

LLOYD'S
TENNESSEE 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:		