input type="checkbox"/>	# Weeks:
More than one family in the dwelling	<input type="checkbox"/>	<input type="checkbox"/>	
Rooms rented to others	<input type="checkbox"/>	<input type="checkbox"/>	# of Units:
Daycare	<input type="checkbox"/>	<input type="checkbox"/>	# of Children: Ages: Years Experience:
Incidental Office Use	<input type="checkbox"/>	<input type="checkbox"/>	
Commercial Operations at this location	<input type="checkbox"/>	<input type="checkbox"/>	Is there a CGL in place? <input type="checkbox"/> Yes <input type="checkbox"/> No
Swimming Pool	<input type="checkbox"/>	<input type="checkbox"/>	Is the pool fully fenced? <input type="checkbox"/> Yes <input type="checkbox"/> No
More than 10 Acres	<input type="checkbox"/>	<input type="checkbox"/>	
Saddle / Draft Animals	<input type="checkbox"/>	<input type="checkbox"/>	#:
Other Exposures:			
Remarks ("Yes" Responses MUST be explained)			

NOTES:

Consumer and previous insurer reports containing personal, credit, factual or investigative information may be sought in connection with this application for insurance or a renewal, extension or variation of the insurance applied for.

I hereby make application for insurance on the above items of property, subject to the Statutory Conditions, Stipulations Warranties, Exclusions, Limitations, Conditions, and Definitions as contained in the policy or endorsed thereon.

THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND CORRECT.

Date _____ Signature of Applicant _____

Date _____ Signature of Broker _____

**Application must be fully completed and signed.
An original photo of the mobile home must accompany this application.**

SUBMITTED BY: _____

E-MAIL: _____

Please Note:

The undersigned, on behalf of the insured organization, acknowledges that any personal information provided in connection with this application (including but not limited to the information contained in this form) has been collected in accordance with applicable privacy legislation and this information shall only be used or shared by the insurer to assess, underwrite and price insurance products and related services, administer and service insurance policies, evaluate and investigate claims, detect and prevent fraud, analyze and audit business results and/or comply with regulatory or legal requirements. For purposes of the Insurance Companies Act (Canada), this document was issued in the course of South Western Insurance Group Ltd.'s insurance business in Canada.