

# APPLICATION FOR MANUFACTURED HOUSING DEALERS

1. First Named Insured \_\_\_\_\_  
The first Named Insured is responsible for premium payment, cancellation, and changes – refer to policy wording.

2. Other Insured(s) \_\_\_\_\_

3. Mailing Address \_\_\_\_\_  
Street
City
County
State
ZIP Code  
 Website Address \_\_\_\_\_

4. Effective Date Desired \_\_\_\_\_

5. Contact Name \_\_\_\_\_ Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

6. Years In Business \_\_\_\_\_ Years of experience and in what capacity? \_\_\_\_\_

7. Form of Entity:  Individual  Partnership  Corporation  Other \_\_\_\_\_

<b>PRIOR INSURANCE CARRIER AND LOSS HISTORY (WHETHER COVERED BY INSURANCE OR NOT) FOR THE PAST THREE YEARS</b>					
Year	Carrier/Policy Number/Premium	Coverage	# of Losses	Amount	Description of Losses <small>(Use separate sheet if necessary)</small>

**MISSOURI APPLICANTS: Do Not Answer This Question.**

Has insurance of this type been canceled, refused, or nonrenewed by any company during the past 3 years?  
 No  Yes - If so, give name of company, date, and reason.

9. Mortgagee \_\_\_\_\_  
Name
Address

10. Description and Location of Dealer's Lot (if more than one location, use Supplemental Application)  
 \_\_\_\_\_

11. Additional Insureds \_\_\_\_\_  
 Insurable Interest \_\_\_\_\_

<p><b>Property Limits</b></p> <p><input type="checkbox"/> Building <input type="checkbox"/> ACV <input type="checkbox"/> RC  <input type="checkbox"/> Business Personal Property</p> <p>Deductibles          Property: <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> Other _____</p> <p><b>General Liability Limits</b></p> <p><input type="checkbox"/> Premises Operations  <input type="checkbox"/> Products Completed  <input type="checkbox"/> General Aggregate  <input type="checkbox"/> Fire Damage Legal Liability  <input type="checkbox"/> Medical Payments</p> <p><b>Dealer's Blanket Coverage</b></p> <p><input checked="" type="checkbox"/> Lot 1 Inventory Limit Open Lot Coverage  <input type="checkbox"/> Special Perils  <input type="checkbox"/> Named Perils  <input checked="" type="checkbox"/> Deductible: Comprehensive                              Collision  <input type="checkbox"/> Collision Exclusion</p>	<p><b>Limits</b></p> <p>\$ _____          \$ _____          \$ _____</p> <p><b>Optional Coverages</b></p> <p><input type="checkbox"/> Business Computer Hardware \$ _____  <input type="checkbox"/> Ded. \$ _____ Software \$ _____  <input type="checkbox"/> Money &amp; Securities In Transit \$ _____            Inside \$ _____            Outside \$ _____  <input type="checkbox"/> Interior Glass - RC - Total Sq. Footage _____  <input type="checkbox"/> Basement/Ground Level <input type="checkbox"/> All Floors</p> <p>\$ _____ <input type="checkbox"/> Signs \$ _____          \$ _____ <input type="checkbox"/> Accounts Receivable \$ _____          \$ _____ <input type="checkbox"/> Valuable Papers (\$2,500 incl.)          \$ _____ <input type="checkbox"/> Mechanical Breakdown \$ _____          \$ _____ <input type="checkbox"/> Employee Dishonesty - # of employees \$ _____          \$ _____ <input type="checkbox"/> Forgery/Alteration (\$2,500 incl.) \$ _____          \$ _____ <input type="checkbox"/> Small Tool Floater \$ _____          \$ _____ <input checked="" type="checkbox"/> Contractor's Equipment \$ _____          \$ _____ <input type="checkbox"/> Building Materials and Supplies \$ _____          \$ _____ <input type="checkbox"/> Automatic Increase Insurance _____%          \$ _____ <input type="checkbox"/> Installation Floater \$ _____            Receipts \$ _____          \$ _____ <input type="checkbox"/> Extended Business and Extra Expense            (60 day incl.) No. of Days _____</p>
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**UNDERWRITING INFORMATION**

