

MOBILE HOME APPLICATION – PART 1

INSURANCE COMPANY:		POLICY NUMBER	<input type="checkbox"/> NEW POLICY CHANGE
APPLICANT'S NAME (SURNAME / FIRST / SECOND) AND MAILING ADDRESS		BROKER/AGENT	BROKER/PRODUCER CODE:
POSTAL CODE: APPLICANT'S DATE OF BIRTH (MM/DD/YY) First App. - _____ Second App. - _____		UNDERWRITERS INSURANCE AGENCIES (POWELL RIVER) LTD. 4510 JOYCE AVE POWELL RIVER, BC V8A 3A9	
EFFECTIVE DATE (MM/DD/YY)	TIME	EXPIRY DATE (MM/DD/YY)	ALL TIMES ARE LOCAL TIMES AT THE APPLICANT'S POSTAL ADDRESS STATED HEREIN

LOSS & POLICY HISTORY

ANY PREVIOUS LOSSES? YES NO if yes, state all losses or claims by the applicant or any member of the applicant's household in the past 5 years

DATE (MM/DD/YY)	CAUSE	AMOUNT

HAS ANY INSURER CANCELLED, DECLINED OR REFUSED TO RENEW OR ISSUE INSURANCE TO THE APPLICANT WITHIN THE PAST 5 YEARS? YES NO

IF YES, PROVIDE DETAILS.

PREVIOUS INSURER: _____ POLICY #: _____ EXP. DATE: _____

PROPERTY INSURED

YEAR	MANUFACTURER	MODEL	SERIAL NUMBER OR REGISTRATION #	SIZE (LENGTH & WIDTH)

SIZE OF ENCL. ADDITION _____ DECK - OPEN SIZE _____ COVERED SIZE _____ PORCH - OPEN SIZE _____ COVERED SIZE _____

SHOP - Attach Detach SIZE _____ CARPORT - Attach Detach SIZE _____ GARAGE - Attach Detach SIZE _____

RISK LOCATION (if different from Mailing address) (MAX. 160 ACRES)	LOSS PAYABLE
MOBILE HOME PARK: RISK LOCATION ADDRESS: POSTAL CODE:	

RATING INFORMATION

HEATING	MANDATORY INFORMATION	UPDATES		
		PARTIAL	FULL	YEAR
Portable or Space Heaters used as Primary Heat? Yes <input type="checkbox"/> No <input type="checkbox"/> Primary Heat Type: N/G <input type="checkbox"/> Oil <input type="checkbox"/> Propane <input type="checkbox"/> Wood <input type="checkbox"/> Elec. <input type="checkbox"/> Heat Pump <input type="checkbox"/> Electric Baseboard <input type="checkbox"/> Other : - Type _____ Auxiliary Heat? Yes <input type="checkbox"/> No <input type="checkbox"/> Type: _____ If heating is OIL, please attach oil tank questionnaire and current photo	PLUMBING - Any POLY B? Yes <input type="checkbox"/> No <input type="checkbox"/> Type: Copper <input type="checkbox"/> PVC <input type="checkbox"/> PEX <input type="checkbox"/> Galvanized <input type="checkbox"/> ELECTRICAL: Aluminum Wiring? Yes <input type="checkbox"/> No <input type="checkbox"/> Circuit Breaker <input type="checkbox"/> OR Fuses <input type="checkbox"/> 100 AMP <input type="checkbox"/> OR Other: _____ AMP ROOF - Type: _____			
SOLID FUEL HEATING UNIT Any Wood burning Device? Yes <input type="checkbox"/> No <input type="checkbox"/> Type: Wood <input type="checkbox"/> Pellet <input type="checkbox"/> Outside Wood Boiler <input type="checkbox"/> Please attach Solid Fuel Heating Questionnaire and Photos	WATER TANK - AGE: _____ Mobile Home Fully Skirted? YES <input type="checkbox"/> NO <input type="checkbox"/> RAILINGS INSTALLED FOR STAIRS WITH MORE THAN 3 RISERS OR HIGHER THAN 2 FT. OFF THE GROUND? Yes <input type="checkbox"/> No <input type="checkbox"/> SECURITY SYSTEM MONITORED FIRE <input type="checkbox"/> BURGLAR <input type="checkbox"/> SMOKE DETECTOR <input type="checkbox"/> (CERTIFICATE REQUIRED FOR ALARM DISCOUNT)			

