



MOBILE HOME APPLICATION

DATE (MM/DD/YYYY)

AGENCY PHONE (A/C, No, Ext): 215-672-8720 FAX (A/C, No): 215-672-1554	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)			NAIC CODE	FACILITY CODE
	American Diversified Services, Inc 469 Easton Road Horsham, PA 19044			POLICY #	
americandiversified@gmail.com CODE: SUBCODE: AGENCY CUSTOMER ID	DATE AT CURR RES	CO/PLAN	HOME PHONE #		DAY EVE
	EFFECTIVE DATE	EXPIRATION DATE	BUSINESS PHONE #		DAY EVE

APPLICANT INFORMATION

PREVIOUS ADDRESS (If less than 3 years)	YRS AT PREV ADDR	LOCATION OF PROPERTY IF DIFF FROM ABOVE (Inc county & ZIP)					
APPLICANT'S OCCUPATION (State nature of business if self-employed)	APPLICANT'S EMPLOYER NAME AND ADDRESS	YEARS IN CURR OCC	YEARS W/ CURR EMPL	YEARS W/ PRIOR EMPL	MAR STAT	DATE OF BIRTH	SOCIAL SECURITY #
CO-APPLICANT'S OCCUPATION (State nature of business if self-employed)	CO-APPLICANT'S EMPLOYER NAME AND ADDRESS	YEARS IN CURR OCC	YEARS W/ CURR EMPL	YEARS W/ PRIOR EMPL	MAR STAT	DATE OF BIRTH	SOCIAL SECURITY #
HOW LONG HAVE YOU KNOWN THE APPLICANT?		DATE AGENT LAST INSPECTED PROPERTY:					

ADDITIONAL INTEREST

INT #	MORTG'E	NAME AND ADDRESS	LOAN NUMBER
	ADDL INT		
INT #	MORTG'E	NAME AND ADDRESS	LOAN NUMBER
	ADDL INT		

COVERAGES/LIMITS OF LIABILITY (Describe all discounts in Remarks)**DEDUCTIBLE**

POLICY TYPE	A. MOBILE HOME	B. OTHER STRUCTURES	C. PERSONAL PROPERTY	D. LOSS OF USE	E. PERSONAL LIABILITY EACH OCCURRENCE	F. MEDICAL PAYMENTS EACH PERSON	ALL PERIL \$	WIND/HAIL \$	THEFT \$
	\$	\$	\$	\$	\$	\$			
	FIRE	FIRE & EC	FIRE, EC & VMM	BROAD	SPECIAL		EST TOTAL PREMIUM	DEPOSIT	BALANCE
ENDORSEMENTS (Indicate where applicable or enter other names and limits below)							\$	\$	\$
<input type="checkbox"/> REPLACEMENT COST MOBILE HOME <input type="checkbox"/> REPLACEMENT COST CONTENTS <input type="checkbox"/> INFLATION GUARD %									

PAYMENT PLAN ACORD 610 ATTACHED (NOT APPLICABLE IN NC)

ACCOUNT #:	MAIL POLICY TO:	
BILLING	IF DIRECT BILL:	IF APPLICANT BILL:
<input type="checkbox"/> DIRECT BILL	<input type="checkbox"/> BILL APPLICANT	<input type="checkbox"/> FULL PAY
<input type="checkbox"/> AGENCY BILL	<input type="checkbox"/> BILL MORTGAGEE	
		<input type="checkbox"/> AGENT
		<input type="checkbox"/> APPLICANT

