



# MOBILE HOME

Special  
All Purpose

Principal Residence (Owner)    Seasonal Residence (Owner)    Tenant Occupied    Commercial

## FRONT & REAR PHOTOS OF DWELLING AND OTHER STRUCTURES REQUIRED

Requested Effective Date:

Policy Term:  3 Months  6 Months  12 Months

Name				BROKER NO	
Mailing Address				BROKER NAME	
City	County	State	Zip	ADDRESS	
Social Security #(Insd)		(Spouse)		PHONE	FAX
Employer & Occupation: (Insd)		(Spouse)		EMAIL	
DOB (Ins): (Spouse)		<input type="checkbox"/> Married <input type="checkbox"/> Single/Separated		Mortgagee:	
Prior Address (If new purchase):				Address:	
Street Address or Legal Description		# Of Acres:	County:	City/St/Zip	
				Loan #	

### DESCRIPTION OF MOBILE HOME

Year	Make/Model	Serial Number	Length	Width	Date Purchased	Purchase Price
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### DESCRIPTION OF OTHER STRUCTURES

VALUE

1.		
2.		
3.		

### UNDERWRITING REQUIREMENTS

### PREMIUM

LIMIT   PREMIUM

IF ANSWERED "YES" SUBMIT FOR PRIOR APPROVAL	YES	NO	Mobile Home		Limit	Premium
1. Has applicant had similar insurance canceled or non-renewed during past 30 months?	<input type="checkbox"/>	<input type="checkbox"/>	Adjacent Structures			\$
2. Has the applicant had a fire, water or liability loss (whether paid or not by ins)?	<input type="checkbox"/>	<input type="checkbox"/>	Mobile Home & Adjacent Structures	Comp	Named Perils	\$
3. Have there been 2 or more claims in the past three years?	<input type="checkbox"/>	<input type="checkbox"/>	Personal Effects			\$
4. Are there any pending open claims?	<input type="checkbox"/>	<input type="checkbox"/>	Comprehensive Personal Liability/OLT			
5. Is there a wood burning stove, space heater or fireplace?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1 Previous Loss			+10%
6. Has the applicant filed bankruptcy in past 36 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 2 Previous Losses			+25%
7. Is there a swimming pool or trampoline?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Insured Age 50 Years Old and Older (LOB 37)			-10%
8. Is there a home day care exposure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Insured Age 60 Years Old and Older (LOB 37)			-14%
9. Does the applicants own, keep or shelter any Akita, Anatolian Shepherd, Chow, Doberman, Pit Bull, Presa Canario, Rottweiler, Wolf or Wolf hybrid, any mix of these breeds with any other breed, whether listed or not?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Insured Age 50 Years Old and Older (LOB 48)			- 5%
10. Are there any vicious or exotic animals on premises?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Claim Free Transfer (furnish prior Dec) (LOB 37)			-10%
11. Has the mobile home been uninsured for more than 30 days prior to effective date?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No Lienholder			- 5%
12. Is there a commercial or farm exposure? Multiple horses, livestock or farm animals?	<input type="checkbox"/>	<input type="checkbox"/>		Wood Stove/Fireplace/Space Heater		\$
IF ANSWERED "YES" PLEASE EXPLAIN:				Deductible \$1,000		\$
				Replacement Cost Home		\$
				Replacement Cost Contents		\$
				Golf Cart		\$
				Scheduled Personal Property		\$
				Other:		\$
				Other:		\$
				GROSS PREMIUM		\$
				Policy Fee	\$ 50.00	\$
				6% Tax (On premium & Fee)		\$
				TOTAL AMOUNT DUE		\$
				MINIMUM EARNED - \$50.00 (Plus Fee & Tax)		
				FIRE PROTECTION - Subscription? Yes No Does Not Apply (Circle one)		
				Territory A <input type="checkbox"/> B <input type="checkbox"/>	F.D. Name:	If subscription, PD Y <input type="checkbox"/> N <input type="checkbox"/>
				Protection Class:	MH Park:	# Lots:
				Inside City Limits: Y <input type="checkbox"/> N <input type="checkbox"/>	Distance to Hydrant:	Distance to Station:

### ADDITIONAL REQUIREMENTS:

- Description of golf cart & serial # if insured
- Description of scheduled personal property if insured
- If the property is located in a rural fire protection district or in an area protected by a rural fire department requiring a subscription, must provide proof of payment or will be rated as unprotected.

### PRIOR INSURANCE

Previous Carrier: \_\_\_\_\_  
 Policy #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
 If no prior ins., state reason and date of last policy: \_\_\_\_\_

### LOSS HISTORY (past 3 years)

(Use Separate Sheet if necessary, if none - so state)

Date	Cause	Amount

### APPLICANTS SIGNATURE

I understand that no insurance is bound hereunder and agree that no insurance shall be effective until this application is approved by RPS Inc. and that coverage may be written with a non-admitted market. I further agree that the foregoing statements and answers are true and correct and request RPS Inc to issue the insurance policy and any renewals thereof in reliance thereon. As part of the company's normal underwriting procedure an investigation may be made which will provide applicable information concerning character, general reputation, personal characteristics, mode of living, credit and condition of the property to be insured. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

Date:

Time:

AM  PM

Agent's Signature:

Applicant's Signature:

PLEASE REFER TO MANUAL FOR RATES

**POLICY TERM**

12 Months – See Rates + Fee/Tax

6 Months – Annual X 55% + Fee/Tax

3 Months – Annual X 30% + Fee/Tax

Fee is \$25.00 per policy Tax is 6%

of premium plus fee Minimum

Premium \$50 + fee & tax

**Special Mobile Home**

Owner occupied as primary or seasonal residence of named insured.

No age requirement

Comprehensive perils on mobile home and contents

Insurance basis on mobile home is actual cash value

**All Purpose Mobile Home**

Rental and commercial mobile homes

Commercial restricted to offices, construction offices, mobile classrooms, display units, libraries, etc.

Insuring basis on mobile home is actual cash value

Contents coverage up to \$10,000

**Territory A:**

Adair	Nowata
Canadian	Okfuskee
Cherokee	Oklahoma
Cleveland	Okmulgee
Craig	Osage
Creek	Ottawa
Delaware	Pawnee
Hughes	Payne
Kay	Pottawatomie
Lincoln	Rogers
Logan	Seminole
McIntosh	Tulsa
Mayes	Wagoner
Muskogee	Washington
Noble	

**Territory B:**

Remainder of State

The following exclusion endorsements will be added to the policy if Liability is purchased and bodily injury, property damage or any other loss or expense arising out of an occurrence involving these listed exclusions will not be covered:

War and Terrorism Exclusion

Absolute Animal Liability Exclusion

Hazardous Substance Liability Exclusion

Trampoline Exclusion

Mold Exclusion

Assault and Battery Exclusion

Sexual Misconduct or Sexual Molestation Exclusion