

American Reliable Insurance Company

MOBILE HOME APPLICATION

THE COLONIAL GROUP, INC.
P.O. Box 4907 Greensboro, NC 27404-4907
(336) 855-1300 (800) 628-3762
FAX: (336) 855-1190

ARIC MH FL

POLICY #: _____

NAMED INSURED			
Name		DOB	
Address			
City	State	Zip	
County	Phone No.		
Occupation			
Social Security #			
Spouse Name			
Spouse Social Security #		DOB	
Add'l Insured			
Address			
City	State	Zip	

NOTE: COMPLETE QUALIFICATION CRITERIA SECTION ON REVERSE SIDE FIRST!

PRODUCER	
Agent Name:	Agent #:

REQUEST POLICY TERM	
From	To
Time 12:01	AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>
Policy Term: 12 Months	

Include 2 photos with application for units over 5 years old. "Submit" risks cannot be bound.

LIENHOLDER			
Name			
Loan #			
Address			
City	State	Zip	

LOCATION			
Park Name			
Address, if different than above (include county and zip)			
Municipal Tax Code			
Distance of unit to fire hydrant:		feet	
Distance of unit to responding Fire Dept.:		miles	
Name of Fire Dept.:			
Is mobile home located inside city limits? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is mobile home in an FWUA eligible area? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Distance from Gulf or Atlantic Coastal waters: miles			

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Is mobile home in an FWUA eligible area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Distance from Gulf or Atlantic Coastal waters:	miles

DESCRIPTION OF MOBILE HOME ADDITIONS AND UNATTACHED STRUCTURES							
Year	Manufacturer/Model	Length	Width	Serial Number	Purchase Date	Purchase Price	Current Value
Describe Additions/Attached Structures:						Age	Size
Describe Unattached Structures:						Age	Size

MUST COMPLETE THE FOLLOWING		POLICY INFORMATION																																																													
TERRITORY: _____ <i>Place an "X" in the appropriate boxes.</i> PROGRAM: <input type="checkbox"/> Package <input type="checkbox"/> Standard <input type="checkbox"/> Preferred <input type="checkbox"/> Rental <input type="checkbox"/> Commercial <input type="checkbox"/> Tenant USAGE: <input type="checkbox"/> Permanent <input type="checkbox"/> Seasonal <input type="checkbox"/> Rental <input type="checkbox"/> Commercial <input type="checkbox"/> Tenant ANSI/ASCE 7/88: <input type="checkbox"/> Yes <input type="checkbox"/> No PROTECTION: <input type="checkbox"/> Protected <input type="checkbox"/> Unprotected AGE OF INSURED: _____ AGE OF MOBILE HOME: <input type="checkbox"/> 1 – 5 Yrs <input type="checkbox"/> 6 – 15 Yrs <input type="checkbox"/> 16 Yrs & Older LOSS HISTORY: Claim Free for at least one year? <input type="checkbox"/> Yes <input type="checkbox"/> No PARK STATUS: In a Park? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, # of Acres _____ If Yes, # of Spaces _____ % of Adult _____ Resident Manager? <input type="checkbox"/> Yes <input type="checkbox"/> No UNIT TYPE: <input type="checkbox"/> Singlewide <input type="checkbox"/> Doublewide <input type="checkbox"/> Other STEPS: <input type="checkbox"/> Front: Number of Steps: _____ <input type="checkbox"/> Rear: Number of Steps: _____ SUPPLEMENTAL HEATING: <input type="checkbox"/> None <input type="checkbox"/> Woodburning Stove <input type="checkbox"/> Fireplace <input type="checkbox"/> Other: _____ Is the unit factory installed? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, questionnaire and photos are required. SATELLITE DISH SYSTEM: <input type="checkbox"/> Yes, as Radio & TV Antenna Coverage <input type="checkbox"/> No PRIOR INSURANCE: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> New Purchase PRIOR COMPANY & YEARS OF INSURANCE: _____ ANIMALS ON PREMISES?: <input type="checkbox"/> Yes <input type="checkbox"/> No Type of Animal: _____ Breed of Dog: _____		<table border="1"> <thead> <tr> <th>COVERAGES</th> <th>LIMITS</th> <th>PREMIUM</th> </tr> </thead> <tbody> <tr> <td>Mobile Home</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>Unattached Structures</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>Personal Effects</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>Personal Liability</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>Medical Payments to Others</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>Deductible: \$</td> <td></td> <td>\$</td> </tr> <tr> <td>Optional Coverages</td> <td></td> <td>\$</td> </tr> <tr> <td></td> <td></td> <td>\$</td> </tr> <tr> <td></td> <td></td> <td>\$</td> </tr> <tr> <td></td> <td></td> <td>\$</td> </tr> <tr> <td></td> <td></td> <td>\$</td> </tr> <tr> <td></td> <td></td> <td>\$</td> </tr> <tr> <td>Supplemental Heating Surcharge</td> <td></td> <td>\$</td> </tr> <tr> <td>Seasonal Surcharge for STANDARD Program</td> <td></td> <td>\$</td> </tr> <tr> <td>Citizens Emergency Assessment</td> <td></td> <td>\$</td> </tr> <tr> <td>Florida Hurricane CAT Fund</td> <td></td> <td>\$</td> </tr> <tr> <td>MGA Fee – Fully Earned</td> <td>\$</td> <td>25.00</td> </tr> <tr> <td>Emergency Management Fee</td> <td>\$</td> <td>2.00</td> </tr> <tr> <td>TOTAL PREMIUM</td> <td>\$</td> <td></td> </tr> </tbody> </table>		COVERAGES	LIMITS	PREMIUM	Mobile Home	\$	\$	Unattached Structures	\$	\$	Personal Effects	\$	\$	Personal Liability	\$	\$	Medical Payments to Others	\$	\$	Deductible: \$		\$	Optional Coverages		\$			\$			\$			\$			\$			\$	Supplemental Heating Surcharge		\$	Seasonal Surcharge for STANDARD Program		\$	Citizens Emergency Assessment		\$	Florida Hurricane CAT Fund		\$	MGA Fee – Fully Earned	\$	25.00	Emergency Management Fee	\$	2.00	TOTAL PREMIUM	\$	
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Underwriting Questions – DO NOT BIND, DO NOT SUBMIT