**General Section**

1. Annual Sales for last annual period: \$ \_\_\_\_\_ Estimated Annual Sales for next 12 months: \$ \_\_\_\_\_
2. List key management personnel (names, ages, job description, length of employment, % of ownership).  
\_\_\_\_\_
3. Number of Employees: Full Time \_\_\_\_\_ Part-Time \_\_\_\_\_
4. Approximate # of Units Sold Annually:  

	New	Used		New	Used
Multisectional	_____	_____	Single Section	_____	_____
Modular Units	_____	_____	Other _____	_____	_____
5. Do you sell land/home packages on property that is developed by you or someone hired by you?  Yes  No  
If yes, complete the Real Estate Development Supplement.
6. Do you sell land/home packages on individual lots that were not developed by you or someone you hired?  
If yes, complete the Real Estate Development Supplement.  Yes  No
7. Do you, or someone hired by you, build permanent underground foundations or basements?  Yes  No
8. Have you ever filed for personal or business bankruptcy?  Yes  No  
If yes, describe in detail.  
\_\_\_\_\_
9. Do you have units held for sale in mobile home parks?  Yes  No If yes, are any rented?  Yes  No

**General Liability Section**

- |   |                          |                          |  |
|---|--------------------------|--------------------------|--|
|   | <b>Yes</b>               | <b>No</b>                |  |
| 1. Do you sell or store gasoline?   | <input type="checkbox"/> | <input type="checkbox"/> | If yes, Gallons _____ Receipts _____                         |
| 2. Do you subcontract work to others?   | <input type="checkbox"/> | <input type="checkbox"/> | If yes, describe _____                                       |
| Do you obtain Certificates of Insurance?  | <input type="checkbox"/> | <input type="checkbox"/> | If yes, what limits _____                                    |
| Are you named as an additional insured?   | <input type="checkbox"/> | <input type="checkbox"/> | Cost of subcontracted work \$ <sup>150,000</sup> _____       |
| 3. Do you accept repos?   | <input type="checkbox"/> | <input type="checkbox"/> | If yes, how many per year on average <sup>1 or 2</sup> _____ |
| 4. Describe all contracts and/or hold harmless agreements, whether written or oral (dates, parties, cost).<br>_____<br>_____  |                          |                          |  |
| 5. Do you own or operate cranes? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, describe other than mobile home set-up usage. _____  |                          |                          |  |
| 6. Do you (check all that apply): <input type="checkbox"/> Deliver <input type="checkbox"/> Prepare site <input type="checkbox"/> Install home <input type="checkbox"/> Install driveway <input type="checkbox"/> Operate parts<br><input type="checkbox"/> Build sheds/decks/garages <input type="checkbox"/> Deliver homes for others <input type="checkbox"/> Refurbish - Describe _____<br><input type="checkbox"/> Perform warranty/service work <input type="checkbox"/> Modular set-up/installation <input type="checkbox"/> Utility hook-up _____<br><input type="checkbox"/> Subcontract home delivery and set-up/installation (# and explain) _____ |                          |                          |  |
| 7. Are installers factory trained? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, by whom _____<br>If no, years of experience _____   |                          |                          |  |
| 8. Are all display units equipped with stairs? <input type="checkbox"/> Yes <input type="checkbox"/> No With handrails? <input type="checkbox"/> Yes <input type="checkbox"/> No  |                          |                          |  |
| 9. Do you sell non-factory installed fireplace inserts or wood burning stoves? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Do you install? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                          |                          |  |
| 10. Do you sponsor any events? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe _____  |                          |                          |  |
| 11. Do you inspect used homes prior to sale? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, do you provide a copy of the inspection with list of repairs completed? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                          |                          |  |

**Property Section - Open Lot**

1. Indicate units which are NOT tied down:  Office Unit  Display Units  Inventory Units
2. Distance between units:  Less than 5 feet  5-10 feet  Over 10 feet
3. Fencing:  100% fenced with locked main gate  Display  Storage area only  No fencing  
 Partially fenced, describe. \_\_\_\_\_  
 Chain or gate across entrance when business is closed
4. Lighting:  Fully lighted - including storage lot and display area  
 Partially lighted - areas not lighted \_\_\_\_\_  
 Not Lighted
5. Are units kept locked during the day?  Yes  No Describe those units not locked \_\_\_\_\_
6. Display/Inventory/Model Home Protections:  Burglar Alarms  Motion Lights  Deadbolt Locks  None
7. Average number of units on lot \_\_\_\_\_

