



**MUTUAL INSURANCE SERVICES**  
 PO Box 6109  
 Federal Way, WA 98063-6109  
 1-800-247-5851, (253) 941-4099  
 Fax (877) 329-9647, (253) 941-4815  
[www.mutualins.com](http://www.mutualins.com)

**30-DAY FLOATER  
 MANUFACTURED/MOBILE HOME APPLICATION**

**(This coverage is available only on Manufactured/Mobile Home Policies written by Mutual Insurance Services.)**

Desired Effective Date: \_\_\_\_\_ (For thirty (30) days)

Name of Applicant: \_\_\_\_\_

Applicants Mailing Address: \_\_\_\_\_

Number Street City State Zip County: \_\_\_\_\_

Have you been convicted of a crime in the last 7 years? \_\_\_\_ Yes \_\_\_\_ No, If Yes, explain \_\_\_\_\_

Location of Property: \_\_\_\_\_  
 (If different than mailing address)

Description of manufactured/mobile home: Year \_\_\_\_\_ Length \_\_\_\_\_ Width \_\_\_\_\_ Make \_\_\_\_\_  
 Serial No. \_\_\_\_\_

**Limits and Rate**

COVERAGE	LIMIT	PREMIUM
Manufactured/Mobile Home	\$ _____ Amount of Coverage (Maximum \$50,000 per section)	\$ _____
	(+) Policy Fee (Non-refundable)	\$50.00
Rate=\$50.00 per \$50,000 of coverage	(=) Sub-total	\$ _____
Minimum Premium \$50.00	(+) State Tax &/or Fire Marshall Fee	\$ _____
	(+) SLSC (Oregon Risks only)	\$ _____
	(=) Total Premium	\$ _____

**Premium is Fully Earned**

**COVERAGE ACKNOWLEDGMENT (Coverage cannot be bound without signature)**

**These coverages have been explained to me and I fully understand that coverage is for the time the home is delivered on site and the time it is set up for occupancy and habitable. This policy does not provide any coverage for household personal property, other structures, or personal liability.**

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Coverage will become effective, **if accepted**, upon written notice by Mutual Insurance Services and coverage will not commence earlier than the date received in the office of Mutual Insurance Services.

Applicant/Producer Statement: I hereby state I have been unable to produce the above requested coverage from standard insurers. I request Mutual Insurance Services to effect coverage and I will be responsible for payment of premium, fees and taxes. I understand coverage will not be effective until accepted by Mutual Insurance Services and flat cancellations are not permitted. I warrant all above answers to be true.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ Producer's Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Producer Code \_\_\_\_\_ Producer \_\_\_\_\_

Address \_\_\_\_\_  
 Phone No \_\_\_\_\_ Fax No \_\_\_\_\_