

INDIANA 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—Titled Owner	Mailing Address	City	State	Zip Code	

Lienholder	Loan #	Bill Lienholder @ Renewal: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mailing Address	City	State	Zip Code

Occupancy: Owner Occupied Seasonal Tenant Rental

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 AND UNATTACHED STRUCTURES—PAGE 2

REQUESTED COVERAGE	LIMIT	PREMIUM
Manufactured Home	\$	\$
Personal Property	\$	\$
Unattached Structures	\$	\$
Personal Liability—owner occupied & tenant	\$	\$
Premises Liability—seasonal & rental	\$	\$
Increased Medical Payments	\$	\$
Replacement Cost—Manufactured Home		\$
Full Repair Cost—Manufactured Home		\$
Replacement Cost—Personal Property		\$
Scheduled Personal Property	\$	\$
Golf Cart Coverage		\$
Maximum \$3500—physical damage	# of carts _____	
\$25,000—liability		
Antenna / Satellite Dish	\$	\$
Supplemental Heat Surcharge		\$
Animal Injury Exclusion		\$
All Peril Deductible	\$	\$
TOTAL PREMIUM		\$
MINE SUBSIDENCE—available in mandatory counties only		\$

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

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Underwriting Questions
Applicant's Signature
Producer's Signature
Producer's License #
Credit Card Authorization

PAYMENT OPTIONS
<input type="checkbox"/> Payment in Full
<input type="checkbox"/> 2 Payments
<input type="checkbox"/> 4 Payments
<input type="checkbox"/> 6 Payments
<input type="checkbox"/> 8 Payments

1. Previous Carrier _____ Expiration Date _____

2. Occupation _____
Employer _____ Years Employed _____

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

IF YES, LIABILITY COVERAGE IS NOT AVAILABLE

1. Are there any hazardous liability exposures? Yes No

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

IF YES—DO NOT SUBMIT—UNACCEPTABLE RISK

1. Is there a portable 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 or any attached structure 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 / claim; more than one (1) other loss / claim or have an open / unresolved claim with a previous carrier at any location in the past three (3) years? Yes No

6. Is the manufactured home vacant or unoccupied? Yes No

7. Is the manufactured home under construction or renovation? Yes No

8. Has the manufactured home been condemned? Yes No

9. Is the manufactured home used for student housing? Yes No

ADDITIONAL INFORMATION REGARDING THE RISK

PLEASE READ AND SIGN

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.

MINIMUM EARNED PREMIUM—\$100. If the insured requests mid-term cancellation, the cancellation will be calculated on a short rate basis and is subject to the minimum earned premium shown above.

Applicant's Signature _____ Date _____

Licensed Producer's Signature _____ Date _____

Print Licensed Producer's Name _____ Date _____

Producer's License # _____

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 yes, is it the only means of heat? If yes, ineligible. Yes No
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 caused injury or bitten? If yes, the risk must be written with the animal injury exclusion which must be signed by applicant. Yes No

5. Are there any unusual property exposures? If yes, identify the unusual exposure. Yes No

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

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 _____ Date _____

Cardholder's Telephone # _____