Any "Yes" Response Makes the Risk Unacceptable!

	Yes	No
1. Has the applicant had a total fire loss in the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the home NOT fully skirted?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the applicant been convicted of arson, fraud or a felony?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the home custom built, homemade, substantially modified or joined together?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the home without permanently installed water, electricity, and sewage utility services?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the home have existing structural damage or has it been salvaged?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is the home under construction or major renovation?	<input type="checkbox"/>	<input type="checkbox"/>
8. Is the home vacant?	<input type="checkbox"/>	<input type="checkbox"/>
9. Is the home isolated and not easily accessible to public roadways?	<input type="checkbox"/>	<input type="checkbox"/>
10. Does the home have a kerosene heater, portable space heater, heat reclaiming device, homemade heating devices, or any potentially hazardous supplemental heating device?	<input type="checkbox"/>	<input type="checkbox"/>
11. Does the home have a wood, coal or pellet burning device that is used as the primary source of heat?	<input type="checkbox"/>	<input type="checkbox"/>
12. Does the home have a fireplace that was not installed by the manufacturer or a licensed contractor?	<input type="checkbox"/>	<input type="checkbox"/>
13. Does the home have fuses or Polybutelene pipes?	<input type="checkbox"/>	<input type="checkbox"/>
14. Does the home have an open foundation or is it built on stilts, posts or piers?	<input type="checkbox"/>	<input type="checkbox"/>
15. Is the home or any structure used to store flammables or explosive materials?	<input type="checkbox"/>	<input type="checkbox"/>
16. Is the home located in an area subject to floods, mudslides or forest fires?	<input type="checkbox"/>	<input type="checkbox"/>
17. Is the home located on an island, key, peninsula or within 1,500 feet from any river or body of saltwater?	<input type="checkbox"/>	<input type="checkbox"/>
18. Is the brush clearance less than 350 ft. from the home?	<input type="checkbox"/>	<input type="checkbox"/>
19. Does the home have more than 2 lien holders?	<input type="checkbox"/>	<input type="checkbox"/>
20. Is there any business, childcare, homecare, lodging, or farming activities conducted on the premises?	<input type="checkbox"/>	<input type="checkbox"/>
21. Are there any unattached adjacent structures not incidental to the use of the home as a dwelling including:	<input type="checkbox"/>	<input type="checkbox"/>
a. Any structure that exceeds 800 square feet in floor area?	<input type="checkbox"/>	<input type="checkbox"/>
b. Unattached structure that is a home, site built house, barn (livestock structure), or used as living quarters?	<input type="checkbox"/>	<input type="checkbox"/>
c. Unattached structure that exceeds 50% of the value of the home?	<input type="checkbox"/>	<input type="checkbox"/>
d. Greenhouses that are made of glass?	<input type="checkbox"/>	<input type="checkbox"/>
22. Is the awning made of cloth or canvas?	<input type="checkbox"/>	<input type="checkbox"/>
23. Are activities being conducted on the premises, such as woodworking, cabinet making, auto repair, chemical processing or is the home attached to a tavern or restaurant?	<input type="checkbox"/>	<input type="checkbox"/>
24. Is there a trampoline on the premises?	<input type="checkbox"/>	<input type="checkbox"/>
25. Is there a swimming pool or jacuzzi on the premises that does not have a four-foot fence with a self-locking gate or a swimming pool that has a diving board or slide? (If yes, the risk may be written if NO liability coverage is purchased.) If the pool is properly fenced and has no diving board or slide, the policy may be written with a \$50,000 maximum liability limit.	<input type="checkbox"/>	<input type="checkbox"/>
26. Is there a dock, pier or boathouse on the premises? (If yes, the risk may be written if NO liability coverage is purchased.)	<input type="checkbox"/>	<input type="checkbox"/>
27. Is the home without permanently installed steps at all entrances? (If yes, the risk may be written if NO liability coverage is purchased.)	<input type="checkbox"/>	<input type="checkbox"/>
28. Does the applicant own, keep, or shelter any of the following breeds: This includes but is not limited to Akitas, Chows, Dobermans, Great Danes, Pit Bulls, Rottweilers, Wolfs or Wolf Hybrids, any mix of these breeds, any animal with a previous bite history or any exotic (snakes, monkeys, etc.) animals?	<input type="checkbox"/>	<input type="checkbox"/>

SUBMIT RISKS TO GENERAL AGENT – DO NOT BIND

Any "Yes" Response Must Be Explained Below and Submitted Unbound.

