

**MOBILE HOMEOWNER APPLICATION (12/20)**

inland mutual INSURANCE COMPANY (OHIO)



LAST FIRST M/I LAST FIRST M/I  
 Named Insured: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ Spouse \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_ Date of Birth: \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
 Employer / Occupation: \_\_\_\_\_ No. yrs: \_\_\_\_\_ Employer / Occupation: \_\_\_\_\_ No. yrs: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Household Annual income: \_\_\_\_\_ Under \$15,000 \_\_\_\_\_ \$15,000 - \$30,000 \_\_\_\_\_ Over \$30,000 Number of Children at home: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Location of Premises if different than mailing address: \_\_\_\_\_  
 Town/County/State \_\_\_\_\_ Zip \_\_\_\_\_

**COVERAGES AND LIMITS OF LIABILITY**

Occupancy:  Owner  Seasonal

("X" form) Section A. Mobile Home Dwelling B. Other Structures C. Personal Property D. Additional Living Expense E. Personal Liability (each occurrence) F. Medical Payments (each pers/each acc.)  
 BASIC  BROAD \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ II \$ \_\_\_\_\_ \$ \_\_\_\_\_ / \_\_\_\_\_

**DEDUCTIBLE** Section I: Any loss by perils insured against under Section I of this policy is subject to a mandatory deductible of \$500 unless other deductible noted: \_\_\_\_\_  
**REQUESTED DATE:** (to be effective) \_\_\_\_\_ time:  a.m.  p.m.  
**TERM:**  3 month  6 month  Annual

Base Premium \$	Additional Premium \$	Credits \$	Fees \$	Total \$	Amount Paid:
Additional Coverages or Endorsements requested at time of issue:	Explain additional Premium Charges or Credits:	Annual Term Pay Plan 3 pay _____ 6 pay _____ 12 pay/auto pay _____			

**MOBILE HOME INFORMATION:** Year Mfg. \_\_\_\_\_ Size L x W \_\_\_\_\_ x \_\_\_\_\_ Make \_\_\_\_\_ / \_\_\_\_\_ Model \_\_\_\_\_ Serial Number \_\_\_\_\_ Purchase Price \$ \_\_\_\_\_ When Purchased? \_\_\_\_\_  
 Responding Fire Dept.: \_\_\_\_\_ Volunteer?  Yes  No Prot. Class: \_\_\_\_\_ Distance from F/D: \_\_\_\_\_ Distance from Hydrant: \_\_\_\_\_

Describe Specific OTHER STRUCTURES if coverage needed (Attach Photo) Value when insured \_\_\_\_\_ Purchase Price \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

**MORTGAGEE / LIENHOLDER INFORMATION:** \_\_\_\_\_  
 Loan Balance: \_\_\_\_\_  
 Loan Number: \_\_\_\_\_

**SUPPLEMENTAL APPLICATION IS REQUIRED FOR ADDITIONAL INSURED**

Please "X" where BILLING is to be sent:  Insured  Mortgagee  Other - explain: \_\_\_\_\_  
 Is Mobile Home being Purchased by a LAND or LEASE Purchase Contract?  NO  YES (IF YES, SUBMIT UNBOUND WITH COPY OF CONTRACT, The Lease Purchase Seller will be listed as an 'Additional Insured')  
 What is your MONTHLY Loan payment for the Mobile Home: \_\_\_\_\_ Are your payments current and up to date?  NO  YES

**FOR BROKER COMPLETION:**  
 Do you personally know applicant or family?  Just Met  YES  
 If yes, how long? \_\_\_\_\_  
 Have you seen the Mobile Home?  YES  NO, is exterior of the mobile home dented or un-repaired? \_\_\_\_\_  
 Have you written other lines of insurance for the applicant?  YES  NO

**BROKER:**  
 Address \_\_\_\_\_  
 Agent #: \_\_\_\_\_

**COVERAGE IS NOT BOUND BY THIS APPLICATION.**  
**TO HAVE COVERAGE BOUND, PLEASE CALL ASSOCIATED INSURANCE SERVICE, INC. (AIS).**  
**1-800-642-3541 (OR) (304) 529-2771**

I, \_\_\_\_\_ spoke with \_\_\_\_\_ of AIS,  
 who bound coverage effective \_\_\_\_\_ at \_\_\_\_\_ a.m. p.m.