8. Lienholder Information - Dealers Open Lot Coverage

#	Name and Address

9. Is this location in a flood zone?  Yes  No If yes, what flood zone? \_\_\_\_\_
10. Is the lot within 500 ft. of any type water exposure?  Yes  No
11. Is the lot in an isolated area?  Yes  No
12. Describe any additional security measures \_\_\_\_\_

**Property - Office or Other Structures**

13. Year building built \_\_\_\_\_ Year of updates: Heating \_\_\_\_\_ Plumbing \_\_\_\_\_ Electrical \_\_\_\_\_ Roof \_\_\_\_\_
14. Protection class \_\_\_\_\_ Distance to nearest hydrant \_\_\_\_\_ # of Stories \_\_\_\_\_ Area (sq. feet) \_\_\_\_\_
15. Construction:  Frame  Brick Veener  Joisted Masonry  Metal Clad  Mobile/Modular Home  
 Fire Resistant  Other \_\_\_\_\_
16. Indicate existing protections:  Fire Alarm  Burglar Alarm  Watch Service  Fire Extinguishers
17. Are there any other occupancies?  Yes  No If yes, describe. \_\_\_\_\_
18. Describe adjacent businesses. \_\_\_\_\_

**CRIME**

1. Average cash on premises at peak season during: Business hours \_\_\_\_\_ Overnight \_\_\_\_\_
2. Who has access to cash registers and safes? \_\_\_\_\_
3. Who has check writing authority and is a countersignature required? \_\_\_\_\_
4. Are pre-employment criminal background checks conducted on employees?  Yes  No
5. How many individuals work with accounts payable? \_\_\_\_\_
6. Do you reconcile all transactions on a daily basis?  Yes  No
7. Do employees ever accept cash down payments?  Yes  No
8. Are receipts provided on all transactions?  Yes  No

**COMMERCIAL AUTO**

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 1. Do you haul for hire (goods of others)? If yes, what and how much _____   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you transport anhydrous ammonia, explosives, gasoline, LPG, acids or chemicals?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are filings required? If yes, ICC Docket # _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is all equipment operated under your authority on the application?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is all of the equipment scheduled owned by you?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are all vehicles titled in the name of the corporation (if incorporated) or in your or any family member's name (if a sole proprietorship) on this application?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you lease or hire equipment from others? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, <input type="checkbox"/> Permanent <input type="checkbox"/> Trip Lease<br>If trip lease, Annual Cost of Hire: \$ _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you lease equipment to others?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Are any vehicles used for personal use? If yes, describe _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do you have dealer plates? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, # motorized _____ # non motorized _____  | <input type="checkbox"/> | <input type="checkbox"/> |

DRIVER INFORMATION		Must be completed for all drivers. Attach separate sheet if more than 4 drivers.								
Driver	Date of Birth	License Number	State	# Years Commercial Driving Exp.	Date of Hire	Number Violations Last 3 years			Number Accidents Last 3 Years	Has License Been Suspended Last 3 years
						# Minor	# Major	# Minor past yr.		
DRIVER EMPLOYMENT HISTORY			Heavy Truck/Mobile Home Toters Operators Only							
Driver	Prior Employer & Full Address				Dates of Employment	Type of Unit				
SCHEDULE OF AUTOS TO BE INSURED				Attach separate sheet if more than 5 vehicles.						
No.	Model Year	Trade Name	Type	VIN #	Cost New	GVW/GCW	Stated Value	Radius	Zone / Terr.	
1										
2										
3										
4										
5										
LIENHOLDER INFORMATION										
Auto #	Name and Address									
COVERAGES & LIMITS										
<input type="checkbox"/> AUTO LIABILITY <input type="checkbox"/> HIRED AUTO LIABILITY <input type="checkbox"/> EMPLOYERSNONOWNERSHIP LIABILITY            SYMBOL _____										
<input type="checkbox"/> LIABILITY Limits: <input type="checkbox"/> Combined Single Limit(BI/PD) \$ _____ CSL										
<input type="checkbox"/> Split Limits BI \$ _____ per person            \$ _____ per accident            PD \$ _____ each accident										
<input type="checkbox"/> UNINSURED MOTORISTS            Limits \$ _____ <input type="checkbox"/> UNDERINSURED MOTORISTS            Limits \$ _____										
<input type="checkbox"/> MEDICAL PAYMENTS            Limits \$ _____ <input type="checkbox"/> PERSONAL INJURY PROTECTION            Limits \$ _____										
<input type="checkbox"/> PHYSICAL DAMAGE            Deductibles: <input type="checkbox"/> Collision \$ _____ <input type="checkbox"/> Specified Perils OR <input type="checkbox"/> Comprehensive										
<input type="checkbox"/> CARGO <input type="checkbox"/> Limit \$ _____ <input type="checkbox"/> Deductible \$ _____										
<input type="checkbox"/> COMBINED DEDUCTIBLE <input type="checkbox"/> Physical Damage Only <input type="checkbox"/> Physical Damage/Cargo										
<b>Coverage selection/rejection form(s) for Uninsured Motorists, Underinsured Motorists, No-Fault, and Medical Payments Insurance (as required by state law) must be completed and submitted together with this application for insurance coverage.</b>										

