

CALIFORNIA DWELLING APPLICATION

PRINT OR TYPE ALL INFORMATION

RATES: VACANT (DP-1) L.O.B. 56

APPLICANT / OWNER		PRODUCER	
Name		Agent Name:	GA and Subagent #:
Address		Sub Agent Address:	Sub Agent Phone #:
City	State	Zip	
County		POLICY TERM	
Home Phone: ()	Work Phone: ()	From	To
Occupation		Policy Term: 12 Months	
Employer		Time	AM <input type="checkbox"/> PM <input type="checkbox"/>
Social Security #	DOB	Suspense No.	Policy No.
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated		BINDING COVERAGE: For coverage to begin as requested, the application must be fully completed and signed within 72 hours of the requested effective date. Otherwise, coverage is bound at 12:01 a.m. the day the application is received by the General Agent.	
Additional Insured/Relationship		LOCATION	
Additional Insured Social Security #	DOB	Address, if different than above (include city, state, zip and county)	
Additional Insured Occupation			
Additional Insured Employer		Is home located inside city limits? <input type="checkbox"/> Yes <input type="checkbox"/> No * Please list driving directions!	

BILLING / ACCOUNTING INFORMATION

BILL TO: Insured Lienholder

*PAYMENT PLANS: If the insured desires to pay their premium on an installment basis, the Company will allow a 2-payment, 4-payment, or 8-payment option to be selected.

Check # _____ Check Amt \$ _____

1-Pay, 100% payment, plus any applicable taxes and fees 4-Pay, 25% down, plus any applicable taxes and fees * Each installment includes a \$6 fully earned service charge

2-Pay, 50% down, plus any applicable taxes and fees 8-Pay, 20% down, plus any applicable taxes and fees

LIENHOLDER

Name	Loan #	Name	Loan #
Address		Address	
City	State	Zip	City
			State
			Zip

DESCRIPTION OF MOBILE HOME/TRAVEL TRAILER

(If this is a Travel Trailer, the following criteria must be met: must have wheels and hitch removed; must be anchored or tied down; must be hooked up to permanent utilities; must send in photos.)

YEAR	MAKE/MODEL	<input type="checkbox"/> MH <input type="checkbox"/> TT	SERIAL NUMBER	LENGTH	WIDTH	DATE PURCHASED	PURCHASE PRICE
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PHOTOS REQUIRED ON ALL SUBSTANTIALLY MODIFIED UNITS, AUXILIARY HEATING DEVICES AND UNUSUAL HAZARDS SUCH AS SWIMMING POOLS, SPAS AND TRAMPOLINES

LOCATION	
DISTANCE OF UNIT TO FIRE HYDRANT: _____ FEET.	
DISTANCE OF UNIT TO FIRE DEPARTMENT: _____ MILES.	
IS MOBILE HOME LOCATED INSIDE CITY LIMITS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IN MOBILE HOME PARK? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, NUMBER OF OCCUPIED SPACES: _____ TOTAL # OF SPACES: _____	
PARK NAME: _____	
FULL TIME RESIDENT MANAGER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IS MOBILE HOME PARK COMPLETELY FENCED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ARE ALL MOBILE HOMES FULLY SKIRTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
TYPE OF PARK: <input type="checkbox"/> PREFERRED <input type="checkbox"/> STANDARD <input type="checkbox"/> SUBDIVISION	
ON PRIVATE PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, NUMBER OF ACRES: _____ OR MOBILE HOME LOT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HOW IS MOBILE HOME USED?	
<input type="checkbox"/> Principle Residence (Owner Occupied)	# of Months Occupied: _____ P
<input type="checkbox"/> Seasonal Residence (Owner Occupied)	S <input type="checkbox"/> Rental T
<input type="checkbox"/> Commercial (Describe on back)	C <input type="checkbox"/> Vacant V
Description of Golf Cart (If applicable): _____	
Serial #: _____	Value: \$ _____

