



Boston Insurance Specialists, Inc.

800 South Main Street, Suite 101, Mansfield, MA 02048
Phone: 800.784.1887, Fax: 508.337.3698

Mobile Homeowners Application

Applicant's Name _____
 Mailing Address _____

 Location of M.H. _____

Agent Name _____
 Address _____

 Agent Code _____

PROPOSED EFFECTIVE DATE: From _____ To _____ 12:01 A.M., Standard Time at the address of the Applicant

MOBILE HOME INFORMATION • PHOTO REQUIRED

Year	Length	Width	Make & Model	Serial Number	Actual Value When Insured	Purchased Mo./Yr.	Purchase Price
						/	

MORTGAGEE: _____

ADDRESS: _____ LOAN NO.: _____

COVERAGE AND LIMIT INFORMATION

Section	Coverages	Limits Of Liability
I	Described Mobile Home	\$
	Adjacent Structures	\$
	Unscheduled Personal Property	\$
	Additional Living Expense	\$
II	Personal Liability Each occurrence	\$
	Medical Payments to Others Each person	\$ 500
	Each accident	\$25,000
	Replacement Cost	<input type="checkbox"/> Personal Property <input type="checkbox"/> Dwelling (SC Only)
	Trip Collision	\$
	Vendor's Single Interest	\$
	Flood Coverage	\$
	Wood/Coal Burning Facility (PHOTO)	\$

Endorsements: _____



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Adjacent Structures—List detached structures and equipment:

Description	Value	Description	Value

PREMISES INFORMATION

1. Protection Class: _____ Fire District: _____
2. Deductible: _____
3. Territory: _____
4. NADA Value: \$ _____
5. Permanent residence of Applicant?..... Yes No
6. Distance to fire hydrant: _____
7. Distance to fire station: _____
8. Distance from water: _____
9. Is mobile home located in flood zone? Yes No
10. Is mobile home skirted?..... Yes No
11. Is mobile home tied down?..... Yes No
12. Is mobile home in park? Yes No
13. Park size: _____ No. of lots: _____
14. Are there any modifications to the home? Yes No
If yes, explain: _____

15. Is there a wood/coal burning facility? Yes No
If yes, provide completed questionnaire and photo of facility.
16. Is there a trampoline?..... Yes No
17. Is there a swimming pool?..... Yes No
If yes, pool is: Above ground Below ground Fenced
18. Applicant's Occupation: _____
19. Is there any business, including day care, conducted on premises? Yes No
If yes, explain: _____

20. Is there any acreage or outbuildings? Yes No
If yes, describe: _____

21. Does Applicant own any animals?..... Yes No
If yes, what type and breed? _____



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If yes, any bite/aggressive behavior history?..... Yes No

22. Previous Insurance Carrier: _____ Policy Number: _____ Expiration Date: _____

If no previous carrier, why (not applicable in Missouri or California)? _____

23. Has any company canceled or refused coverage to Applicant? Yes No

(Not applicable in Missouri and California))

If yes, explain: _____

24. Any bankruptcy or foreclosure proceedings filed? Yes No

If yes, reason: _____

Discharged?..... Yes No

If discharged, date of discharge: _____

25. Has the applicant ever been charged with arson or fraud? Yes No

26. Any losses occurred at this location or any other location owned/rented within the last three years? Yes No

If yes, please describe:

Date	Description	Amount

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

PRIVACY POLICY: I have received and read a copy of the "Scottsdale Insurance Company Privacy Statement and Procedures". By submitting this application, I am applying for issuance of a policy of insurance and, at its expiration, for appropriate renewal policies issued by Scottsdale Insurance Company and/or other members of the Scottsdale group of insurance companies. I understand and agree that any information about me that is contained in, or that is obtained in connection with, this application or any policy issued to me may be used by any company within the Scottsdale group to issue, review, and renew the insurance for which I am applying.

FAIR CREDIT REPORTING ACT NOTICE: This notice is given to comply with Federal Fair Credit Reporting Act (Public law 91-508) and any similar state law which is applicable as part of our underwriting procedure. A routine inquiry may be made which will provide information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to nature and scope of the report will be provided.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 and subjects such person to criminal and civil penalties.

FRAUD WARNING (APPLICABLE IN TENNESSEE AND WASHINGTON): It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.



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APPLICANT'S SIGNATURE: _____ DATE: _____

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____

(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: _____

(Applicable in Iowa Only)