

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 \_\_\_\_\_

<b>PROPOSED INSURED AND MAILING ADDRESS:</b>	<b>PRODUCER NAME AND ADDRESS:</b>

**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 Liability Medical Payments  Optional Coverages:      Surcharges: Certificate Fee: State Tax:		
		<b>Total Premium Due:</b>

**Deductibles**

All other Peril:

Wind/Hail:

Hurricane/Tropical Storm:

Flood: "Flood Coverage is not Available"

<b>FIRST MORTGAGEE:</b>	<b>SECOND MORTGAGEE:</b>

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:** \_\_\_\_\_