LLOYD'S



PO Box 4907 ONIAL Greensboro, NC 27404 800.628.3762 336.855.1190 Fax

VIRGINIA MOBILE HOME APPLICATION REQUEST FOR
INSURANCE MOBILOWNERS CERTIFICATE

REQUESTED EFFECTIVE DATE:

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			ice: 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		
Foundation Type:		Swimming Pool on Property:				
In a Park:				Kerosene Heater:		
Policy Form/Coverages:			Amount of Insura	ance	Premium	
Mobile Hom	ne					
Adjacent Sti	rutures					
Personal Effects						
Loss of Use						
Liability						
Medical Pay	yments					
Optional Coverages:						
Surcharges:						
Certificate F	ee:					
State Tax:			Total Dramium Dua			
		Total Premium Due:				
Deductible						
All other Pe	ril:					
Wind/Hail:						
	Tropical Storm:					
	od Coverage is not Availa	able"	1			
FIRST MORTGAGEE:			SECOND MORTG	AGEE:		
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:						

to