

Mutual Insurance Services P.O. Box 6109 Federal Way, WA 98063-6109 1-800-247-5851, Fax 1-877-329-9647 www.mutualins.com	CHECK PROGRAM APPLICABLE <input type="checkbox"/> Pkg 1 (10, 36) <input type="checkbox"/> Vintage (86) <input type="checkbox"/> Pkg 2 (20,37) <input type="checkbox"/> All Purpose (48) <input type="checkbox"/> Deluxe (36) <input type="checkbox"/> Preferred (46) <input type="checkbox"/> Special (37) <input type="checkbox"/> Basic (33) <input type="checkbox"/> By-line (77)	Producer Name: _____ Address: _____ City/State/Zip: _____ Phone: _____ Producer Code: _____ (Three digit code)
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APPLICANT/OWNER <input type="checkbox"/> Check box if additional Applicant / Owner is indicated in "Remarks" Section on reverse side)			
Name:	Date of Birth:	Home Phone: ()	
Mailing Address:	City	County	State Zip
Location Address: <i>(If different than mailing address)</i>	City	County	State Zip
Name of Mobile Home Park:	Occupation:	Employer:	

LIENHOLDER <input type="checkbox"/> (Check box if additional Lienholder is indicated in "Remarks" Section on reverse side)			
Name:	Loan Number:		
Mailing Address:	City	State	Zip

PERIOD OF INSURANCE (12:01 A.M.)		
Effective Date From: To:	Number of Months	Previous Carrier:

DESCRIPTION OF MOBILE/MANUFACTURED HOME					
Year:	Make/Model:	Serial Number:	Length:	Width:	Date Purchased: Purchase Price:

PHOTOS REQUIRED FOR ALL OUT OF PARK OR HOMES 25 YEARS AND OLDER

CLASSIFICATION	DESCRIPTION OF ADJACENT STRUCTURES	VALUE
1. Is it tied down? Yes <input type="checkbox"/> No <input type="checkbox"/>	1. _____	\$
2. Is there Auxiliary heat? (Supplemental Heating Questionnaire Required) <input type="checkbox"/>	2. _____	\$
3. Is Auxiliary heating the primary source of heat? <input type="checkbox"/>	3. _____	\$
4. Has the insured reported a claim in the past 12 months? <input type="checkbox"/>	COVERAGES	
5. Has there been a claim in the past 36 months? <input type="checkbox"/>	Mobile Home <input type="checkbox"/> Comp. <input type="checkbox"/> Named Perils	TOTAL LIMITS PREMIUM
6. Does the insured/tenant own any animals/livestock? <input type="checkbox"/>	Adjacent Structures <input type="checkbox"/> Comp. <input type="checkbox"/> Named Perils	\$
7. Is there a pool or hot tub on the premises? <input type="checkbox"/>	Mobile Home & Adjacent Structures <input type="checkbox"/> Comp. <input type="checkbox"/> Named Perils	\$
8. Is there a trampoline on the premises? <input type="checkbox"/>	Personal Effects <input type="checkbox"/> Comp. <input type="checkbox"/> Named Perils	\$
(If yes on #7 & 8 is there a 4 1/2 ft. self locking gate?) <input type="checkbox"/>	Comprehensive Personal Liability	\$
9. Is there an Unrelated Named Insured? <input type="checkbox"/>	Medical Payments	\$
10. Does the home have a Urethane Roof? <input type="checkbox"/>	Owner's, Landlords, & Tenant's Liability	\$
11. Does the home have Polybutelene Pipes? <input type="checkbox"/>		\$
12. Does the Mobile Home have Fuses? <input type="checkbox"/>	OPTIONAL COVERAGES:	\$
13. Is the siding: Wood <input type="checkbox"/> , Masonite <input type="checkbox"/> , Vinyl Siding <input type="checkbox"/> , Hard Board <input type="checkbox"/>		\$
14. Has there been a lapse in coverage in the past 12 months? <input type="checkbox"/>		\$
15. Are there Handrails on all stairways? <input type="checkbox"/>		\$
16. Does the home have: <input type="checkbox"/> Burglar Alarm , <input type="checkbox"/> Smoke Detector		\$
<input type="checkbox"/> Fire Extinguisher , <input type="checkbox"/> Dead Bolt Locks		\$
#5-9, If Yes, Explain on the Reverse Side	SURCHARGES:	\$
HOW IS THE MOBILE HOME USED?		\$
<input type="checkbox"/> Principle Residence (Owner Occupied) <input type="checkbox"/> Rental		\$
<input type="checkbox"/> Seasonal Residence (Owner Occupied) <input type="checkbox"/> Vacant	CREDITS:	\$
<input type="checkbox"/> Commercial (Describe on back)		\$
Description of Golf Cart (If applicable):		\$
Serial #: Value \$:	MISCELLANEOUS FEES:	\$
BILLING INFORMATION--DIRECT BILL		\$
<input type="checkbox"/> Lienholder <input type="checkbox"/> Applicant	TERRITORY (From Rate Chart)	Protection Class
Check Amount Enclosed: \$ _____		Deductable(s) Total Premium
		\$ \$ \$
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: _____
<input type="checkbox"/> Paved Streets? <input type="checkbox"/> Lighted Streets? <input type="checkbox"/> Full time Resident Manager?	Is Mobile Home Park Completely Fenced? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the home on Private Property? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Acres: _____	

