

KENTUCKY MANUFACTURED HOME APPLICATION

REQUESTED EFFECTIVE DATE:	REQUESTED EXPIRATION DATE:
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Applicant—Titled Owner	Date of Birth	Social Security #	Telephone #
Co-Applicant—Titled Owner	Date of Birth	Social Security #	Telephone #
Mailing Address	City	State	Zip Code
Location—If different than mailing address	City	State	Zip Code
Additional Insured—Titled Owner	Mailing Address	City	State
			Zip Code

Lienholder	Loan #	Bill Lienholder @ Renewal: Yes___ No___
Mailing Address	City	State
		Zip Code

Occupancy: Owner Occupied___ Seasonal___ Tenant___ Rental___ Vacant___

If rental provide tenant's name _____

Year_____ Length_____ Width_____

Manufacturer_____ Model_____

Serial Number_____

Purchase Date_____ Purchase Price \$_____

Is the home located on land owned by the insured? Yes___ No___

Does the purchase price include land? Yes___ No___

What is the value of the land? \$_____

Does the home have vinyl or hardboard siding? Yes___ No___

Does the home have a composition roof? Yes___ No___

Is the home on a permanent foundation? Yes___ No___

Is the home on an enclosed foundation? Yes___ No___

Is the home skirted? Yes___ No___

Is the manufactured home tied down? Yes___ No___

Feet from Fire Hydrant_____ Miles from Fire Department_____

Protection Class_____ In Park_____ Out of Park_____ # of Spaces_____

IMPORTANT NOTE: Describe Attached / Unattached Structures—Page 2

REQUESTED COVERAGE	LIMIT	PREMIUM
Manufactured Home	\$	\$
Personal Property	\$	\$
Unattached Structures	\$	\$
Personal Liability—Owner Occupied & Tenant	\$	\$
Premises Liability—Rental, Seasonal, Vacant	\$	\$
Increased Medical Payments	\$	\$
Replacement Cost—Manufactured Home		\$
Full Repair Cost—Manufactured Home		\$
Replacement Cost—Personal Property		\$
Scheduled Personal Property	\$	\$
Golf Cart Coverage Maximum of \$3500 Physical Damage \$25,000 Liability		\$
\$25,000 Swimming Pool Liability Buyback	owner occupied only	\$
Supplemental Heat Surcharge		\$
Animal Injury Exclusion Credit		\$
Water Damage Exclusion Credit		\$
Automatic Sprinkler Systems Credit 10% Fully Equipped and includes→ 5% Partially Equipped	baths, attics, closets & attached structures	\$ \$
Deductible	\$	\$

Agency Name	Agency Code #
Street Address or PO Box	
City	State
	Zip Code
Telephone #	Fax #
	E-Mail Address

POLICY FEE	\$
KENTUCKY SURCHARGE	\$
MUNICIPAL TAX	\$
COLLECTION FEE	\$
TOTAL PREMIUM	\$

1. Previous Carrier _____ Expiration Date _____

2. Occupation _____
Employer _____ Years Employed _____

3. Is the applicant the deeded owner? Yes ___ No ___
If no, what is the insurable interest? _____

4. Is the home equipped with a sprinkler system? Yes ___ No ___
If yes, is it fully or partially equipped _____

5. Is the manufactured home vacant? If yes, see below. Yes ___ No ___
What is the reason the manufactured home is vacant? _____
How long has the manufactured home been vacant? _____

NOTE: If the manufactured home has been vacant for more than one (1) year, the risk is ineligible for the vacant program.

IF YES—SUBMIT—DO NOT BIND

1. Has the applicant been cancelled or nonrenewed? Yes ___ No ___
If yes, why? _____

2. Has the applicant failed to carry insurance for any period of time? Yes ___ No ___

3. Is there a supplemental heat source in the manufactured home, attached / unattached structure or any where on the premises? Yes ___ No ___
If yes, what type? _____
If it is a wood, coal, pellet, etc. stove, an Aegis wood-stove report must be completed and submitted for approval.

4. Does the applicant own or board any animal that has bitten or caused injury? If yes, the risk must be written with the animal injury exclusion and the applicant must sign the exclusion. Yes ___ No ___

5. The following applies only if \$25,000 swimming pool liability buyback is purchased.
Is it surrounded with a 4' stockade type fence with a locked gate? If no, the swimming pool buyback may not be purchased. Yes ___ No ___
Is there a diving board or slide? If yes, the swimming pool buyback may not be purchased. Yes ___ No ___

IF YES—DO NOT SUBMIT—UNACCEPTABLE RISK

1. Is there a kerosene heater in the manufactured home, attached structure, unattached structure or on the premises? Yes ___ No ___

2. Is the manufactured home without utilities? Yes ___ No ___

3. Does the manufactured home have any damage that has not been repaired? Yes ___ No ___

4. Is there business conducted in the manufactured home, attached / unattached structure or on the premises? Yes ___ No ___

5. Has the applicant had any fire, theft or liability loss at any location in the past three (3) years? Yes ___ No ___

6. Has the applicant had more than one (1) other minor loss at any location in the past three (3) years? Yes ___ No ___

DESCRIBE ATTACHED AND UNATTACHED STRUCTURES
Include description, length & width or square feet and value for each

In making this application for insurance, it is understood that an investigative report may be made regarding your credit and / or loss history. You have the right to make a written request to the reporting company within a reasonable period of time for a complete and accurate disclosure of the nature and scope of the investigation.

If undisclosed or false information is discovered and the information was material to the company accepting the risk, coverage will be NULL and VOID.

If the insured requests mid-term cancellation, the cancellation is subject to a MINIMUM EARNED PREMIUM OF \$100

"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."

Applicant's Signature _____ Date _____

Licensed Producer's Signature _____ Date _____

Print Licensed Producer's Name _____ Producer's License # _____ Date _____

PAYMENT OPTIONS

2 Payment Plan _____

4 Payment Plan _____

6 Payment Plan _____

8 Payment Plan _____

Credit Card Payment _____

CREDIT CARD AUTHORIZATION

VISA _____ MASTERCARD _____ AMOUNT CHARGED TO THE CREDIT CARD \$ _____

PRINT NAME AS IT APPEARS ON THE CREDIT CARD _____

CREDIT CARD # _____ EXPIRATION DATE OF CREDIT CARD _____

I authorize Aegis Security Insurance Company to bill the credit card listed above. By my signature I hereby agree that any credit card transaction that is denied for any reason is not considered payment of premium and coverage will not be provided.

Cardholder's Signature _____ Cardholder's Telephone # _____ Date _____