	Yes	No
1. Has the applicant had any loss (property damage or liability) in the past 5 years? If yes, give date of loss, describe the loss and the amount paid to repair the damage.	<input type="checkbox"/>	<input type="checkbox"/>
2. Has the applicant had a mobile home/dwelling policy cancelled or non-renewed for underwriting reasons (except age of unit) during the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the applicant had a foreclosure, repossession, or filed for bankruptcy in the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the applicant had multiple bad debts or been delinquent in mortgage payments in the past year?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the applicant unemployed? (Retirees with guaranteed income and disabled persons with a consistent income are considered employed.)	<input type="checkbox"/>	<input type="checkbox"/>
6. Has the applicant had a lapse in insurance coverage? (Not applicable to new purchases)	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the home have 3 or more steps on any exit without a handrail? Photos must be included.	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the home have attached or unattached structures (other than porches, decks, awnings, skirting or carports) that are not factory or non-contractor built? Any addition must have been inspected for compliance to local codes or been completed for at least 3 years. Photos must be included.	<input type="checkbox"/>	<input type="checkbox"/>
9. Does the home have a wood, coal, or pellet burning device? Woodstove Inspection Report must be included.	<input type="checkbox"/>	<input type="checkbox"/>
10. Does the home have more than two unrelated owners?	<input type="checkbox"/>	<input type="checkbox"/>
11. Is the home located in a Special Flood Hazard Area or within 1,500 feet of a lake, pond or creek?	<input type="checkbox"/>	<input type="checkbox"/>
12. Is the home a corporate risk or is property sold on a land contract?	<input type="checkbox"/>	<input type="checkbox"/>
13. Are there any horses, livestock or farm animals on the premises?	<input type="checkbox"/>	<input type="checkbox"/>
14. Does the premises have 5 or more acres?	<input type="checkbox"/>	<input type="checkbox"/>
15. Does the value of the personal effects exceed \$15,000 and is 75% of the value of the mobile home? (Submit with Personal Effects Inventory.)	<input type="checkbox"/>	<input type="checkbox"/>

Explain "Yes" answers!

SIGNATURES

TIE-DOWN CERTIFICATION – SECTION 320.8325, FLORIDA STATUTES

I hereby certify that the mobile home described above is tied down in accordance with the "Rule of Div. Of Motor Vehicles Ch. 15C-1. 10, Rev. 8/6/74".

BY **X** _____ (Agent or Insured)

**Applicant
Initials**

_____ In compliance with Public Law 91-508 you are advised that in connection with this application, an investigative consumer and credit report may be made as to your insurability, including, if applicable, information as to character, general reputation, personal characteristics and mode of living. This investigation may be conducted each year prior to renewal. Information on the nature and scope of such a report, if one is made, will be given to you upon request.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Insurance coverage is conditional upon the payment of premium and payment by check is not considered payment until it is presented to and paid by the drawee financial institution. *IF THE CHECK I SUBMIT FOR THIS APPLICATION IS NOT HONORED BY THE FINANCIAL INSTITUTION DRAWN ON, NO COVERAGE WILL TAKE EFFECT EVEN IF A BINDER NUMBER HAS BEEN ASSIGNED.*

PRIVACY POLICY: I have received and read a copy of the American Reliable Insurance Company/Assurant Group Privacy Policy. By submitting this application, I am applying for issuance of a policy of insurance and, at its expiration, for appropriate renewal policies issued by American Reliable Insurance Company. I understand and agree that any information about me that is contained in, or that is obtained in connection with, this application of any policy issued to me may be used by American Reliable Insurance Company to issue, review, and renew the insurance for which I am applying.

I hereby declare that all of the foregoing statements are true. I understand that false statement(s) may void coverage.

I understand this application is not a binder unless indicated as such on this form by the brokering agent.

APPLICANT'S SIGNATURE X _____ **DATE** _____

This application is in compliance with Section 626.752 Florida Statutes. A copy has been furnished to the applicant or insured and coverage is:
☐ **BOUND EFFECTIVE** _____ (time) _____ (date); ☐ **NOT BOUND.** (*Binder not to exceed 45 (forty-five) days from effective date.*)

BROKERING AGENT'S REGISTER NO. _____

The Brokering Agent is responsible for mailing the fully completed, signed application to The Colonial Group within 72 hours of the effective date of this application.

Agent's Signature X _____ **I.D. #** _____

THIS IS NOT A POLICY