



## Mobile Home Application

Applicant's Name \_\_\_\_\_ Agent Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ Address \_\_\_\_\_  
 \_\_\_\_\_  
 Location of M.H. \_\_\_\_\_  
 \_\_\_\_\_ Agent Code \_\_\_\_\_

**PROPOSED EFFECTIVE DATE:** From \_\_\_\_\_ To \_\_\_\_\_

12:01 A.M., Standard Time at the mailing address of the Applicant

### MOBILE HOME INFORMATION • PHOTO REQUIRED

Year	Length	Width	Make & Model	Serial Number	Actual Value When Insured	Purchased Mo. Yr.	Purchase Price

MORTGAGEE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ LOAN NO.: \_\_\_\_\_

### COVERAGE AND LIMIT INFORMATION

Item	Coverage	Deductible	Limit Of Liability
Mobile Home	Comprehensive	\$	
	Named Perils	\$	
Adjacent Structures	Comprehensive	\$	
	Named Perils	\$	
Personal Effects	Comprehensive	\$	
	Named Perils	\$	
Liability	Premises Liability	\$	
Additional Coverages	Vendor's Single Interest	\$	
	Flood Coverage	\$	
	Trip Coverage	\$	From                      To

**Adjacent Structures**—List adjacent structures and equipment (cabanas, awnings, sheds, carports, air conditioners, etc.)

**Notice to Agent: Must schedule on form UT-258g if structure not listed in policy.**

Description	Value	Description	Value

### COVERAGE INFORMATION

1. Occupancy:     Owner     Tenant     Vacant     Seasonal

2. Protection Class: \_\_\_\_\_ Fire District: \_\_\_\_\_

3. Deductible Amount: \$ \_\_\_\_\_
4. Territory: \_\_\_\_\_
5. NADA Value: \$ \_\_\_\_\_
6. Distance to fire hydrant: \_\_\_\_\_
7. Distance to fire station: \_\_\_\_\_
8. Distance from water source: \_\_\_\_\_
9. Is mobile home located in flood zone? .....  Yes  No
10. Is mobile home tied down? .....  Yes  No
11. Is mobile home skirted? .....  Yes  No
12. Is mobile home in park? .....  Yes  No
13. Park size (acres): \_\_\_\_\_ Number of lots: \_\_\_\_\_
14. Are there any modifications to the home? .....  Yes  No  
If yes, describe: \_\_\_\_\_
15. Is there a wood/coal burning facility? .....  Yes  No  
If yes, provide questionnaire and photo.
16. Is there a trampoline? .....  Yes  No
17. Is there a swimming pool? .....  Yes  No  
If yes, pool is:     Above ground     Below ground     Fenced
18. Applicant's occupation: \_\_\_\_\_
19. Is there any business, including day care, conducted on premises? .....  Yes  No  
If yes, explain: \_\_\_\_\_
20. Is there any acreage or outbuildings? .....  Yes  No  
If yes, describe: \_\_\_\_\_
21. Does Applicant own any animals? .....  Yes  No  
If yes, what type and breed? \_\_\_\_\_  
Any bite/aggressive behavior history? .....  Yes  No
22. Previous insurance carrier: \_\_\_\_\_  
Policy number: \_\_\_\_\_ Expiration date: \_\_\_\_\_  
If no previous carrier, why (not applicable in Missouri or California)? \_\_\_\_\_
23. Has any company canceled or refused coverage to the Applicant (not applicable in Missouri or California)? .....  Yes  No  
Comments: \_\_\_\_\_

24. Any bankruptcy or foreclosure proceedings filed? .....  Yes  No  
Reason: \_\_\_\_\_  
Discharged?.....  Yes  No  
Date of discharge: \_\_\_\_\_

25. Has the applicant ever been charged with arson or fraud?.....  Yes  No

26. Any losses at this location or any other location owned/rented within the last three years? .....  Yes  No  
If yes, please describe:

Date	Description	Amount

**PRIVACY POLICY:** I have received and read a copy of the “National Casualty Company Privacy Statement and Procedures.” By submitting this application, I am applying for issuance of a policy of insurance and, at its expiration, for appropriate renewal policies issued by National Casualty Company and/or other members of the Scottsdale group of insurance companies. I understand and agree that any information about me that is contained in, or that is obtained in connection with this application or any policy issued to me may be used by any company within the Scottsdale group to issue, review, and renew the insurance for which I am applying.

**FAIR CREDIT REPORTING ACT NOTICE:** This notice is given to comply with Federal Fair Credit Reporting Act (Public law 91-508) and any similar state law which is applicable as part of our underwriting procedure. A routine inquiry may be made which will provide information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to nature and scope of the report will be provided.

**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 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 subjects such person to criminal and civil penalties.

**FRAUD WARNING (APPLICABLE IN 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 include imprisonment, fines, and denial of insurance benefits.

**FRAUD WARNING APPLICABLE IN THE STATE OF 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.

**APPLICATION WILL NOT BE ACCEPTED WITHOUT APPLICANT’S AND PRODUCER’S SIGNATURES.**

Applicant’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Producer’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent Name: \_\_\_\_\_ Agent License No.: \_\_\_\_\_  
(Applicable to Florida Agents Only)

Iowa Licensed Agent: \_\_\_\_\_  
(Applicable in Iowa Only)