

Manufactured Housing Application



address: 2333 McKinley Ave. #100, Des Moines, IA 50321 email: info@uigusa.com phone: 515.285.8000 fax: 515.285.8010

The Agent Agency

APPLICANT/OWNER

1. Applicant Name: _____ Phone: _____

PERIOD OF INSURANCE (12:01 A.M. STANDARD TIME AT MANUFACTURED HOME LOCATION)

2. Effective Date: _____ Expiration Date: _____ Previous Carrier: _____ Expiration Date: _____

UNIT LOCATION

3. Is Unit in a park? Yes No

4. If **YES**, Park Name: _____ Lot #: _____

5. Address: _____

(Street/PO Box)

(City)

(State)

(Zip)

(County/Parish)

(Fire Protection Class)

MAILING ADDRESS Check box if same as location

6. Mailing address: _____

(Street/PO Box)

(City)

(State)

(Zip)

MORTGAGEE Check box if none

7. Name: _____

Address: _____

(Street/PO Box)

(City)

(State)

(Zip)

(Loan #)

PROGRAM INFORMATION

8. Preferred (Owner Occupied) All Purpose (Rental or Commercial) By Line (Seasonal & Non-Packaged Owner Occupied) Vacant

9. Principal Residence (Owner Occupied) Seasonal Residence (Owner Occupied) Tenant Occupied

Commercial (describe): _____

DESCRIPTION OF THE MANUFACTURED HOME

10. Year: _____ Make: _____ Length: _____ Width: _____ Serial No. _____

Multi-Sectional? Yes No

Purchase Price: _____ Purchase Date: _____

Wood Burning Stove? (If **YES**, please submit Supplemental Heating Application) Yes No

Tied Down? Yes No

Does applicant/tenant own any dogs or livestock? Yes No

Describe Animals: _____

How many? _____ If Dogs, Breed: _____ Pet or Guard Dog? _____

Is there a swimming pool or other hazards located on the premises? Yes No

Does the home have a non-professionally-built, attached additions (includes two different mobile homes joined together; does NOT include open porches, decks and carports)? Yes No

DESCRIPTION OF ADJACENT STRUCTURES/OTHER STRUCTURES (LARGER THAN 14"X14" OR GREATER THAN \$1,000 MUST BE DESCRIBED)

_____ Value: _____
 _____ Value: _____

APPLICANT INFORMATION

11. Occupation: _____ Employer: _____
 12. Birthdate(s): Applicant _____ Spouse: _____
 13. How long has the applicant lived in a manufactured home? _____ YRS.
 14. Is the applicant current in mortgage payments? Yes No
 15. Has Insurance on this Manufactured Home been Cancelled or Non-Renewed in the past 36 months? Yes No

COVERAGES & LIMITS

Coverages	Total Limits
Manufactured Home Coverage Amount	\$ _____
Adjacent Structures Coverage Amount	\$ _____
Contents	\$ _____
Personal Liability Limit	<input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$300,000
Medical Payments	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000
Lender's Interest Protection (Fully Earned)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Owner's, Landlord's and Tenant's Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No Limit: \$ _____
Manufactured Home Full Repair Cost	<input type="checkbox"/> Yes <input type="checkbox"/> No
Manufactured Home Full Replacement Cost	<input type="checkbox"/> Yes <input type="checkbox"/> No
Replacement Cost Coverage P.E.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Scheduled Personal Property	<input type="checkbox"/> Yes <input type="checkbox"/> No Limit: \$ _____
Enhancement Endorsement	<input type="checkbox"/> Yes <input type="checkbox"/> No

OPTIONAL COVERAGES & LIMITS

Coverages	Total Limits
Golf Cart Coverage	<input type="checkbox"/> Yes <input type="checkbox"/> No Limit: \$ _____
Satellite System (total value system inside & outside)	<input type="checkbox"/> Yes <input type="checkbox"/> No Inside Limit: \$ _____ Outside Limit: \$ _____
Additional Living Expense	<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Premises Liability (1-2 Family)	<input type="checkbox"/> secondary <input type="checkbox"/> rented to others <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000
Occasional Rental Coverage	<input type="checkbox"/> Yes <input type="checkbox"/> No

CLAIM INFORMATION

16. Have there been any claims during the past 36 months? Yes No (if **YES**, please list below)
17. Date of Loss: _____ Type of Loss: _____ Amount Paid: _____
 Date of Loss: _____ Type of Loss: _____ Amount Paid: _____
18. Has applicant ever had a fire loss? Yes No
 If **YES**, please explain: _____

NOTES/COMMENTS

THE APPLICANT AND AGENT DECLARE that the claim/or loss information obtained in the application is true and that no material facts have been suppressed or misstated. Any person who knowingly and with the intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of insurance fraud, which is a crime. I hereby declare that all of the foregoing statements are true. I understand that false statements may void coverage. I understand that the coverage is contingent upon acceptance by UIG. This application becomes part of the policy. Signing this application does not bind coverage.

Applicant Name: _____ Date: _____
 Applicant Signature: _____

Agent Name: _____ Agent Code: _____
 Agent Signature: _____ Date: _____

FLOOD EXCLUSION AFFIDAVIT

I, _____ understand that the policy of Insurance for which I am applying does not include coverage for:

1. Flood, surface water, waves, tidal water, overflow of a body of water, or spray from any of these, whether or not driven by wind;
2. Water which backs up through sewers or drains or which overflows from a sump; or
3. Water below the surface of the ground, including water which exerts pressure or seeps or leaks through a building, sidewalk, driveway, foundation, swimming pool or other structure.

There is no insurance coverage for loss caused directly or indirectly by any of the above. Such loss is excluded regardless of any other cause or event contributing concurrently or in any sequence to the loss.

Direct loss by fire, explosion or theft resulting from water damage is covered.

Applicant Name: _____
 Applicant's Signature: _____ Date: _____