

- Preferred (LOB 46)
- Special (LOB 37)
- Special By-Line (LOB 77)
- All Purpose (LOB 48)

ARIC MH MN

MANUFACTURED HOME APPLICATION

ATTACH PHOTOS IF NECESSARY

APPLICANT INFORMATION				PRODUCER			
Applicant				Agency Name:		Agent #:	
Address				REQUEST POLICY TERM			
City		State		Zip		From: To: Time: AM <input type="checkbox"/> PM <input type="checkbox"/>	
County		Phone No.		Policy Term: 12 Months			
Occupation		Employer (If Self-Employed, list "SELF")		BINDING AUTHORITY: For coverage to begin as requested, the application must be mailed within 72 hours of the effective date of coverage. Otherwise, coverage is bound at 12:01 a.m. the day it is received by the General Agent. No coverage may be increased within 72 hours of the announcement of an impending disaster, i.e. hurricane, tropical storm, volcanic eruption, earthquake, flood, mudslide, brushfire, etc.			
Social Security #		DOB					
Co-Applicant Name		DOB					
Co-Applicant Social Security #		DOB					
Co-Applicant Occupation		Co-Applicant's Employer					
Add'l Insured				LOCATION			
Address				Address, if different than mailing address (include city, state, zip and county)			
City				Park Name:			
State				Address:			
Zip							

BILLING / ACCOUNTING INFORMATION			
BILL TO: <input type="checkbox"/> Insured <input type="checkbox"/> Lienholder Check # _____ Check Amt \$ _____		*PAYMENT PLANS: If the insured desires to pay their premium on an installment basis, the Company will allow a 2-payment, 4-payment, or 8-payment option to be selected. <input type="checkbox"/> 1-Pay, 100% payment, plus any applicable taxes and fees <input type="checkbox"/> 4-Pay, 25% down, plus any applicable taxes and fees * Each installment (not applicable to the down payment) includes a \$6 fully earned service charge <input type="checkbox"/> 2-Pay, 50% down, plus any applicable taxes and fees <input type="checkbox"/> 8-Pay, 20% down, plus any applicable taxes and fees	

LIENHOLDER							
Name		Loan #		Name		Loan #	
Address				Address			
City		State Zip		City		State Zip	

GENERAL INFORMATION									
Territory	Model Year	Protection Class	Feet to Fire Hydrant	Miles to Fire Dept.	Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No	Supplemental Heating Device: <input type="checkbox"/> None <input type="checkbox"/> Wood/coal/pellet burning Stove <input type="checkbox"/> Woodburning Fireplace <input type="checkbox"/> Gas Fireplace <input type="checkbox"/> Other:			
Manufacturer/Model	Serial Number	Length	Width	Skirted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Tied Down? <input type="checkbox"/> Yes <input type="checkbox"/> No	Purchase Date	Purchase Price	Current Value	
Describe Additions/Attached Structures:						Age	Size	\$	
Describe Unattached Other Structures:						Age	Size	\$	

MUST COMPLETE THE FOLLOWING	
(Place an "X" in the appropriate boxes.)	
Usage: <input type="checkbox"/> Primary <input type="checkbox"/> Seasonal/Secondary <input type="checkbox"/> Commercial	
<input type="checkbox"/> Rental (If Rental, is home currently occupied by tenant?) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Age Of Insured: <input type="checkbox"/> 49 & Under <input type="checkbox"/> 50 - 59 <input type="checkbox"/> 60 & Over	
Age Of Manufactured Home: <input type="checkbox"/> 0-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5-6 <input type="checkbox"/> 7-8 <input type="checkbox"/> 9-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> 21 & Over	
Park Status: <input type="checkbox"/> Out of Park # of acres: _____ <input type="checkbox"/> In a Park # of spaces: _____	
Claim Free Transfer: <input type="checkbox"/> Yes* <input type="checkbox"/> No <i>*(Must have had continuous prior insurance for the past 36 months with no claims. A current renewal offer, declarations page, or other evidence of insurance dated within the past 30 days is required.)</i>	
How long has applicant lived in the Manufactured Home? _____	
Prior Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> New Purchase	
Prior Company: _____	
Animals On Premises: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of Animal: _____ Breed of Dog: _____	

POLICY INFORMATION		
COVERAGES	LIMITS	PREMIUM
Manufactured Home and Additions	\$	BASE PREMIUM: \$
Other Structures		
Personal Property		
Personal or Premises Liability		
Medical Payments to Others		
Claim Free Transfer Credit: BASE PREMIUM _____ X 5%		
Supplemental Heating Surcharge		
Optional Deductible (List Deductible) \$ _____		
Replacement Cost – Manufactured Home (15 Years & Newer)		
Replacement Cost – Personal Property		
Other Optional Coverages:		
SUBTOTAL:		\$
Fire Safety Surcharge: SUBTOTAL _____ X 0.65%		
City Fire Surcharge (If applicable): SUBTOTAL _____ X 35% X 2%		
Minimum Written Premium is \$50		TOTAL PREMIUM: \$

LOSS HISTORY

HAVE YOU HAD ANY PRIOR LOSSES? Yes No If Yes, indicate below.

Description of Loss Date Amount Paid
Description of Loss Date Amount Paid
Description of Loss Date Amount Paid

If the applicant has had 2 or more property losses (paid or unpaid) in the past 36 months or any single fire, theft, liability or water loss in the past 36 months, the risk must be submitted to the General Agent for acceptability.

