

ILLINOIS 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	County	Territory
Location—If different than mailing address	City	State	Zip Code	County	Territory
Additional Insured	Mailing Address	City	State	Zip Code	

Lienholder	Loan #	Bill lienholder at renewal: Yes___ No___	
Mailing Address	City	State	Zip Code

Occupancy: Owner Occupied___ Seasonal___ Tenant___ Rental___
If rental, tenant's name _____
Year___ Length___ Width___
Make_____ 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? \$ _____
Protection Class___ In Park___ Out of Park___ # Spaces_____
Miles from Fire Department_____ Feet from Fire Hydrant_____
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___
NOTE: Describe Attached and Unattached Structures on Page 2

REQUESTED COVERAGES	LIMIT	PREMIUM
Manufactured Home	\$	\$
Personal Property	\$	\$
Unattached Structures	\$	\$
Personal Liability—Owner Occupied & Tenant	\$	\$
Premises Liability—Rental & Seasonal	\$	\$
Increased Medical Payments	\$	\$
Replacement Cost—Manufactured Home		\$
Full Repair Cost—Manufactured Home		\$
Replacement Cost—Personal Property		\$
Scheduled Personal Property	\$	\$
Satellite Dish / Antenna	\$	\$
Golf Cart Coverage	\$	\$
Earthquake—see page 2 for eligible counties		\$
Supplemental Heating Surcharge		\$
Water Damage Exclusion Credit		\$
Animal Injury Exclusion Credit		\$
Deductible	\$	\$

MINE SUBSIDENCE PREMIUM	\$
TOTAL PREMIUM	\$

Agency Name	Agency Code #
Mailing Address	
City	State Zip Code
Telephone #	Fax # E-Mail Address

SELECT A PAYMENT OPTION		
Credit Card Payment___	Full Payment___	2 Payments___
4 Payments___	6 Payments___	8 Payments___

1. Previous Carrier _____ Expiration Date _____

2. Occupation _____
Employer _____ Yrs. Employed _____

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

IF YES, DO NOT SUBMIT—UNACCEPTABLE RISK

1. Is the manufactured home unoccupied or vacant? 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 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 two (2) or more other minor losses at any location in the past three (3) years? Yes ___ No ___

EARTHQUAKE COVERAGE

We are required to offer earthquake coverage in the following counties: Adams, Alexander, Bond, Calhoun, Clark, Clay, Clinton, Crawford, Edgar, Edwards, Franklin, Gallatin, Greene, Hamilton, Hardin, Jackson, Jasper, Jefferson, Jersey, Johnson, Lawrence, Macoupin, Madison, Marion, Massac, Monroe, Perry, Pike, Pope, Pulaski, Randolph, Richland, Saline, Scott, St. Clair, Union, Wabash, Washington, Wayne, White and Williamson.

ADDITIONAL COMMENTS / INFORMATION REGARDING THE RISK

IF YES, SUBMIT—DO NOT BIND

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

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

3. Is the manufactured home or an unattached structure equipped with a supplemental heating source? Yes ___ No ___
If yes, what type? _____
If it is a wood, coal, pellet, etc. stove, an Aegis woodstove 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 on Page 4. Yes ___ No ___

5. Are there any liability hazardous exposures on the premises? If yes, submit without liability. Yes ___ No ___

6. Is there a swimming pool on the premises? Yes ___ No ___
If yes, is it surrounded with a 4' stockade type fence with a locked gate? If no, the swimming pool exclusion must be signed. Yes ___ No ___
If yes, is there a diving board or slide? If yes, the swimming pool exclusion must be signed. Yes ___ No ___

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

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.

NOTE: IF LIABILITY COVERAGE IS REQUESTED, COVERAGE IS NOT CONSIDERED BOUND IF THE LIABILITY EXCLUSIONS ON PAGE 3 ARE NOT SIGNED. IF THE APPLICANT OWNS OR BOARDS AN ANIMAL THAT HAS BITTEN OR CAUSED INJURY, THE APPLICABLE ANIMAL INJURY EXCLUSION ON PAGE 4 MUST BE SIGNED.

Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____

Licensed Producer's Signature _____ Date _____

Print the name of the licensed producer signing the application _____ License # _____

PAYMENT OPTIONS

Payment in Full ___

2 Payments ___

4 Payments ___

6 Payments ___

8 Payments ___

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 automatically 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 _____

THE EXCLUSIONS LISTED ON PAGE 3 AND 4 ARE NOT THE ONLY EXCLUSIONS IN YOUR POLICY. PLEASE REVIEW YOUR POLICY WITH YOUR BROKER FOR OTHER EXCLUSIONS, SPECIAL LIMITS AND DEDUCTIBLES.

