## Administered by

MOBILE HOME APPLICATION – PART 1								
INSURANCE COMPANY:	POLICY NUMBER  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)	UNDERWRITERS INSURANCE AGENCIES (POWELL RIVER) LTD. 4510 JOYCE AVE POWELL RIVER, BC							
First App Second App	V8A 3A9							
	IRY DATE (MM/DD/YY)  ALL TIMES ARE LOCAL TIMES AT THE APPLICANT'S POSTAL ADDRESS STATED HEREIN							
LOSS & POLICY HISTORY								
	ims 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	EINSURANCE TO THE APPLICANT WITHIN THE PAST 5 YEARS? YES NO							
IF YES, PROVIDE DETAILS. PREVIOUS INSURER:	POLICY #: EXP. DATE:							
PROPERTY INSURED  YEAR MANUFACTURER MODEL	L SERIAL NUMBER OR REGISTRATION # SIZE (LENGTH & WIDTH)							
1 LAIK MARKOTACTOREK MODEL	SERVE NOWBER OF REGISTRATION # SIZE (EEROTTIC WIDTH)							
SIZE OF ENCL. ADDITION DECK - OPEN SIZE COVERED SIZE PORCH - OPEN SIZE COVERED SIZE								
SHOP - Attach Detach SIZE CARPORT - Attach SIXE CARPORT - Attach (MAX. 160 ACRES)	Detach SIZE GARAGE - Attach Detach SIZE LOSS PAYABLE							
MOBILE HOME PARK: RISK LOCATION ADDRESS:  POSTAL CODE:								
RATING INFORMATION	UPDATES							
HEATING	MANDATORY INFORMATION  PARTIAL FULL YEAR							
Portable or Space Heaters used as Primary Heat? Yes No Primary Heat Type: N/G Oil Propane Wood Elec. Heat Pump Electric Baseboard Other: - Type	PLUMBING -         Any POLY B?         Yes         No							
Auxiliary Heat? Yes No Type:	ELECTRICAL: Aluminum Wiring? Yes  No Circuit Breaker OR Fuses 100 AMP OR Other: AMP							
If heating is <b>OIL</b> , please attach oil tank questionnaire and current photo	ROOF - Type:							
SOLID FUEL HEATING UNIT	WATER TANK – AGE:							
Any Wood burning Device? Yes No	Mobile Home Fully Skirted? YES □ NO □							
Type: Wood ☐ Pellet ☐ Outside Wood Boiler ☐	RAILINGS INSTALLED FOR STAIRS WITH MORE THAN 3 RISERS OR HIGHER THAN 2 FT. OFF THE GROUND?  Yes No							
Please attach Solid Fuel Heating Questionnaire and Photos  SECURITY SYSTEM								
	MONITORED  FIRE □ BURGLAR □ SMOKE DETECTOR □  (CERTIFICATE REQUIRED FOR ALARM DISCOUNT)							

## **MOBILE HOME APPLICATION**

ADDITIONAL EX	ADDITIONAL EXPOSURE INFORMATION										
Explain "Yes" res	Explain "Yes" responses in remarks			NO						YES	NO
UNIT RENTED TO	T RENTED TO OTHERS? NO. OF FAMILIES? DAY-CARE/BABYSITTING? # OF CHILDREN?				REN?						
ROOMS RENTED	TO OTHERS? HOW MA	NY?				ANY COMMERCIAL/HOMEBASE OPERATIONS AT THIS LOCATION?					
ANY SADDLE OR	DRAFT ANIMALS? HO	W MANY?			ANY ADDI	ANY ADDITIONAL PRIMARY RESIDENCES?					
Swimming Pool	Hot Tub over 30 inches	deep  Trampoline	⊒?		INCIDENTA	INCIDENTAL OFFICE USE?					
COVERAGE, PI	ROTECTION, FORM	IS, LIMITS & DEDU	CTIBLES								
PROTECTION:	WITHIN 300M OF H			MS OF FIRE	HALL		UNPRO	OTECTED	TERRIT	ORY	
OCCUPANCY:	PRIMARY	TENANT	REN'	ΓAL	SEAS	ONAL		SECON	NDARY	VACANT	
FORM TYPE:	COMPREHENSIVE		BROAD			BASIC		]	FIRE EC		
DEDUCTIBLES:	POLICY DED.	\$500 OR 🗆 \$	<u>_</u> :		PREF	ERRED		STAN	DARD 🗆		
BASIS OF LOSS	SETTLEMENT	MOBILE HOME: * Current Bill of Sale			C.	V. 🗆		PERSONAL	PROPERTY: R.C.	☐ A.C.V	
MOBILE HOME	OUTBUILDINGS	PERSONAL PROPERTY	ADDIT: LIVING		LEGAL LIAB	ILITY		LUNTARY PAYMENTS	VOLUNTARY PROP. DAMAGE		ATED IIUM
\$	\$	\$	\$		\$		\$		\$	\$	
		MOBI	LE HOME	APPLICA	ATION - SUPI	PLEME	NTAL				
SECTION "A" – OPTIONAL PROPERTY COVERAGES  YES  LIMIT  DEDUCTIBLE						EST. PR	EMIUM				
EARTHQUAKE (SU	JBJECT TO CMHC APP	ROVED TIE DOWNS)									
RENTAL INCOME	(100% Co-Insurance)										
BOARDERS OR RENTERS – PROVIDE NAME, AGE, OCCUPATION, LOSS HISTORY											
SCHEDULED ARTICLES						YES	;	LIMIT	DEDUCTIBLE	EST. PR	EMIUM
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. P								EST. PR	EMIUM		
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:  NAME  RI		RELATI	ELATIONSHIP TO INSURED		DATE OF BIRTH		BIRTH	COVERAGE(S) REQUIRED			
									CONTENTS	LIABILTIY	
									CONTENTS	LIABLITY	<i>′</i> □