## Fraud Warning

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which may be a crime and may subject the person to criminal penalties.

**ALABAMA, ARKANSAS, LOUISIANA, NEW MEXICO, RHODE ISLAND, VIRGINIA and WEST VIRGINIA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an Application for insurance is guilty of a crime. In Alabama, Arkansas, Louisiana, Rhode Island and West Virginia that person may be subject to fines, imprisonment or both. In New Mexico, that person may be subject to civil fines and criminal penalties. In Virginia, penalties may include imprisonment, fines and denial of insurance benefits.

**COLORADO:** It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**DISTRICT OF COLUMBIA, KENTUCKY and PENNSYLVANIA:** Any person who knowingly and with intent to defraud any insurance company or other person files an Application for insurance or statement of claim containing materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. In District of Columbia, penalties include imprisonment and/or fines. In addition, the Insurer may deny insurance benefits if the Applicant provides false information materially related to a claim. In Pennsylvania, and subjects such person to criminal and civil penalties.

**FLORIDA:** Any person who knowingly and with intent to injure, defraud or deceive the Insurer, files a statement of claim or an Application containing any false, incomplete or misleading information is guilty of a felony. In Florida it is a felony to the third degree.

**KANSAS:** an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

**MAINE:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

**MARYLAND:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an Application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NEW JERSEY:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NEW YORK:** Any person who knowingly and with intent to defraud any insurance company or any person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto,

commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.

**OHIO:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against the Insurer, submits an Application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**OKLAHOMA:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**OREGON:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

**TENNESSEE and WASHINGTON:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and/or denial of insurance benefits.

**VERMONT:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**VIRGINIA:** Per 38.2-2210, Any application for the original issuance of a policy of insurance covering liability arising out of the ownership, maintenance, or use of any motor vehicle as defined in § 38.2-2212 shall have the following statement printed on or attached to the application, in boldface type:

**READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.**

<b>SIGNATURES</b>		This is a <input type="checkbox"/> New <input type="checkbox"/> Renewal in our agency	
<p>I authorize Affordable Home Services, Inc. to obtain a copy of my Motor Vehicle Report for rating/underwriting the insurance for which I have applied. I also understand that a routine inquiry may be made providing information concerning my character, general reputation, personal characteristics and mode of living. Upon written request, information as to the nature and scope of the report will be provided to me.</p> <p>I hereby covenant and agree that the foregoing statements and answers are a just, full and true exposition of all the facts and circumstances with regard to the risk to be insured, insofar as same are known to me, and the same are hereby made as the basis and condition of the insurance. Any person who knowingly and with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud and subject to fines and/or imprisonment. By signing below, I affirm full knowledge of and adherence to current D.O.T. Safety Regulations, and hereby apply for insurance with respect to the coverages stated herein.</p>		<p>Name, Title, and Address of individual purchasing this insurance:</p> <p><input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS.</p> <p>_____</p> <p>Name</p> <p>_____</p> <p>Title</p> <p>_____</p>	
<p>_____</p> <p>APPLICANT'S SIGNATURE AND TITLE</p> <p>_____</p> <p>AGENT NAME, ADDRESS &amp; PHONE</p> <p>_____</p> <p>AGENT'S SIGNATURE</p>		<p>_____</p> <p>DATE</p> <p>_____</p> <p>DATE</p>	
		<p>Please complete this application and email to <a href="mailto:Service@mobileagency.com">Service@mobileagency.com</a> or fax to 281-292-7429 or mail to 25775 Oak Ridge Dr. #110 The Woodlands, TX 77380</p>	