UNACCEPTABLE RISKS - DO NOT SUBMIT, DO NOT BIND

Any "Yes" response makes the risk unacceptable and it cannot be written!

- 1. Has the applicant been convicted of arson or insurance fraud?
2. Is the home without permanently installed water, electricity and sewage utility services?
3. Has the home been salvaged or have existing structural damage?
4. Is the home vacant or under construction/major renovation?
5. Is the home in foreclosure?
6. Does the home have a liquid fuel-powered space heater or existence of any heat-reclaiming device?
7. Is the primary source of heat a wood/coal/pellet burning device?
8. Does the home have other structures or garages with a wood/coal/pellet burning device?
9. Does the home have polybutelene pipes?
10. Is the home or other structures used to store flammables or explosive materials?
11. Does the home have a brush clearance of less than 350 feet?
12. Does the home have more than 2 lien holders? Two lien holders are acceptable if one is a financial institution.
13. Does the home have childcare, homecare, lodging, auto repair or chemical processing conducted on the premises? All other business pursuits must be submitted for approval.

RISK TO BE WRITTEN WITHOUT LIABILITY COVERAGE

Any "Yes" Response Must Be Explained Below.

- 1. Does the applicant own, keep, or shelter any animal with a previous bite history or any non-domestic animal?
2. Are owner occupied risks in the name of a corporation?

SUBMIT RISKS TO GENERAL AGENT

Any "Yes" Response Must Be Explained Below.

- 1. Has the applicant had 2 or more property losses (paid or unpaid) in the past 36 months or any single fire, theft, liability or flood loss in the past 36 months? If yes, give date of loss, describe the loss and the amount paid to repair the damage.
2. Has the applicant had a manufactured home/dwelling policy cancelled or non-renewed for underwriting reasons (except age of unit) during the past 36 months?
3. Has the applicant filed for bankruptcy in the past 36 months?
4. Has the applicant been 30 days past due on mortgage payments in the last 12 months?
5. Is applicant unemployed? (Retirees with guaranteed income and disabled persons with a consistent income are considered employed.)
6. Has the home been uninsured for more than 30 days immediately prior to the requested effective date. (Does not apply to a new purchase)
7. Does the home have more than 2 unrelated owners?
8. Is the home built on stilts, posts or piers? Photos must be included
9. Is the home or any other structures (other than porches, decks, awnings, skirting or carports) that are not factory/contractor built or two separate homes that are joined together? Photos must be included.
10. Is the home equipped with a supplemental heating device that was not installed by the manufacturer or a licensed contractor? Photos and the Woodstove Inspection Report must be included.
11. Does the home have 3 or more steps on any exit without a handrail? Photos must be included.
12. Is the home without permanently installed steps at all entrances? Photos must be included.
13. Is there a swimming pool or spa that does not have a four-foot fence with a self-latching gate, motorized pool cover, or other comparable safety device that is securely fastened to the perimeter of the pool/spa thus rendering it inaccessible?
14. Is the home within 1,500 feet of water (river, creek or ocean) or is it located on an island or in a Special Flood Hazard Area?
15. Does the home have multiple horses, livestock or farm animals on the premises?
16. Is there a dock, pier or boathouse? Photos must be included.
17. Does the premises have 5 or more acres?
18. Are farming activities conducted on the premises?
19. Are business pursuits conducted on the premises?
20. Are there unattached structures that exceed 31% of the insured value of the manufactured home?
21. Do personal effects exceed 71% of the insured value of the manufactured home? Personal Effects Inventory must be included.

Explain "Yes" answers

SPECIFIC BREED ANIMAL EXCLUSION (Only applicable to specific breeds/animals): I understand the Specific Breed Animal Exclusion will be attached to my policy and that bodily injury, property damage or any other loss or expense arising out of any occurrence involving any of the following types of animals and/or breeds of dogs will not be covered: Any animal with a previous bite history, snakes, monkeys or ostriches; Breeds of dogs include Akita, Anatolian Shepherd, Chow, Doberman, Pit Bull, Presa Canario, Rottweiler, Wolf, Wolf Hybrid, or any mix of these breeds with any other breed whether listed here or not.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claims containing any materially false information or conceals, for the purposes of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and may subject such person to criminal and substantial civil penalties.

NOTICE CONCERNING POLICYHOLDER RIGHTS IN AN INSOLVENCY UNDER THE MINNESOTA INSURANCE GUARANTY ASSOCIATION LAW: The financial strength of your insurer is one of the most important things for you to consider when determining from whom to purchase a property or liability insurance policy. It is your best assurance that you will receive the protection for which you purchased the policy. If your insurer becomes insolvent, you may have protection from the Minnesota Insurance Guaranty Association as described below but to the extent that your policy is not protected by the Minnesota Insurance Guaranty Association or if it exceeds the guaranty association's limits, you will only have the assets, if any, of the insolvent insurer to satisfy your claim.

IMPORTANT NOTICE: Personal Information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. Credit scoring information may be used to determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information will be issued with your policy. This notice is given in compliance with the Federal Credit Reporting Act.

NOTICE OF POSSIBLE CANCELLATION: THE INSURER MAY ELECT TO CANCEL COVERAGE AT ANY TIME DURING THE FIRST 59 DAYS FOLLOWING ISSUANCE OF THE COVERAGE FOR ANY REASON WHICH IS NOT SPECIFICALLY PROHIBITED BY STATUTE.

X MUST BE SIGNED (Signature of Applicant) Date

X MUST BE SIGNED (Signature of Producer) Date