

# COMMERCIAL PHYSICAL DAMAGE MOBILE HOME DEALER BLANKET OPEN LOT APPLICATION

(Please attach Fraud Warning Notices, form # FRWR-APP-COM)

APPLICANT INFORMATION				AGENT INFORMATION	
NAMED INSURED				AGENT CODE #	LICENSE #
MAILING ADDRESS				AGENT NAME MOBILE INSURANCE	
CITY, STATE, ZIP				AGENT ADDRESS 25775 Oak Ridge Dr. #110	
REQUESTED POLICY PERIOD	EFFECTIVE	EXPIRATION	<input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL	AGENT CITY, STATE, ZIP The Woodlands, TX 77380	
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION	<input type="checkbox"/> LIMITED CORPORATION <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> OTHER		CONTACT	PHONE (A/C, NO. EXT.) 800-458-4320	
YEARS IN BUSINESS: _____				WEB SITE ADDRESS: www.mobileagency.com	
<input type="checkbox"/> NEW ENTITY (Attach Financials, Summary of Experience)					

## COVERAGES

POLICY FORM REQUESTED	DEDUCTIBLE OPTIONS (Apply Per Occurrence/Per Location)		DEDUCTIBLE OPTIONS (Apply Per Occurrence/Per Location)
<input type="checkbox"/> COMPREHENSIVE <input type="checkbox"/> NAMED PERILS  <b>EXCLUDED PERILS:</b> <input type="checkbox"/> Wind/Hail Exclusion - available in AZ,AR,CA,CO,IL,IN,IA,MI,MN,MO,MT,NV,NM,ND,OH,OR,PA,SD,TN,UT,WY <input type="checkbox"/> Flood Exclusion available in all states <input type="checkbox"/> Wind/Hail/Flood Exclusion - available in states and counties listed on Seacoast Restrictions page in Underwriting Guideline Manual	<b>PER UNIT</b> <b>Wind / Hail / Flood Perils</b> <input type="checkbox"/> \$500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$50,000  <b>All Other Perils</b> <input type="checkbox"/> \$500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$50,000	<b>AGGREGATE</b> <input type="checkbox"/> No aggregate <input type="checkbox"/> 5 x aggregate <input type="checkbox"/> 10 x aggregate  <b>AGGREGATE</b> <input type="checkbox"/> No aggregate <input type="checkbox"/> 5 x aggregate <input type="checkbox"/> 10 x aggregate	<input type="checkbox"/> Collision Deductible per unit <input type="checkbox"/> Theft Deductible "BPP" per occurrence <input type="checkbox"/> Theft Deductible per unit  <input type="checkbox"/> \$500 <input type="checkbox"/> \$1000 <input type="checkbox"/> \$1000 <input type="checkbox"/> \$1000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$10,000 If hauling, complete Collision Supplement: CPD-ACS-APP

## OPTIONAL COVERAGES

<input type="checkbox"/> False Pretense	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$175,000	<input type="checkbox"/> \$500,000
	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$200,000	<input type="checkbox"/> \$700,000
	<input type="checkbox"/> \$75,000	<input type="checkbox"/> \$225,000	
	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$250,000	
	<input type="checkbox"/> \$125,000	<input type="checkbox"/> \$275,000	
	<input type="checkbox"/> \$150,000	<input type="checkbox"/> \$300,000	

## PREMIUM BASIS

<input type="checkbox"/> Non-Reporting	<input type="checkbox"/> Reporting Monthly with Annual Adjustment	<input type="checkbox"/> Reporting Monthly with Monthly Premium
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## UNDERWRITING INFORMATION

● Do you sell motorized units?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ % of sales
● Does your radius of operations extend beyond 200 miles?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
● Do you haul your own units?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
● What percentage of units are consigned / repossessed? _____ %		
● Are any locations within 500 feet of any water exposure?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
● Has any location flooded in the past 10 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
● _____ % New Units		
● _____ % Used Units		

**LOCATION SCHEDULE**

ADDRESS (Street, City, County, State, Zip Code)

Blanket Limit

Loc #	Address	Mobile Home Units	Recreational Vehicle Units	Motorcycle / ATV	Business Personal Property	Total
1.		\$	\$	\$	\$	\$
2.		\$	\$	\$	\$	\$
3.		\$	\$	\$	\$	\$
4.		\$	\$	\$	\$	\$
5.		\$	\$	\$	\$	\$
6.		\$	\$	\$	\$	\$
7.		\$	\$	\$	\$	\$
8.		\$	\$	\$	\$	\$
9.		\$	\$	\$	\$	\$
10.		\$	\$	\$	\$	\$

**LOSS PAYEE**

Loss Payee Name	Address	Location

**LOSS HISTORY - Describe all "Open Lot" losses in last 3 years  None**

Date of Loss	Cause of Loss	Amount Paid	Claim Status

**PRIOR CARRIER**

**REMARKS**

Describe any additional exposures at this location. Attach additional sheet if necessary.

**SIGNATURES**

**Applicable to New York: 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 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 and the stated value of the claim for each such violation.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Producer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_