

LLOYD'S
NORTH CAROLINA MOBILE HOME APPLICATION
REQUEST FOR INSURANCE MOBILOWNERS CERTIFICATE



PO Box 4907
Greensboro, NC 27404
800.628.3762
336.855.1190 Fax

REQUESTED EFFECTIVE DATE: _____ to _____

PROPOSED INSURED AND MAILING ADDRESS:	PRODUCER NAME AND ADDRESS:

LOCATION ADDRESS:

DESCRIPTION OF MOBILE HOME					
YEAR	MANUFACTURER	SERIAL NUMBER	LENGTH/WIDTH	PURCHASE DATE	PURCHASE PRICE

OTHER INFORMATION

Occupancy:	Woodburning Stove or Fireplace:	Bankruptcy in the Past 24 mths:
Protection Class:	Business on Property:	Claims in the Past 36 mths:
Territory:	Farming on Property:	Unrepaired Damage:
Distance to Coast:	Animals on Property:	Handrails Installed (3 or more steps):
Foundation Type:	Swimming Pool on Property:	Mortgage Payment Currently Past Due:
In a Park:	Repo/Foreclosure in the past 24 mths:	Kerosene Heater:

Policy Form/Coverages:	Amount of Insurance	Premium
Mobile Home Adjacent Structures Personal Effects Loss of Use Liability Medical Payments Optional Coverages: Surcharges: Certificate Fee: State Tax:		Total Premium Due:

Deductibles

All other Peril:
Wind/Hail:
Hurricane/Tropical Storm:
Flood: "Flood Coverage is not Available"

FIRST MORTGAGEE:	SECOND MORTGAGEE:

I hereby declare to the best of my knowledge that all statements contained in this application are true, and that these statements are offered as an Inducement to the Correspondent to issue the Certificate for which I am applying. The Coverages I desire are shown above.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

The insurance company with which this coverage has been placed is not licensed by the State of North Carolina and is not subject to its supervision. In the event of the insolvency of the insurance company, losses under this policy will not be paid by any State insurance guaranty or solvency fund.

FORM F

APPLICATION TO THE COMMISSIONER OF INSURANCE OF NORTH CAROLINA TO PROCURE INSURANCE FROM AN INSURANCE COMPANY NOT LICENSED IN NORTH CAROLINA

I, the undersigned, have been unable to purchase insurance from any insurance company licensed to do business in North Carolina: therefore, application is made under Article 21 of Chapter 58 of the General Statutes of North Carolina to procure insurance through an insurance company that is not licensed in North Carolina.

I understand that risks in this State may be insured in insurance companies not licensed to do business in North Carolina only to the extent that such risk(s) cannot be insured in companies licensed to do business in North Carolina under any policy form filed with and approved by the Commissioner of Insurance.

I further understand that the insurance company with which this coverage has been placed is not licensed by the State of North Carolina and is not subject to its supervision, and that in the event of the insolvency of the insurance company, losses under this policy will not be paid by any State insurance guaranty or solvency fund.

Date

X _____
Signature of Applicant (Insured)

APPLICATION FROM PRODUCING BROKER TO SURPLUS LINES LICENSEE TO PLACE BUSINESS IN AN INSURANCE COMPANY NOT LICENSED IN NORTH CAROLINA

Application is made on behalf of _____,
policy number _____, for insurance with an
insurance company not licensed to do business in North Carolina, as the applicant has not been able to purchase
insurance through a company that is licensed in North Carolina.

Date

X _____
Signature of Producing Broker