

SOUTH CAROLINA MANUFACTURED HOME APPLICATION

REQUESTED EFFECTIVE DATE:	REQUESTED EXPIRATION DATE:
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Applicant—Titled Owner	Date of Birth	Social Security #	Telephone #
Co-Applicant—Titled Owner	Date of Birth	Social Security #	Telephone #
Mailing Address	City	State	Zip Code
		County	Territory
Location—If different than mailing address	City	State	Zip Code
		County	Territory
Additional Insured—Titled Owner	Mailing Address	City	State
			Zip Code

Lienholder	Loan #	Bill Lienholder @ Renewal: <input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address	City	State
		Zip Code

Occupancy: ☐ Owner Occupied ☐ Seasonal ☐ Tenant ☐ Rental

If rental provide tenant's name _____

Year _____ Length _____ Width _____

Manufacturer _____ Model _____

Serial Number _____

Purchase Date _____ Purchase Price \$ _____

Is the home located on land owned by the insured? ☐ Yes ☐ No

Does the purchase price include land? ☐ Yes ☐ No

What is the value of the land? \$ _____

Does the home have vinyl or hardboard siding? ☐ Yes ☐ No

Does the home have a composition roof? ☐ Yes ☐ No

Is the home on a permanent foundation? ☐ Yes ☐ No

Is the home on an enclosed foundation? ☐ Yes ☐ No

Is the home skirted? ☐ Yes ☐ No

Is the manufactured home tied down? ☐ Yes ☐ No

Feet from Fire Hydrant _____ Miles from Fire Department _____

Protection Class _____ In Park _____ Out of Park _____ # of Spaces _____

IMPORTANT NOTE:
DESCRIBE ATTACHED AND UNATTACHED STRUCTURES—PAGE 2

REQUESTED COVERAGE	LIMIT	PREMIUM
Manufactured Home	\$	\$
Personal Property	\$	\$
Unattached Structures	\$	\$
Personal Liability	\$	\$
Premises Liability—rental and seasonal	\$	\$
Increased Med Pay	\$	\$
Full Repair Cost—Manufactured Home		\$
Replacement Cost—Personal Property		\$
Scheduled Personal Property		\$
Golf Cart Physical Damage—up to \$3500		\$
and		
Golf Cart Liability Coverage—\$25,000	# of carts _____	\$
\$25,000 Swimming Pool Liability Buyback		\$
Supplemental Heat Surcharge		\$
Animal Injury Exclusion Credit		\$
Mitigation Credit		\$
All Peril Deductible EXCEPT:		\$
<u>Territory 1</u> 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		
<u>Territory 2 & 3</u> Deductible: \$1,000 Wind / Tornado / Hail		
<u>Territory 4</u> Exclusion: Windstorm / Tornado / Hail / Hurricane		
<u>Territory 5</u> Deductibles: \$1,500 Named Storm & \$1,000 Wind / Tornado / Hail		
<u>Territory 6</u> Deductibles: \$1,500 Named Storm Deductible & Wind / Tornado / Hail		
TOTAL PREMIUM		\$

Agency Name	Agency Code #
Street Address or PO Box	
City	State
	Zip Code
Telephone #	Fax #
	E-Mail Address

1. Previous Carrier _____	Expiration Date _____
2. Occupation _____	
Employer _____	Years Employed _____
3. Is the applicant the deeded owner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, what is their insurable interest? _____	

IF YES, LIABILITY COVERAGE IS NOT AVAILABLE	
1. Are there any hazardous liability exposures?	<input type="checkbox"/> Yes <input type="checkbox"/> No

DESCRIBE ATTACHED AND UNATTACHED STRUCTURES
Include description, length & width / square feet and value for each structure

IF YES—DO NOT SUBMIT—UNACCEPTABLE RISK	
1. Is there a portable kerosene heater in the manufactured home, attached structure, unattached structure or on the premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is the manufactured home without utilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does the manufactured home or any attached structure have any damage that has not been repaired?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does any unattached structure have unrepaired damage? If yes, the risk must be written with a signed building exclusion.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Is there business conducted in the manufactured home, attached / unattached structure or on the premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the applicant had any fire, theft or liability loss / claim, more than one (1) other loss / claim or have an open / unresolved claim with a previous carrier at any location in the past three (3) years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Is the manufactured home vacant or unoccupied?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Is the manufactured home under construction or renovation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Has the manufactured home been condemned?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Is the manufactured home used for student housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No

IF YES—SUBMIT—DO NOT BIND	
1. Has the applicant been cancelled or nonrenewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, why? _____	
2. Has the applicant failed to carry insurance for any period of time?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is there a supplemental heat source in the manufactured home, attached / unattached structure or any where on the premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what type? _____	
If yes, is it the only means of heat? If yes, ineligible.	
If it is a wood, coal, pellet, etc. stove, an Aegis wood-stove report must be completed and submitted for approval.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Does the applicant own or board any animal that has caused injury or bitten? <u>Only if yes</u> , sign below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand and agree that under personal liability coverage and medical payments to others coverage there is no bodily injury or property damage coverage arising out of any occurrence caused by an animal including, but not limited to, a bite or scratch by an animal. This exclusion shall apply to both the obligation to pay damage and the obligation to defend an action alleging bodily injury or property damage caused by an animal.	
_____ Applicant's Signature	
5. Are there any unusual property exposures? If yes, identify the unusual exposure.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Is there a swimming pool on the premises? If yes:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is it surrounded with a 4' stockade type fence with a locked gate? If no, the risk must be written without liability coverage.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a diving board or slide? If yes, the risk must be written without liability coverage.	<input type="checkbox"/> Yes <input type="checkbox"/> No

PLEASE READ AND SIGN	
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 to the reporting company within a reasonable period of time for a complete and accurate disclosure of the nature and scope of the investigation.	
If undisclosed or false information is discovered and the information was material to the company accepting the risk, coverage will be NULL and VOID.	
MINIMUM EARNED PREMIUM—\$50. If the insured requests mid-term cancellation, the cancellation will be calculated on a short rate basis and is subject to the minimum earned premium shown above.	
"THE INSURER CAN CANCEL THIS POLICY FOR WHICH YOU ARE APPLYING WITHOUT CAUSE DURING THE FIRST 90 DAYS. THAT IS THE INSURER'S CHOICE. AFTER THE FIRST 90 DAYS, THE INSURER CAN ONLY CANCEL THIS POLICY FOR REASONS STATE IN THE AMENDATORY ENDORSEMENT YOU WILL RECEIVE WITH THE POLICY."	
Applicant's Signature _____	Date _____
Licensed Producer's Signature _____	Date _____
Print Licensed Producer's Name _____	Date _____
Producer's License # _____	

CREDIT CARD AUTHORIZATION	
VISA _____	MASTERCARD _____
AMOUNT CHARGED TO THE CREDIT CARD \$ _____	
PRINT NAME AS IT APPEARS ON THE CREDIT CARD _____	
CREDIT CARD # _____	
EXPIRATION DATE OF CREDIT CARD _____	
I authorize Aegis Security Insurance Company to bill the credit card listed above. By my signature I hereby agree that any credit card transaction that is denied for any reason is not considered payment of premium and coverage will not be provided.	
Cardholder's Signature _____	Date _____
Cardholder's Telephone # _____	

PAYMENT OPTIONS	
<input type="checkbox"/> Payment in Full <input type="checkbox"/> 2 Payments <input type="checkbox"/> 4 Payments <input type="checkbox"/> 6 Payments <input type="checkbox"/> 8 Payments	