MOBILE HOME APPLICATION

ADDITIONAL EXPOSURE INFORMATION							
Explain "Yes" responses in remarks	YES	NO		YES	NO		
UNIT RENTED TO OTHERS? NO. OF FAMILIES? _____.			DAY-CARE/BABYSITTING? # OF CHILDREN? _____.				
ROOMS RENTED TO OTHERS? HOW MANY? _____.			ANY COMMERCIAL/HOMEBASE OPERATIONS AT THIS LOCATION?				
ANY SADDLE OR DRAFT ANIMALS? HOW MANY? _____.			ANY ADDITIONAL PRIMARY RESIDENCES?				
Swimming Pool <input type="checkbox"/> Hot Tub over 30 inches deep <input type="checkbox"/> Trampoline <input type="checkbox"/> ?			INCIDENTAL OFFICE USE?				
COVERAGE, PROTECTION, FORMS, LIMITS & DEDUCTIBLES							
PROTECTION: WITHIN 300M OF HYDRANT <input type="checkbox"/> WITHIN 8KMS OF FIREHALL <input type="checkbox"/> UNPROTECTED <input type="checkbox"/> TERRITORY _____.							
OCCUPANCY: PRIMARY <input type="checkbox"/> TENANT <input type="checkbox"/> RENTAL <input type="checkbox"/> SEASONAL <input type="checkbox"/> SECONDARY <input type="checkbox"/> VACANT <input type="checkbox"/>							
FORM TYPE: COMPREHENSIVE <input type="checkbox"/> BROAD <input type="checkbox"/> BASIC <input type="checkbox"/> FIRE EC <input type="checkbox"/>							
DEDUCTIBLES : POLICY DED. <input type="checkbox"/> \$500 OR <input type="checkbox"/> \$ _____. PREFERRED <input type="checkbox"/> STANDARD <input type="checkbox"/>							
BASIS OF LOSS SETTLEMENT		MOBILE HOME: *G.R.C. <input type="checkbox"/> R.C. <input type="checkbox"/> A.C.V. <input type="checkbox"/> * Current Bill of Sale required for GRC		PERSONAL PROPERTY: R.C. <input type="checkbox"/> A.C.V. <input type="checkbox"/>			
MOBILE HOME	OUTBUILDINGS	PERSONAL PROPERTY	ADDITIONAL LIVING EXPS.	LEGAL LIABILITY	VOLUNTARY MED. PAYMENTS	VOLUNTARY PROP. DAMAGE	ESTIMATED PREMIUM
\$	\$	\$	\$	\$	\$	\$	\$
MOBILE HOME APPLICATION - SUPPLEMENTAL							
SECTION "A" – OPTIONAL PROPERTY COVERAGES				YES	LIMIT	DEDUCTIBLE	EST. PREMIUM
EARTHQUAKE (SUBJECT TO CMHC APPROVED TIE DOWNS)							
RENTAL INCOME (100% Co-Insurance)							
BOARDERS OR RENTERS – PROVIDE NAME, AGE, OCCUPATION, LOSS HISTORY							
SCHEDULED ARTICLES				YES	LIMIT	DEDUCTIBLE	EST. PREMIUM
SCHEDULED ARTICLES FLOATER (ATTACH SCHEDULE & APPRAISALS)							
PERSONAL WATERCRAFT (ATTACH SCHEDULE)							
FINE ARTS (ATTACH SCHEDULE & APPRAISALS)							
TOTAL ESTIMATED PREMIUM THIS SECTION							
SECTION "B" – OPTIONAL LIABILITY COVERAGES						EST. PREMIUM	
OUTBOARD MOTORS		# OF MOTORS -	HP OF MOTORS (ATTACH LIST IF MORE THAN 2)	#1	#2		
INBOARD MOTORS		# OF MOTORS -	HP OF MOTORS (ATTACH LIST IF MORE THAN 2)	#1	#2		
TOTAL ESTIMATED PREMIUM THIS SECTION							
TOTAL ESTIMATED PREMIUM THIS PAGE							
ADDITIONAL INSURED:		RELATIONSHIP TO INSURED	DATE OF BIRTH	COVERAGE(S) REQUIRED			
NAME				CONTENTS <input type="checkbox"/> LIABILITY <input type="checkbox"/>			
				CONTENTS <input type="checkbox"/> LIABILITY <input type="checkbox"/>			

