

WINDSOR-MOUNT JOY MUTUAL INSURANCE CO
c/o The Colonial Group, Inc.
PO Box 4907
Greensboro, NC 27404-4907

MOBILE HOME APPLICATION

POLICY PERIOD

_____TO_____

NAMED INSURED & MAILING ADDRESS

AGENCY NAME/NO.

Applicant's Social Security Number _____

Applicant's Date of Birth _____

Co-Applicant's Social Security Number _____

Co-Applicant's Date of Birth _____

Applicant & Co- Applicant's Occupations _____

Described Location (if other than above) _____

County

State

Zip Code

PROPERTY COVERAGES:

A. Residence \$

B. Related Private Structures
On Premises \$

C. Personal Property \$

D. Additional Living Expense/
Loss of Rent \$

L. Personal Liability
(each occurrence) \$

M. Medical Payments to Others
(per person) \$

DEDUCTIBLE-ALL PERILS \$

WIND/HAIL DEDUCTIBLE
(if applicable) \$

BASIC PREMIUM \$

TOTAL PREMIUM (INCL OPTIONS) \$

MORTGAGEE

OPTIONAL COVERAGES

Coverage	Premium

PERILS FORM ☐ ML-3 PROTECTION CLASS _____

OCCUPANCY ☐ PRIMARY ☐ SEASONAL ****Questions Below Must Be Answered****

Year: Manufacturer: Model:

Length Width Serial Number:

****IF HOME/MOBILE HOME IS SEASONAL COMPLETE THIS SECTION****

Is the home ever rented? _____

Is it within 5 road miles of a fire dept? _____

Is it within 500 feet and sight of two full time residences? _____

Is it winterized to prevent freezing or is heat maintained at a minimum of 55F and the main water supply shut off
where it enters the residence while unoccupied? _____

Is the home entered by the insured or his representative at least once every 30 days? _____

ANY "YES" RESPONSE MAKES THE RISK UNACCEPTABLE	YES	NO
1. Is the home without utility service or not easily accessible from public roadways?		
2. Is the home located in an area subject to flooding, mudslides, brush fires, or high crime?		
3. Is the home vacant or unoccupied for more than 6 months? (Seasonal/secondary risks are acceptable)		
4. Is the home two or more singlewides joined together?		
5. Is the home used as rental?		
6. Is the home under any construction or have any existing damage?		
7. Are any commercial business, childcare, or farming activities conducted on the premises?		
8. Is there a swimming pool*, trampoline or similar hazards located on the premises? <input type="checkbox"/> *Swimming pools that are surrounded with a fence at least 4 feet high with a locking gate and without a slide or diving board can be submitted with photos for approval. The maximum personal liability coverage will be \$50,000.		
9. Are there any entrances to the home missing permanently installed steps?		
10. Are there any areas on the premises with three or more steps lacking a handrail?		
11. Has any applicant had a foreclosure or repossession or filed bankruptcy in the past 5 years or behind in mortgage payments?		
12. Has any applicant been convicted of arson or fraud?		
13. Is the applicant unemployed (other than retired or disabled)?		
14. Has any applicant had a fire, liability, theft loss or more than 2 losses of any type at any location during the past 5 years?		
15. Does the home have wood, coal or pellet burning stoves, heaters or fireplaces used for supplemental heating that are not Factory installed?		
16. Are there any kerosene heaters on the premises?		
17. Does the insured own or care for any animal with a prior bite history or has shown aggressive behavior towards any person or animal?		
18. Does the insured own or care for any mixed or pure bred dog containing one of the following breeds; Doberman, German Shepherd, Pit Bull, Rottweiler, Husky, Malamute, Chow, or Akita?		
19. Are there any horses or livestock on the premises?		

Please complete the following underwriting questionnaire

- Is the home to be strictly occupied fulltime by the titled owner who is the named insured on this application? ____ If not, risk is disqualified.
- What is the applicant(s) employer(s)? _____
- Is the home on continuous masonry foundation? _____ is the skirting vinyl or brick? _____
- Describe any room additions: size _____ use _____ professional built _____ Photos are required. None _____
- Describe any other buildings on the premises: size _____ use _____ None _____
- If there is a qualifying pool on the premises is it above ground or below ground? _____ Photos are required to be sent with the application.
- Describe any loss history for the past 5 years: Date of loss: _____ Type of loss: _____ Amount _____
None _____ applicant's initials _____
- Has any company ever declined, cancelled, or non-renewed this risk in the past 5 years? No ____ Yes ____ Explain _____
- Give policy numbers of other prior policies with our company _____ Date expired or cancelled _____
- Previous carrier and policy number _____ Date expired or cancelled _____

If insurance is provided by the company. It will rely, in part, on the completeness and accuracy of the information provided in this application or elsewhere in the application process. The application (s)/insured (s) is (are) responsible for its completeness and accuracy regardless of who actually completes the documents or provides the information.

Notice of Insurance Information Practices: Personal information about you, including from a credit report, may be collected from persons other than you in connection with this application and subsequent renewals. Such information as well as other personal and privileged information collected by us or our agent may in certain circumstances be disclosed to third parties. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instructions on how to submit a request to us.

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 the person to criminal and civil penalties.

NOTE: All questions on the application must be answered or the risk will not be considered bound.

Applicant's Statement: I have read the above application and any attachments. I declare that the information in them is true, complete and correct to the best of my knowledge and belief. I agree that the policy shall be null and void if such information is false, misleading or would affect the acceptance by the company.

Applicant's Signature	Date	Producer's Signature
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