

**NOTICE TO AGENT
BILLING INSTRUCTIONS**

Indicate below how you wish Renewals to be billed

Insured Mortgage Co. Agent



Mobile Home Application

Applicant's Name _____
 Mailing Address _____

 Location of M.H. _____

Agent Name _____
 Address _____

 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)