DESCRIPTION OF ADJACENT STRUCTURES		VALUE	
1.		\$	
2.		\$	
3.		\$	
COVERAGES		TOTAL LIMITS	PREMIUM
Mobile Home			\$
Adjacent Structures			\$
Mobile Home & Adjacent Structures <input type="checkbox"/> Comp. <input type="checkbox"/> Named Perils			\$
Personal Effects			\$
Loss of Use			\$
Comprehensive Personal Liability			\$
Medical Payments			\$
Owner's, Landlord's, and Tenant's Liability			\$
			\$
SURCHARGES:			\$
			\$
CREDITS:			\$
			\$
WORKERS' COMPENSATION: <input type="checkbox"/> Inservant - # Employees: _____			\$
<input type="checkbox"/> Outservant - # Employees: _____			\$
OPTIONAL COVERAGES:			\$
			\$
MINIMUM WRITTEN PREMIUM PER POLICY:		\$ 75.00	\$
MINIMUM EARNED PREMIUM PER POLICY:		\$ 35.00	\$
POLICY FEE:		\$ 15.00	\$
TERRITORY (From Rate Chart)	PROTECTION CLASS	DEDUCTIBLE(S)	TOTAL PREMIUM
		\$	\$

UNDERWRITING INFORMATION RESPONSES

USE THIS AREA TO EXPLAIN ANY FURTHER UNDERWRITING INFORMATION, LIST ADDITIONAL APPLICANTS OR LIENHOLDERS, AND FOR GENERAL COMMENTS OR INSTRUCTIONS.

UNACCEPTABLE RISKS –DO NOT SUBMIT

ARIC MH CA

Any "Yes" Response Makes the Risk Unacceptable!

YES NO

1. Does the applicant have duplicate coverage? YES NO
2. Has the applicant been convicted of arson, fraud or a felony? YES NO
3. Is the home without permanently installed water, electricity, and sewage utility services? YES NO
4. Has the home been salvaged or have existing structural damage? YES NO
5. Is the home under construction or major renovation? YES NO
6. Is the home vacant or in foreclosure? Vacant homes in the Vintage Program are acceptable. YES NO
7. Is the home isolated and not easily accessible to public roadways? YES NO
8. Does the home have a coalburning stove, kerosene heater, portable space heaters heat reclaiming device, homemade heating device or any potentially hazardous supplemental heating device? YES NO
9. Is the primary source of heat is a wood or pellet burning device? YES NO
10. Does the home have fireplaces that were not installed by the manufacturer or a licensed contractor? YES NO
11. Does the home have fuses or polybutelene pipes? YES NO
12. Are the home or structures used to store flammables or explosive materials? YES NO
13. Does the home have an open foundation or is the home built on stilts, posts, or piers? YES NO
14. Is the home located in an area designated as a flood hazard area (100 year flood plain) by the NFIP? If yes, flood coverage must be excluded. YES NO
15. Is the home located on an island, key, peninsula or within 1,000 feet from any river or body of saltwater? YES NO
16. Is the risk located within a wildfire or brush hazard area? YES NO
17. Does the home have more than 2 lienholders? Two lienholders are acceptable if one is a financial institution. YES NO
18. Are there business, childcare, homecare, lodging, or farming activities conducted on the premises? YES NO

Any "Yes" Response Makes the Risk Unacceptable!

YES NO

19. Are there unattached adjacent structures not incidental to the use of the home as a dwelling including:
 - a. Any structure that exceeds 800 square feet in floor area? YES NO
 - b. Unattached structure that is a home, site built house, barn (livestock structure), or used as living quarters? YES NO
 - c. Greenhouses that are made out of glass? YES NO
 - d. Seawalls? YES NO
20. Does the risk have an awning made of cloth or canvas? YES NO
21. Does the home have wood shake shingles as a roof covering or used decoratively on sides of the mobile home? YES NO
22. Does the premises have activities being conducted on it, such as woodworking, cabinet making, auto repair, chemical processing or is the home attached to a tavern or restaurant? YES NO
23. Does the premises have a swimming pool or jacuzzi that does not have a four-foot fence with a self-locking gate or any swimming pool that has a diving board or slide? Risk may be written if NO liability coverage is purchased. YES NO
24. Does the premises have a trampoline? Risk may be written if NO liability coverage is purchased. YES NO
25. Does the premises have a dock, pier or boathouse? Risk may be written if NO liability coverage is purchased. YES NO
26. Is the home without permanently installed steps at all entrances? Risk may be written if NO liability coverage is purchased. YES NO
27. Does the applicant own, keep, or shelter any of the following breeds: This includes but is not limited to Akitas, Chows, Dobermans, Great Danes, Pit Bulls, Rottweilers, Wolves or Wolf Hybrids, any mix of these breeds, any animal with a previous bite history or any exotic (snakes, monkeys, etc.) animals or more than 2 horses? Risk may be written if the Animal Liability Exclusion is attached. The maximum liability limit for the policy is \$50,000. YES NO

