

Date: _____

Agency Name: _____

Agency Contact: _____

Phone Number: _____ Fax Number: _____ email: _____

APPLICANT INFORMATION

Insured Name: _____	DOB _____
Address: _____	Occupation _____
City: _____	State: _____ Zip: _____ Prot. Class _____
County: _____	Responding FD: _____ Miles to FD: _____

UNIT INFORMATION

Location Zip Code _____	Year: _____	Make: _____	Model: _____
Length: _____	Width: _____	Purchase Date: _____	Purchase Price: _____
Occupied by: _____		In Park with: _____	
On permanent foundation: <input type="radio"/> Yes <input type="radio"/> No		Land owned by insured: <input type="radio"/> Yes <input type="radio"/> No	
Composite roof: <input type="radio"/> Yes <input type="radio"/> No		Protective Siding: <input type="radio"/> Yes <input type="radio"/> No	
In city limits: <input type="radio"/> Yes <input type="radio"/> No		Tied down: <input type="radio"/> Yes <input type="radio"/> No	
Swimming pool: <input type="radio"/> Yes <input type="radio"/> No		Uninsured for more than 30 days: <input type="radio"/> Yes <input type="radio"/> No	
Gas or wood fireplace <input type="radio"/> Yes <input type="radio"/> No		Wood Stove: <input type="radio"/> Yes <input type="radio"/> No	
Previously cancelled/nonrenewed: <input type="radio"/> Yes <input type="radio"/> No		Other supplemental heat: _____	
3 year loss history: (date/description/amount) _____			
List all additions: (size/description/value) _____			

COVERAGE INFORMATION

Dwelling: _____	Other structures: _____	Personal Prop.: _____
Liability: _____	Med Pay: _____	Deductible: _____
Replacement cost Personal Property: <input type="radio"/> Yes <input type="radio"/> No		Replacement cost partial loss-mobile home: <input type="radio"/> Yes <input type="radio"/> No