LLOYD'S
DELAWARE 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 Strutures		
Personal Effects		
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:**

THIS FORM MUST SIGNED BY THE LICENSED PRODUCING AGENT AND FORWARDED TO THE LICENSED SURPLUS LINES BROKER OR SIGNED AND RETAINED BY THE SL

RETAIN AS PART OF SURPLUS LINES BROKER RECORDS

THIS FORM MUST BE OPEN TO EXAMINATION BY THE COMMISSIONER AT ALL TIMES FOR 5 YEARS AFTER ISSUANCE OF THE COVERAGE TO WHICH IT RELATES. (18 DEL. C., §1915)

DELAWARE INSURANCE DEPARTMENT
SURPLUS LINES
STATEMENT OF DILIGENT EFFORT

Submitted by: (select one)
☐ PRODUCER
☐ SL BROKER

Form SL-1923

Formerly Form SL-1904

DO NOT SUBMIT THIS FORM TO THE INSURANCE DEPARTMENT

POLICY NUMBER | **SURPLUS LINES INSURER NAME** | **NAIC #**

INSURED'S NAME AND MAILING ADDRESS:

Name: _____

Address: _____

_____

POLICY TERM INFORMATION

Effective Date (MM/DD/YYYY Format) | Expiration Date (MM/DD/YYYY Format)

AMOUNT OF INSURANCE Property _____ Casualty _____

LOCATION OF RISK

DESCRIPTION OF COVERAGE:

I declare under the penalties provided by law that I have made a diligent effort to procure the insurance coverage described above from licensed insurers which are authorized to transact the class of insurance involved and which accept, in the usual course of business, insurance on risks of the same class as the risk described above. Having been unable to secure such coverage, I have resorted to coverage with companies not licensed to operate in the State of Delaware and which are not under the jurisdiction of the Insurance Department of the State of Delaware.

Furthermore, this insurance was not exported for the purpose of securing lower rates than would be accepted by an authorized insurer or because of the term of the contract.

Among the licensed insurers declining to insure this risk or declining to increase the amount of insurance on this risk, are the following:

1. Name & NAIC # of Insurer: _____ _____
   Name & Telephone # of Contact: _____ _____
   Reason for Declining: _____
2. Name & NAIC # of Insurer: _____ _____
   Name & Telephone # of Contact: _____ _____
   Reason for Declining: _____
3. Name & NAIC # of Insurer: _____ _____
   Name & Telephone # of Contact: _____ _____
   Reason for Declining: _____

I further attest that I have explained to the insured that the insurance described herein is being placed with an insurance company not authorized to do business in Delaware. The insured understands that the insurance company is not a member of the Delaware Insurance Guaranty Association and that Chapter 42 of the Delaware Insurance Code is not applicable to claimants or insureds of said company. As required in 18 Del. C., §1909, I have delivered to the insured evidence of the insurance upon which has been stamped:

"This insurance contract is issued pursuant to the Delaware Insurance Laws by an insurer neither licensed by nor under the jurisdiction of the Delaware Insurance Department. This insurer does not participate in insurance guaranty funds created by state law. In the event of the insolvency of the surplus lines insurer, losses will not be paid by the state insurance guaranty fund."

I declare that I have procured the insurance coverage here described pursuant to Chapter 19 of Title 18, the Delaware Insurance Code, and that the information contained in this submission is true.

Name of Agency _____ **DE Lic # of Agency** _____

(Type or print name of Agency)

Name of Producer/ SL Broker _____ **DE Lic # Individual** _____

(Type or print name of Individual)

Producer/ SL Broker Signature _____ _____

Date

Direct any questions to: Ann.Fletcher@state.de.us