SUBMIT RISKS – DO NOT BIND

YES NO

1. Have any of the applicants had a loss to any property in the past 5 years? If yes, give date of loss, describe the loss and the amount paid to repair the damage. YES NO
2. Have any of the applicants had a mobile home/dwelling policy cancelled or non-renewed for underwriting reasons (except age of unit) during the past 5 years? YES NO
3. Have any of the applicants a lapse in insurance coverage over 30 days? (Not applicable to new purchases) YES NO
4. Is the home custom built, homemade, substantially modified or joined together? Photos must be included. YES NO
5. Does the home have 3 or more steps on any exit without a handrail? YES NO
6. Does the home have attached or unattached structures (other than porches, decks, awnings, skirting or carports) that are not factory or non-contractor built? YES NO

YES NO

7. Does the home have a wood or pellet burning device? YES NO
8. Is the home located in a Special Flood Hazard Area as designated by the NFIP, or is it within 1,500 feet of a lake, pond or creek? YES NO
9. Is the home a corporate risk or property sold on a land contract? YES NO
10. Are there horses, livestock or any farm animals on the premises? YES NO
11. Does the premises have 5 or more acres? YES NO
12. Is there any structure valued over \$25,000 or 60% of the mobile home value? YES NO
13. Does the risk have personal effects where the value exceeds \$25,000 or 75% of the value of the mobile home, whichever is greater? (Submit with Personal Effects Inventory). YES NO
14. Is the risk requesting CPL limits greater than \$300,000? YES NO

CALIFORNIA EARTHQUAKE COVERAGE

Your policy does not provide coverage against the peril of Earthquake. California law requires that earthquake coverage be offered to you at your option.

Warning: These coverages may differ substantially from and provide less protection than the coverage provided by your homeowners' insurance policy. There are exclusions and limitations such as outbuildings, swimming pools, masonry fences, and masonry chimneys. This disclosure form contains only a general description of coverages and is not part of your earthquake insurance policy. Only the specific provisions of your policy will determine whether a particular loss is covered and, if so, the amount payable.

The coverage, subject to policy provisions, may be purchased at additional cost on the following terms:

- | | |
|---|---|
| <p>A. Amount of dwelling coverage: _____</p> <p>B. Applicable deductible: _____ If your loss is below, this amount, you may not receive any payment from your coverage.
Your insurance company or agent will provide written notice as to how the deductible applies to the market value of your coverage, the insured value of your coverage, or the replacement value of your coverage.</p> | <p>C. Contents Coverage: _____ If your loss does not exceed the deductible for the dwelling, you will not receive any payment for this coverage. Your insurance company or agent will provide written notice as to how the deductible applies to the amount you receive pursuant to this coverage.</p> <p>D. Additional living expenses: _____</p> <p>E. Rate or premium: \$_____</p> |
|---|---|

You must ask the company to add earthquake coverage within 30 days from the date of mailing of this notice or it shall be conclusively presumed that you have not accepted this offer.

This coverage shall be effective on the day your acceptance of this offer is received by us.	
Signature _____	Date _____

I DO NOT WISH TO PURCHASE EARTHQUAKE COVERAGE AND I UNDERSTAND THAT I DO NOT HAVE EARTHQUAKE COVERAGE.	
Signature _____	Date _____

IMPORTANT NOTICE: Personal Information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. Credit scoring information may be used to determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information will be issued with your policy. This notice is given in compliance with the Federal Credit Reporting Act.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance, containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties.

SUBAGENT NAME	DATE	APPLICANT SIGNATURE X
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