PLEASE COMPLETE BOTH SIDES AND ATTACH CURRENT PHOTO

**MOBILE HOMEOWNER APPLICANT INFORMATION:**

- 1) Applicant:  Married  Single  Widow  Divorced/Separated
2) Have you ever been indicted or convicted for the commission of a crime?  NO  YES - explain
3) Name of previous insurance carrier & policy number? Thru what agency?
If no previous insurance, why?, if "CANCELED", why?
Any late Pay notices on insurance in the last 2 years?  NO  YES; Any other Insurance in effect on the Mobile Home, other structures or contents?  NO  YES
4) List all losses incurred (other than auto) during the last FIVE (5) years for Property, Theft, or Liability. If None, mark NONE
5) Have you EVER had a property loss greater than \$10,000?  NO  Yes - explain:
6) Any BUSINESS, paid childcare or eldercare conducted on the premises?  NO  YES, explain:
7) Has Applicant gone through BANKRUPTCY proceedings or REPOSSESSIONS within the last 7 years?  NO  YES, explain
8) How long has Applicant lived in current residence?
9) Do you have DOGS on premises?  NO  YES, IF "YES", what BREED: ever bitten anyone?

**MOBILE HOME INFORMATION:**

- A) Foundation continuously enclosed?  NO  YES; SOLID MASONRY foundation or Stacked Blocks?
SKIRTING?  NO  YES; TIE DOWNS:  NONE  Chassis Only  Over roof  Both
B) Size and description of any extension, porch or room addition to Mobile Home (LxW):
C) Has electrical system (wiring) been inspected by a qualified electrician? When? How old is wiring?
D) Please "X" answer that applies - Fire Extinguisher, Smoke Detectors, Deadbolt Locks, Vinyl Siding, Central Heat, Central A/C (# tons), Electric Baseboard Heat, Shingle Roof, TV/Radio Towers/ Satellite Dish, Swimming Pool, Trampoline, All Terrain Vehicles (excluded)
E) Are there any 'OPTIONAL' heating devices? (e.g.: fireplace, woodstove, kerosene heater) None YES, describe:
(FOR ALL WOODSTOVES & NON-FACTORY INSTALLED FIREPLACES the questionnaire I/S WB-1 must be attached)
F) Has Mobile Home been moved from its original set-up location?  NO  YES, when:
G) Is unit accessible to fire equipment at all times?  NO  YES; Distance to nearest occupied dwelling?
H) What is premises acreage or lot size? Neighborhood? Hillside Valley Near Creek/River Residential Commercial ISOLATED Mobile Home Park Farm Property
I) Owner of land or lot where Mobile Home is located:  Applicant  Landlord or  Other - explain

All policies have SPECIAL or LOWER LIMITS on specific types of personal property and/or for the peril of theft on some policies. LOSS DUE TO FLOOD or Rising Water is NOT COVERED. Section I coverage is suspended in the event that the insured structure is VACANT or UNOCCUPIED FOR MORE THAN SIXTY (60) DAYS. Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

I (We) declare the information provided in this application is true and request the Company to issue a policy of insurance, including any renewals in reliance thereon. IT IS UNDERSTOOD AND AGREED THAT COVERAGE IS NOT IN EFFECT UNTIL AUTHORIZED BY THE COMPANY OR ITS LICENSED REPRESENTATIVE and that any binder, policy or renewal certificate issued subsequent thereto is void from its effective date if any check tendered in payment of premium is not honored when presented.

I (We) the applicant hereby apply for policyholder membership and if accepted as a member, I hereby appoint the Proxy Committee of the Board of Directors of the Insurance Company my true and lawful attorney for me, in my name, place and stead, to vote for me as my proxy at any meeting of the members of the Company held during the period of my membership under the policy herein applied for and any renewal thereof, and at which meeting I am not attending in person.

FAIR CREDIT REPORTING ACT - Pursuant to requirements of the Fair Credit Reporting Act, I (We) understand that, in connection with my (our) application for insurance, an investigative consumer report, including information as to character, general reputation, personal characteristics, and mode of living will be made. I (We) also understand that I (We) am (are) entitled, upon submission of written request, to be furnished a complete disclosure of the nature and scope of any such report."

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF BROKER

DATE

MINE SUBSIDENCE COVERAGE IS AVAILABLE (contact the company)

Comments: