



Dealer Supplemental Application

Name Insured: _____
Mailing Address: _____
Dealer Address: _____
Agent Name: _____

CURRENT INSURANCE INFORMATION

- 1. Current Insurance Company: _____
- 2. Policy Expiration _____ Current Annual Premium \$ _____
- 3. Is this a new purchase? Yes No
If so, are you aware of any claims in the prior three (3) years with the previous owner? Yes No

SALES INFORMATION

- 1. Annual Gross Sales \$ _____
- 2. Cost of Goods Sold \$ _____
- 3. Do you use a Real Estate Broker? Yes No
- 4. # of Annual Broker Transactions: _____
- 5. Annual Brokered Sales \$ _____
- 6. Do you carry Real Estate Errors & Omissions? Yes No
- 7. Do you take "title" of repossessed homes? Yes No
If yes, are homes more than 7 years old? Yes No
- 8. Do you accept repos consigned by lenders? Yes No
If yes, are homes more than 7 years old? Yes No
- 9. # of Annual Consignment Sales: _____
- 10. Annual Consignment Sales \$ _____
- 11. Estimated # of units sold each year? _____ New Homes _____ Used Homes
Percentage more than 7 years old _____%
- 12. Any units sold over 20yrs. old? Yes No Qty: _____
- 13. Do you include warranties with the sale of a used home? Yes No
- 14. Do you include an arbitration clause with the sale of every home? Yes No
- 15. Do you buy land and place homes for sale on the land? Yes No
- 16. Do you place homes for sale within parks? Yes No
If yes, average # of parks per year: _____
(Please provide schedule of all locations.)

INVENTORY/FLOORING INFORMATION

- 1. Do you hold inventory/model homes at your lot? Yes No
If yes, # of units _____ and value \$ _____ Annual Flooring/Credit Line: _____ Flooring Sources?

- 2. List the Home Manufacturers you represent:

OPERATIONS QUESTIONS

1. Do all subcontractors list you as additional insured on their insurance policy? Yes No
2. Do you keep copies of your subcontractor's insurance certificates? Yes No
3. Units taken in trade per year: Mobile/Modular Homes Autos Motor Homes Boats
 _____ Other — Please describe: _____
4. Do you sell used Autos, Trucks, Motor Homes? Yes No
5. Do you have Dealer plates? Yes No
6. Do you have a written Hold Harmless Agreement from your manufacturers? Yes No
7. Deliver homes for others? Yes No
8. Build sheds/decks/carports/garages? Yes No
9. Refurbish/repair used homes? Yes No
10. Modular set-up/installations? Yes No
11. Subcontract home delivery and set-up/installation? _____%
12. Indicate percentage of delivery by owned vehicles? _____%
13. Indicate percentage of delivery subcontracted vehicles? _____%
14. Are all Display units equipped with stairs? Yes No Handrails? Yes No
15. Do you sell units containing fireplace inserts or woodburning stoves? Yes No
 If yes, do you install? Yes No
16. Do you sell or store gasoline? Yes No # of gallons _____ Receipts _____
17. Do you do any work on furnaces, electrical or plumbing? Yes No
18. Subcontractors used? Yes No If yes, are certificates required of at least \$1,000,000 CSL? Yes No
19. Any subcontracted operations other than delivery or installations? Yes No
 If yes, please explain type of work or operation: _____
20. Do you sponsor any events? Yes No If yes, describe: _____
21. Do you carry Work Comp on your employees? Yes No
22. Lot Surface: Paved Gravel Other
23. Parking lot: Paved Gravel Other
24. Display area: Paved Gravel Other
25. Storage area: Paved Gravel Other
26. Tie downs: Office Units? Yes No Display Units? Yes No Inventory Units? Yes No
27. Distance between units? 5ft. 5-10ft. 11-15ft. Over 15ft.
28. Fencing: 100% fenced with locked gates Display storage area fenced Storage only fenced
 Partially fenced Not fenced
29. Please list all property and liability claims you are aware of in the last 3 years:

***Attach a copy of Certificates of Insurance for Contractors used within the last year.

THE ABOVE AND ANY SUPPLEMENTAL INFORMATION IS PREPARED AND SUBMITTED ON BEHALF OF THE NAMED INSURED OR APPLICANT FOR COVERAGE CONSIDERATION. THE RECEIPT OF APPLICATION INFORMATION DOES NOT CONSTITUTE AN OBLIGATION OR COMMITMENT ON THE PART OF THE MANUFACTURED HOME PROGRAM OR ITS REPRESENTATIVES TO PROVIDE COVERAGE PROTECTION. I CERTIFY THAT THE INFORMATION WITHIN THIS APPLICATION AND ANY ATTACHMENTS PROVIDED IS TRUE AND ACCURATE.

BY SIGNING BELOW, THE INSURED AND BROKER (IF APPLICABLE) AGREES TO ACCEPT ALL COVERAGE DOCUMENTS AND CORRESPONDENCE ELECTRONICALLY. THE INSURED SHOULD BE DILIGENT IN UPDATING THE ELECTRONIC MAIL ADDRESS PROVIDED TO US IN THE EVENT OF A CHANGE.

Insured Signature: _____ Date: _____

Agent Signature: _____ Date: _____