

Mobile Home Application

Company: National Security Other _____ Underwriter: _____ Quote# _____
 Inception date: _____ New Business Renewal/Rewrite

Insured Information:

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Insured property address: _____
 Location: _____
 City: _____ State: _____ Zip: _____
 County: _____ Territory#: _____
 Lot: _____ Block: _____ Addition: _____

Agent Information

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Agency Contact: _____
 MFS Customer #: _____
 Phone number: _____
 Fax number: _____

Coverage and Limits of Policy: (If more than one location, complete sec 2, 3 & 4 for each)

Limits:	Check Coverage Quoted:	Premium Quoted:
Mobile Home Amount: _____	<input type="checkbox"/> Fire	Premium: _____
Contents Amount: _____	<input type="checkbox"/> Extended Coverage	Policy Fee: _____
Other (Specify Coverage): _____	<input type="checkbox"/> Extended Coverage(Excl. Wind)	Tax: _____
Adjacent Structure: _____	<input type="checkbox"/> V & MM (79-C)	Stamping Fee: _____
Attached Structure: _____	<input type="checkbox"/> Electrical Burnout	Total Premium: _____
A/C \$ _____ Window <input type="checkbox"/> Central <input type="checkbox"/>	<input type="checkbox"/> Liability - Limit: _____	Who Quoted Premium: _____
	<input type="checkbox"/> Other (Specify) _____	Myron Steves <input type="checkbox"/> Agent <input type="checkbox"/>

Premise Information:

Description:	Occupancy:	Protection:
Year: _____ Make: _____	<input type="checkbox"/> Primary Owner	PPC: _____ Inside City Limits: Yes <input type="checkbox"/> No <input type="checkbox"/>
Model: _____	<input type="checkbox"/> Secondary Owner	If no, distance to: Fire Station _____
Size: L _____ x W _____	<input type="checkbox"/> Tenant	Hydrant _____
Serial # _____ Purchase price and date: _____		Responding Fire Dept: _____

- 1) Is Mobile Home property tied-down in accordance with Texas tie-down laws: Yes No
- I understand that if the Mobile Home is not tied-down in accordance with Texas Laws, that Extended Coverage is excluded.
- 2) What is sea level elevation of the ground on which the mobile home sits: _____ ft. (if below 14ft., attach a copy of the flood policy)
- 3) Is risk within 2500ft. To Bay/Gulf or other body of water: Yes No
- 4) Do you have full legal title to mobile home: Yes No (Subject to Mortgage)
- 5) Is there a woodburning stove: Yes No or Fireplace: Yes No
- 6) Is Mobile Home skirted: Yes No If yes, with what material: _____
- 7) Animals on Premises: Yes No If so, What Type: _____ If Dog, What Breed/Mix: _____
- 8) Any business conducted on premises: Yes No If yes, explain: _____
- 9) # of square feet: _____ Customer on Premise Yes No GL policy in force Yes No
- 10) Any child/day care activities: Yes No If yes, explain: _____

Mortgagee Information:

Loan #: _____ Name: _____ Address: _____
 City: _____ State: _____ Zip: _____ Insured has full legal title to the land for which the home sits on: Yes No

Prior Carrier and loss information:

Previous Carrier: _____ Expires: _____
 List any losses in the last 5 years: _____
 Non-renewing: Yes No Why: _____
 If no prior coverage, explain why not: _____ **Please Attach Photo**

I understand that this policy does not cover loss or damage arising out of flood or rising water.

Insured Signature _____ Date: _____ Producer Signature _____ Date: _____

AGENT DOES NOT HAVE BINDING AUTHORITY