



SOUTH CAROLINA VINTAGE MANUFACTURED HOME APPLICATION

REQUESTED EFFECTIVE DATE:		REQUESTED EXPIRATION DATE:	
APPLICANT'S NAME (name on title and living in home)	SOCIAL SECURITY #	DATE OF BIRTH	TELEPHONE #
CO-APPLICANT'S NAME (name on title and living in home)	SOCIAL SECURITY #	DATE OF BIRTH	TELEPHONE #
MAILING ADDRESS			
CITY	COUNTY	TERRITORY	STATE ZIP CODE
LOCATION OF HOME IF DIFFERENT FROM MAILING ADDRESS			
ADDITIONAL INSURED'S NAME AND ADDRESS (name on title but not living in the home)			
MORTGAGEE	LOAN #	BILL MORTGAGEE AT RENEWAL: YES____ NO____	
MORTGAGEE'S MAILING ADDRESS			

CHECK OCCUPANCY BELOW:

Owner Occupied_____

Seasonal_____

Rental____ / Tenant Name_____

Tenant_____

Year_____

Make_____

Model_____

Serial Number_____

Feet from Fire Hydrant_____

Miles from Fire Department_____

Protection Class_____

Purchase Date_____ / Purchase Price_____

DESCRIBE ATTACHED STRUCTURES—Include all that did not come with original manufactured home (room addition, deck, porch, etc.):

REQUESTED COVERAGES	LIMIT	PREMIUM
Manufactured Home	\$	\$
Unattached Structures	\$	\$
Personal Property	\$	\$
Personal Liability—owner occupied	\$	\$
Premises Liability—rental / seasonal	\$	\$
All Peril Deductible EXCEPT:	\$	\$
Territory 1 Deductibles: \$2,000 Wind / Tornado / Hail or \$2,500 Named Storm for manufactured homes with a value of \$24,999 and less and \$5,000 for manufactured homes with a value of \$25,000 and greater		
Territory 2 & 3 Deductible: \$1,000 Wind / Tornado / Hail		
Territory 4 Exclusion: Windstorm / Tornado / Hail / Hurricane		
Territory 5 Deductibles: \$1,500 Named Storm & \$1,000 Wind / Tornado / Hail		
Territory 6 Deductibles: \$1,500 Named Storm Deductible & Wind / Tornado / Hail		
Minimum Earned Premium—\$100	TOTAL PREMIUM	\$

Payment Options: Payment in Full____ / 2 Payments____ / 4 Payments____

6 Payments____ / 8 Payments____

ADDITIONAL INFORMATION REGARDING THE RISK

Agency Name		Agency Code #
Mailing Address		
City	State	Zip Code
Telephone #	Fax #	E-Mail Address

In making this application for insurance, it is understood that an investigative report may be made regarding your credit and / or loss history. You have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of the nature and scope of the investigation.

Applicant's Signature _____ Date _____

Producer's Signature _____ Date _____

Producer's License # _____