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## **MOBILE HOME APPLICATION**

PREMIUM SUMMARY		PROVED/A CENT QUESTIONNAIDE (For	additional comments use naments)			
RATE TABLE PREMIUM		BROKER/AGENT QUESTIONNAIRE (For a	YES NO			
+ INCREASED OUTBUILDINGS BY \$		IF YES, WHEN?				
+ INCREASED CONTENTS BY \$		<del>-</del>	GOOD			
= UNADJUSTED BASE PREMIUM		_	FAIR 🔲			
- OPTIONAL DEDUCTIBLE CREDIT		_	POOR			
= ADJUSTED BASE PREMIUM						
- AGE OF MOBILE HOME MODIFIER						
- FACTORY DOUBLEWIDE DISCOUNT						
- MATURE MARKET DISCOUNT		OPTIONAL COVERAGE DESCRIPTION	OPTIONAL COVERAGE PREMIUM			
- MORTGAGE FREE DISCOUNT						
-ALARM DISCOUNT						
+ WOODHEAT CHARGE						
+ OPTIONAL COVERAGE PREMIUMS						
TOTAL ESTIMATED PREMIUM		TOTAL OPTIONAL COVERAGE PREMIUM				
REMARKS						
CONSENT In accordance with the Act Respecting the Protection of Personal Information in the Private Sector  If it should be necessary for the purpose of my file, I, undersigned, the applicant specifically consent that my broker and my insurers, for the time required to fulfil their functions:  (A) Gather all the pertinent necessary information from the holders of my prior insurance files, intermediaries in the insurance industry, insurance companies, financial institutions, credit agencies, government records establishing driving experience, prevention, detection or repression of crime agencies and institutions that gather and compile data on insurance risks and losses.  -For the purpose of establishing the premium and the assessment of risk; and , (if you would like to consent now)  -For the purpose of verification, assessment and the settlement of losses;  Furthermore, I authorize my broker to sign on my behalf any request or form that may be necessary in order to gather information concerning me.  (B) Disclose, in the case of my broker, the information obtained to insurers with whom he is doing business; when it is my insurers, to institutions that gather and compile data on insurance risks and losses and prevention, detection or repression of crime agencies. Solely the employees, mandatories or representatives of my broker, insurers or of institutions referred to in this paragraph will have access to this information when required within the execution of their functions.  Furthermore, I consent that holders of information concerning me and covered by the present consent be released from their confidentiality undertaking and that they convey the required information to my broker, my insurers, their employees, trainees or representatives.  I acknowledge having been informed of my right to access to information obtained by virtue of the present consent to my broker and/or my insurers, their employees, trainees or representatives.  The total estimated policy premium is subject to adjustment to the insurer's man						
SIGNATURE OF APPLICANT	DATE	SIGNATURE OF CO-APPLICANT	DATE			
SIGNATURE OF ADDITIONAL INSURED	DATE	SIGNATURE OF ADDITIONAL INSURED	DATE			
SIGNATURE OF BROKER/AGENT		DATE				

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