American Modern Surplus

Lines Insurance Company



COASTAL PROGRAM PRINT OR TYPE ALL INFORMATION!

CHECK PROGRAM APPLICABLE

□ Special (9)

☐ All Purpose (Rental) (18)

SUSPENSE #:

THE COLONIAL GROUP, INC.

P.O. Box 4907 Greensboro, NC 27404-4907 (336) 855-1300 (800) 628-3762 FAX: (336) 855-1190

| POLICE PO | | | | SUBAGENT # | | | | | | |
|--|---|---------------------|--|--------------------|---------------------|----------------|---------------|--|--|--|
| APPLICANT/OWNER [] (| | | ox if additional Applicant/ | ed in "Remarks" se | ction on reverse | side.) | | | | |
| NAME: | SOCIAL S | ECURITY NO.: | HOME PHONE: WORK PHONE: | | | | | | | |
| MAILING ADDRESS: CITY: | | COUNTY: | | STATE: ZIP: | | | | | | |
| LOCATION ADDRESS: (If different than mailing address) CITY: | | COUNTY: | | STATE: | STATE: ZIP: | | | | | |
| NAME OF MOBILE HOME PARK: DATE OF BIRTH | | OCCUPATION: | | EMPLOYER: | EMPLOYER: | | | | | |
| LIENHOLDER | | (Chock I | oov if additional Lionholdo | Pomarks" soction | on roverse side | , | | | | |
| LIENHOLDER (Check box if additional Lienholder is indicated in "Remarks" section on reverse side.) NAME: ACCOUNT NUMBER: | | | | | | | | | | |
| | | ACCOUNT NOMBE | | 07175 | CTATE. 7ID. | | | | | |
| MAILING ADDRESS: CITY: | | | | STATE: | ZIP: | ZIP: | | | | |
| PERIOD OF INSURANCE (12:01 A.M. STANDARD TIME) | | | | | | | | | | |
| EFFECTIVE DATE: NO. OF MONTHS PREVIOUS CARRIER TO: | | | | | | | | | | |
| DESCI | RIPTIC | ON OF | MOBILE HOME/TRAV | /EL TRAILER | | | | | | |
| YEAR MAKE/MODEL | | | ERIAL NUMBER | LENGTH | WIDTH DATE PUI | RCHASED PL | URCHASE PRICE | | | |
| PHOTOS REQUIRED ON ALL OUT OF PARK OR 1976 AND OLDER UNITS | | | | | | | | | | |
| CLASSIFICATION | | | DESCRIPTION | OF ADJACEN | IT STRUCTURE | S | VALUE | | | |
| How long has insured lived in a mobile home? | YES NO | 1. | | | | | \$ | | | |
| 2. Is mobile home skirted? | | 2 | | | | | \$ | | | |
| Woodstove? (If yes, complete inspection report, #A6000M0586 (R4/93).) Tied Down? | | | | | | | \$ | | | |
| 5. Wood, Masonite, or Vinyl Siding?6. Check the applicable box(es) of those items in operable condition: | | | COVERAGES | | | | PREMIUM | | | |
| ☐ Burglar Alarm ☐ Smoke Detector | | Mobile Home | | | | \$ | | | | |
| ☐ Dead Bolt Locks ☐ Fire Extinguisher 7. Has insured reported any claim in past 36 months? | | 1 - ′ - | Adjacent Structures Comp. Named Perils Mobile Home & Adjacent Structures Comp. Named Perils | | | | \$ | | | |
| 8. Does insured/tenant own any dogs or livestock? | | 1 Woodle | Home & Adjacent Structures | \$ | | | | | | |
| Canceled or nonrenewed in past 36 months?Is the mobile home isolated from easily accessible public roadways? | | | hensive Personal Liability | \$ | | | | | | |
| 10. Is the mobile home located in an area subject to flood (or on a site | | 1 | Payments | | | | \$ | | | |
| which has flooded in the past 10 years), mudslides, brush fires, or high crime? | | Owner's | s, Landlord's, and Tenant's Liability | l | | \$ \$ \$ | | | | |
| 11. Is the mobile home located less than 1000 feet from any river, ocean or bay? | | ODTIO | IAL COVERAGES: | | | | | | | |
| 12. Is there a swimming pool, or other hazard located on the premises? Handrails on all stainways? 13. Urethane Roofs? | | | | | | \$ | | | | |
| #7 - #13, IF YES, EXPLAIN ON REVERSE SIDE | | ' | | | | | \$ | | | |
| HOW IS MOBILE HOME USED? | | | | | | | ¢ | | | |
| ☐ Principle Residence (Owner Occupied) P ☐ Rental | T | | | | | | \$ | | | |
| ☐ Seasonal Residence (Owner Occupied) S ☐ Vacant | V | SURCH | ARGES: | | | | \$ | | | |
| Commercial (Describe on back) C | | | | | | | \$ | | | |
| Description of Golf Cart (If applicable): | | CREDIT | S: | | | | \$ | | | |
| | | | | | | | \$ | | | |
| Serial #: Value: \$ | | MICOE | LANEOUS FEES | | | | \$ | | | |
| BILLING INFORMATION | | | LANEOUS FEES: | \$ | | | | | | |
| ☐ AGENCY BILL ☐ DIRECT BILL | | | | | | | \$ | | | |
| IF DIRECT BILL, BILL TO: Applicant Lien | holder | TER | RITORY (From Rate Chart) | PROTECTION CLAS | SS DEDUC | TIBLE(S) | TOTAL PREMIUM | | | |
| Check Amount Enclosed \$ | | <u> </u> | | | \$ | \$ | \$ | | | |
| LOCATION | | | | | | | | | | |
| DISTANCE OF UNIT TO FIRE HYDRANT: FEET. | DISTANCE OF UNIT TO FIRE HYDRANT:FEET. DISTANCE OF UNIT TO FIRE DEPARTMENT:MILES. | | | | | | | | | |
| IS MOBILE HOME LOCATED INSIDE CITY LIMITS? $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$ | NO I | N MOBILE | HOME PARK? ☐ YES ☐ | NO IF YES, NUN | MBER OF OCCUPIED SE | PACES: | | | | |
| □ PAVED STREETS? □ LIGHTED STREETS? □ FULL TIME RESIDENT MANAGER? IS MOBILE HOME PARK COMPLETELY FENCED? □ YES □ NO | | | | | | | | | | |