TRAMPOLINE EXCLUSION

The following EXCLUSION applies to all coverages:

We do not pay for:

1. Any **bodily injury** or **property damage** arising out of any **occurrence** involving any trampoline owned by or in the care, custody or control of the insured or any member of the insured's family or household; or
2. Any other **loss** or expense arising out of any **occurrence** involving any trampoline owned by or in the care, custody or control of the insured or any member of the insured's family or household.

All other provisions of the policy apply.

I understand and agree to the terms of this endorsement and acknowledge this by my signature below:

Insured's Signature

Date

Print Insured's Name

AS-119 (01/01)

ALL TERRAIN VEHICLE EXCLUSION

The following EXCLUSION applies to all coverages:

We do not pay for:

1. Any **bodily injury** or **property damage** arising out of any **occurrence** involving any all terrain vehicle owned by or in the care, custody or control of the insured or any member of the insured's family or household; or
2. Any other **loss** or expense arising out of any **occurrence** involving any all terrain vehicle owned by or in the care, custody or control of the insured or any member of the insured's family or household.

All other provisions of the policy apply.

I understand and agree to the terms of this endorsement and acknowledge this by my signature below:

Insured's Signature

Date

Print Insured's Name

AS-83 (07/04)

MINE SUBSIDENCE COVERAGE IS MANDATORY IN THE FOLLOWING COUNTIES ONLY UNLESS WAIVED IN WRITING BY THE INSURED FOR MANUFACTURED HOMES ON A PERMANENT FOUNDATION: BOND, BUREAU, CHRISTIAN, CLINTON, DOUGLAS, FRANKLIN, FULTON, GALLATIN, GRUNDY, JACKSON, JEFFERSON, KNOX, LA SALLE, LOGAN, MCDONOUGH, MACOUPIN, MADISON, MARION, MARSHALL, MENARD, MERGER, MONTGOMERY, PEORIA, PERRY, PUTNAM, RANDOLPH, ROCK ISLAND, ST. CLAIR, SALINE, SANGAMON, TAZEWELL, VERMILION, WASHINGTON AND WILLIAMSON.

WAIVER OF MINE SUBSIDENCE COVERAGE—ILLINOIS

If you do not desire this coverage, and do not wish to pay the premium you must sign below where indicated.

I (We) do not desire mine subsidence insurance coverage and hereby waive any right to such coverage under the policy or any future policy covering my (our) interest in the property identified, unless I (we) request mine subsidence coverage, in writing, at some future date.

Insured's Signature

Date

Print Insured's Name

OWNER OCCUPIED AND TENANT PROGRAMS—SIGN THE AS-26 (06/97) BELOW.

ANIMAL INJURY EXCLUSION

If the applicant owns or boards any animal that has bitten or caused injury, sign below:

The following is added to Form AS-1 **Section II—Liability—Exclusions**:

(1) Under Personal Liability Coverage and Medical Payments to Others Coverage **we do not cover Bodily Injury or Property Damage**:

- (o) arising out of any occurrence caused by an **animal** including, but not limited to, a bite or scratch by an **animal**. This exclusion shall apply to both the obligation to pay damages and the obligation to defend an action alleging **bodily injury or property damage** caused by an **animal**.

I understand and agree to the terms of this endorsement and acknowledge this by my signature below:

Insured's Signature

Date

Print Insured's Name

AS-26 (06/97)

RENTAL AND SEASONAL PROGRAMS—SIGN THE AS-196 (9/08) BELOW.

ANIMAL INJURY EXCLUSION

If the applicant owns or boards any animal that has bitten or caused injury, sign below:

Form AS-22 **Section II—Liability Exclusions** (2) (h) is deleted and replaced by the following:

- (2) (h) **Bodily Injury or Property Damage** arising out of any occurrence caused by an **animal** including, but not limited to, a bite or scratch by an **animal**. This exclusion shall apply to both the obligation to pay damages and the obligation to defend an action alleging **bodily injury or property damage** caused by an **animal**.

I understand and agree to the terms of this endorsement and acknowledge this by my signature below:

Insured's Signature

Date

Print Insured's Name

AS-196 (09/08)

ILLINOIS IMPORTANT POLICYHOLDER NOTICE

Aegis Security Insurance Company is in compliance with Illinois Act (750 ILCS 75/1). The Act, which became effective on June 1, 2011, creates a legal relationship between two persons of the same or opposite sex who form a civil union.

The Act provides that the parties to a civil union are entitled to the same legal obligations, responsibilities, protections and benefits that are afforded or recognized by the laws of Illinois to spouses. The law further provides that a party to a civil union shall be included in any definition or use of the terms "spouse," "family," "immediate family," "dependent," "next of kin," and other terms descriptive of spousal relationships as those terms are used throughout Illinois law. This includes the terms "marriage" or "married." or variations thereon. If policies of insurance provide coverage for children, the children of civil unions will also be provided coverage. The Act also requires recognition of civil unions or same sex civil unions or marriages legally entered into in other jurisdictions.

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