CLASSIFICATION RESPONSES

5. DATE OF LOSS: _____ TYPE OF LOSS: _____ AMOUNT PAID: \$ _____
DATE OF LOSS: _____ TYPE OF LOSS: _____ AMOUNT PAID: \$ _____

6. DESCRIBE ANIMALS: _____ HOW MANY? _____
IF DOG, BREED(S): _____

7. IS THERE A FENCE AROUND THE SWIMMING POOL MADE OF SUITABLE MATERIAL AND AT LEAST 4 1/2 FEET? YES NO
DOES THE FENCE HAVE A SELF CLOSING GATE? YES NO IS IT AN ABOVE GROUND POOL? YES NO IF YES, VALUE: \$ _____

8. PRIOR INSURANCE CO.: _____ REASON FOR LAPSE OR CANCELLATION: _____

9. UNRELATED NAMED INSURED: _____ RELATIONSHIP _____

ATTACHED STRUCTURE INFORMATION

DESCRIPTION OF ANY ATTACHED STRUCTURES:

ADDITIONAL UNDERWRITING INFORMATION

	YES	NO		YES	NO
1. Is the home within 1,500 ft of a river, stream, lake or other body of water?	<input type="checkbox"/>	<input type="checkbox"/>	6. Is the mobile home skirted?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the home within 5 miles of an ocean or tidal wave?	<input type="checkbox"/>	<input type="checkbox"/>	7. Is the home located in a flood zone?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the home been salvaged or have existing structural damage?	<input type="checkbox"/>	<input type="checkbox"/>	8. Is the home raised on poles or pilings?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the insured been cancelled or non-renewed in the past 3 years?	<input type="checkbox"/>	<input type="checkbox"/>	9. Is the home without utility service?	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the risk have an awning made of cloth or canvas?	<input type="checkbox"/>	<input type="checkbox"/>	10. Is the home easily accessible from public roadways?	<input type="checkbox"/>	<input type="checkbox"/>

Use this area to explain underwriting information, list additional applicants or lienholders, and for general comments or instructions.

STATEMENT OF INSPECTION INQUIRY: As part of our underwriting procedures, a routine inquiry may include obtaining an investigative consumer and credit report involving information concerning character, general reputation, personal and financial characteristics and mode of living. Information on the nature and scope of such a report, if one is obtained, will be provided upon written request.

BINDER PROVISIONS: If the application indicates coverage is bound, then such insurance as is afforded by this binder is subject to the declarations, conditions, exclusions and other terms of the applicable policy form as it is used by the Company in the State where the risk is located. This binder shall terminate automatically at the earliest of (1) 30 days from the effective date, (2) immediately on notice of cancellation by the named insured or the company, or (3) on its effective date the same dated as that of the binder. If this binder is not replaced by a policy, a premium shall be charged for the period the binder is in effect.

IS COVERAGE BOUND? YES NO

SIGNATURES: I hereby declare that to the best of my knowledge and belief all information and statements contained on this application are true and complete. These facts and statements are offered as an inducement to the Company to issue the Policy. Any person who, with the intent to defraud any insurance company or other person, files an application for insurance, containing 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.

Applicants Signature: _____ Date: ____/____/____

Agents Signature: _____ Date: ____/____/____