XINSURANCE

8722 S. Harrison St. Sandy, UT 84070
P.O. Box 4439 Sandy, UT 84091
877-585-2853 • Fax 877-585-2854

MOBILE HOMES

General Information

Proposed Effective Date: _____

Applicant's Name: _____

Applicant's Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ County: _____

Business Telephone Number: _____ Fax: _____

Physical Address of Mobile Home (if different): _____

Population within 50 miles: _____

Applicant's birth date: _____

Is the applicant married? ☐ Yes ☐ No If yes, answer: Spouse name: _____

Spouse birth date: _____

Applicant is: ☐ Individual ☐ Corporation ☐ Partnership ☐ Joint Venture

☐ Other (please describe): _____

A. Insurance History

Who is your current insurance carrier (or your last if no current provider)? _____

Provide name(s) for all insurance companies that have provided Applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	$	$	$

Has the Applicant or any predecessor or related person or entity ever had a claim? ☐ Yes ☐ No

Attach a five year loss/claims history, including details. (REQUIRED)

Have you had any incident, event, occurrence, loss, or Wrongful Act which might give rise to a Claim covered by this Policy, prior to the inception of this Policy? ☐ Yes ☐ No

If yes, please explain: _____

Has the Applicant, or anyone on the Applicant's behalf, attempted to place this risk in standard markets?

☐ Yes ☐ No

If the standard markets are declining placement, please explain why: _____

B. Desired Insurance

Limit of Liability:

Per Act/Aggregate   OR   Per Person/Per Act/Aggregate

☐	$50,000/$100,000	☐	$25,000/$50,000/$100,000
☐	$150,000/$300,000	☐	$75,000/$150,000/$300,000
☐	$250,000/$1,000,000	☐	$100,000/$250,000/$1,000,000
☐	$500,000/$1,000,000	☐	$250,000/$500,000/$1,000,000
☐	Other:	☐	Other:

Dwelling: $_____

Other Structures: $_____

Personal Property: $_____

Loss of Use: $_____

Liability: $_____

Deductible: ☐ $500 (15% premium surcharge) ☐ $1,000 ☐ $1,500 ☐ $2,500 ☐ $5,000 ☐ $10,000

Self-Insured Retention (SIR): ☐ $1,000 (Minimum) ☐ $1,500 ☐ $2,500 ☐ $5,000 ☐ $10,000

C. Property Information

1. Person providing accounting and tax services:

   a. Name: _____

   b. Mailing Address: _____

   c. City: _____ State: _____ Zip: _____

   d. E-Mail: _____

   e. Business Telephone Number: _____ Fax: _____

2. Mortgages/Additional Interests: $_____ _____

3. Has the Applicant ever filed for bankruptcy?   ☐ Yes ☐ No

4. Use/Occupancy (circle number of occupants): 1 2 3 4   ☐ Family ☐ Owner ☐ Tenant occupied

5. If commercial describe current or former occupancy: _____

6. Is the mobile home currently vacant?   ☐ Yes ☐ No

   If yes, please answer:

   a. Length of vacancy (yrs./mos.): _____

   b. Future plans:_____

7. Mobile home length: _____ feet   Width: _____ feet

8. Manufacturer: _____ Model: _____ Year built: _____

9. Name of builder or mobile home dealer:_____

10. Mobile home serial number:_____

11. Purchase price: $_____ Current value : $_____

12. Public protection class: _____

13. Protected _____ Mobile Home Park _____ Unprotected _____ Within City Limits _____ Fire Class _____

14. Have any changes been made or added to the Mobile Home that were not part of its original design as dictated by the manufacturer's specifications? ☐ Yes ☐ No

If yes, please indicate below:

	Description	Value	Appearance
Skirting			
Carport			
Porch or Deck			
Addition			
Other			

15. Describe detached adjacent structures: _____

_____

16. Is the mobile home sitting on a foundation or pylon? ☐ Yes ☐ No

If yes, how is the mobile home anchored to the foundation or pylon? _____

_____

17. Is the mobile home anchored? ☐ Yes ☐ No

Describe: _____

_____

   a.   Does the anchoring meet the HUD standard? ☐ Yes ☐ No

   b.   Does the anchoring also meet the state and local hurricane standards? ☐ Yes ☐ No

   c.   Please enclose a photo of the foundation and anchoring.

18. Is the structure surrounded by trees? ☐ Yes ☐ No

Type: _____ Average Height: _____ ft.

19. Are there telephone or electrical poles close to structure? ☐ Yes ☐ No

20. General characteristics of surrounding area: _____

_____

21. Has there been a hurricane or tornado in this area before? ☐ Yes ☐ No

   a.   Has current structure ever served damage due to such an occurrence? ☐ Yes ☐ No

      If so, when _____

22. Are there any other factors that would constitute a wind hazard? ☐ Yes ☐ No

23. Are there any bodies of water close to structure including rivers, lakes, ponds or any other possible water hazard? ☐ Yes ☐ No

If yes, please describe. _____

_____

24. Is structure located in flood plain? ☐ Yes ☐ No

If so, what is the frequency of floods in that area: _____

_____

25. Has there ever been flood damage to structure? ☐ Yes ☐ No

Year _____ Amount _____

26. Distance to nearest fire department? ☐ Within 1 mile ☐ 1-5 miles ☐ Over 5 miles

27. Distance from fire hydrant: ☐ Within 500' ☐ 501'-1,000' ☐ Over 1,000'

28. Is there any kind of fuel storage structures including propane tanks located near structure? ☐ Yes ☐ No

If yes, distance from structure _____

REPRESENTATIONS AND WARRANTIES

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.

2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.

3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.

4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: _____   Dated: _____

Applicant: Agent/Broker:

_____   _____
Signature   Signature

_____   _____
Print Name   Print Name