ON PRIVATE PROPERTY? YES

■ NO

NUMBER OF ACRES:

OR

MOBILE HOME LOT? YES

| | | SUSPENSE # | t: | | | POLICY | | | | |
|------|-------------------------------------|-----------------|----------------------|---------------|---------------|------------|-----------------------|-----------------------|---------------|--|
| | | | | | | | SPONSES | | | |
| 7. | DATE OF LOSS: | | | | | | | | AMOUNT | |
| | DATE OF LOSS: | | | | | | | | AMOUNT | · <u></u> |
| 8. | DESCRIBE ANIMALS: IF DOG, BREED: | | | | | | | | PET | _HOW MANY? OR GUARD DOG? |
| 9. | NAME OF COMPANY: | | | | | | | | | |
| | OTHER REMARKS: | | | | | | | | | |
| | | | | | | | | | | |
| 12. | IS THERE A FENCE AROUND TO | F-CLOSING GA | ATE? YES | NO IS IT AN | N ABOVE GRO | UND POO | | IF YES, VALUE | | |
| | | | | | | | | | | |
| inqu | | provide appli | cable information of | oncerning cha | aracter, gene | | | | | runderwriting procedure, a routin . Upon written request, additiona |
| SUBA | agent name | | | | DATE | | APPLICANT SIGNATURE | | | |
| | | | | | | | | | | |
| | | | | WOODST | OVE INS | PECT | TION REPORT | | | |
| | | PHO | TOGRAPHS MU | ST BE SUB | MITTED S | HOWI | NG INSIDE AND O | UTSIDE VEN | TING. | |
| | | | (If | installed by | y manufac | turer, | do not complete.) | | | |
| STO | OVE INFORMATION | | | | | | | | | |
| DAT | TE INSTALLED | | INSTALLED BY | | | | | | PURCHASE (| COST: \$ |
| MAI | KE/NAME: | | | | | IS WOO | DDSTOVE EQUIPPED WITH | A HEAT RECLAIN | /ING DEVICE? | Yes No |
| TYF | PE: Radiant Jackete | ed | WHAT TYPE OF FUE | L IS USED? | | USE: | ☐ Primary Heat [| ☐ Auxiliary Heat | Cookin | g Other (Specify) |
| | Circulating | | | | | | | | | |
| HO | W OFTEN ARE CHIMNEY AND ST | OVE PIPES CL | EANED? | | | DATEL | AST CLEANED: | | BY WHOM: | |
| | TALLATION INFORMA | TION (IF | WOODSTOVE IS PR | RIMARY SOUR | CE OF HEAT | | UBLE VENTED, RISK IS | | | |
| LOC | CATION OF STOVE IN HOME: | | | | | IS THE | RE A SMOKE DETECTOR I | N THIS ROOM? | ☐ Yes | □ No |
| FLC | OOR PROTECTION: Asbesto | s Millboard Co | vered with Metal | ☐ Metal | ☐ Stone/E | Brick | Other (S | , | | |
| WA | LL PROTECTION: Asbest | os Millboard Co | overed with Metal | ☐ Metal | ☐ Asbesto | os Millboa | ord Other (S | Specify) | IF NONE, IS T | THIS ACCEPTABLE WITH THE IRER? |
| СН | IMNEY TYPE: | mney | ☐ Masonry | | Other (Descri | ibe) | | HOW MUCH COMBUSTIB | | TWEEN WALL PROTECTION AND INCHES |
| CLI | EARANCES | | | | | - | | | | |
| 1 | INCHES SIDE OF L | JNIT NEAREST | TO WALL | | | | | | \searrow | |
| 2 | INCHES REAR OF | UNIT TO WALL | - | | | | | , | | |
| 3 | INCHES TOP OF S | TOVE PIPE TO | CEILING | | | | / | <u></u> | | |
| 4 | INCHES BOTTOM (| OF UNIT TO FL | .00R | | | | | (C) (© | | |
| 5 | INCHES FRONT OF | UNIT TO FRO | NT EDGE OF FLOOR | PROTECTION | | | | ~ Q | | |
| 6 | INCHES SIZE OF P | IPE USED | | | | | | | | |
| 7 | INCHES SIZE OF T | HIMBLE OR RO | OOF JOIST SHIELD | | | | | | | |
| DOT | THESE DISTANCES COMPLY WIT | H THE MANUF | ACTURERS STANDA | RDS? Yes | □ No | | | 2 | | |
| REM | MARKS: | | | | | | | (d) | 5 | > |
| | | | | | | | | | \ | |