RATING/UNDERWRITING

YEAR	MAKE	MODEL	ID NUMBER	LENGTH	WIDTH
PURCHASE DATE		PURCHASE PRICE \$	NEW USED <input type="checkbox"/> END <input type="checkbox"/>	COOKING LOCATION	
				MIDDLE <input type="checkbox"/> NONE <input type="checkbox"/> FULL <input type="checkbox"/>	
				CHASSIS ONLY <input type="checkbox"/> OVERTOP ONLY <input type="checkbox"/> NONE <input type="checkbox"/>	
TERR CODE	FIRE PREM GROUP	EC PREM GROUP	PERS LIAB TERR CODE	PROTECT CLASS	DISTANCE TO HYDRANT FT
					MI
		FIRE DISTRICT/CODE NUMBER		DIRECT	LOCAL
				CONSECUTIVE MONTHS OCCUPIED EACH YEAR	
EXTERIOR CONSTRUCTION		FOUNDATION CONSTRUCTION		UTILITIES - PERMANENT CONNECTION TO:	
<input type="checkbox"/> STEEL <input type="checkbox"/> ALUM-INUM <input type="checkbox"/> WOOD <input type="checkbox"/> VINYL		<input type="checkbox"/> CONTINUOUS MASONRY <input type="checkbox"/> POST & PIER SKIRTED <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> ELEC <input type="checkbox"/> WATER <input type="checkbox"/> SEWER <input type="checkbox"/> PHONE	
				WIRING <input type="checkbox"/> COPPER <input type="checkbox"/> ALUMINUM	
				LAST INSPECTED:	

OTHER STRUCTURES

DESCRIPTION

LOCATION INFORMATION

MOBILE HOME PARK NAME (If Applicable)		DATE PARK ESTABLISHED	NUMBER OF PERMANENT SPACES IN PARK
1. DOES PARK HAVE A RESIDENT MANAGER? IF YES, PHONE NUMBER:	YES	NO	4. ARE ROADS PAVED?
2. DOES PARK HAVE LIMITED ACCESS?			5. IF HOME IS NOT LOCATED IN A MOBILE HOME PARK, IS HOME VISIBLE FROM ROAD?
3. DOES PARK HAVE SUBDIVISIONS?			

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO	EXPLAIN ALL "YES" RESPONSES IN REMARKS (Except question 15, 16 and 17)	YES	NO	
1. ANY BUSINESS CONDUCTED ON PREMISES (Including day/child care)			13. DURING THE LAST FIVE (5) YEARS [TEN (10) YEARS IN RHODE ISLAND], HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY ? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one (1) year of imprisonment.)			
2. ANY RESIDENCE EMPLOYEES? (Number and type of full and part time employees)						
3. ANY FLOODING, BRUSH, FOREST FIRE HAZARD, LANDSLIDE, ETC?				14. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?		
4. ANY OTHER RESIDENCE OWNED, OCCUPIED OR RENTED?				15. IS MOBILE HOME FOR SALE?		
5. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				16. IS PROPERTY W/IN 300 FT OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY?		
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?				17. IS THERE A TRAMPOLINE ON THE PREMISES?		
7. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS? NOT APPLICABLE IN MO				18. ANY LEAD PAINT HAZARD?		
8. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION OR BANKRUPTCY DURING THE PAST FIVE YEARS?				19. IF A FUEL OIL TANK IS ON PREMISES, HAS OTHER INSURANCE BEEN OBTAINED FOR THE TANK? (Give First Party and limit, and Third Party and limit)		
9. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES? (Note breed and bite history)				20. IS MOBILE HOME DOUBLEWIDE CONSTRUCTION?		
10. DISTANCE TO TIDAL WATER: _____ <input type="checkbox"/> Miles <input type="checkbox"/> Feet						
11. IS PROPERTY SITUATED ON MORE THAN FIVE ACRES? (If yes, describe land use)						
12. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGYS, MINI BIKES, ATVS, ETC)? (List year, type, make, model)						

LOSS HISTORY

ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST 3 YEARS, AT THIS OR AT ANY OTHER LOCATION?

DATE	TYPE	DESCRIPTION OF LOSS	YES	NO	IF YES, INDICATE BELOW	APPLICANT'S INITIALS:	AMOUNT

PRIOR COVERAGE

PRIOR CARRIER	PRIOR POLICY NUMBER	EXPIRATION DATE

REMARKS (Attach Additional Sheets if More Space is Required)

ATTACHMENTS

REMARKS	STATE SUPPLEMENT(S) (if applicable)	REPLACEMENT COST ESTIMATE
	INLAND MARINE APPLICATION	SOLID FUEL QUESTIONNAIRE
	PHOTOGRAPH	PROTECTION DEVICE CERTIFICATE
	WATERCRAFT APPLICATION	
	PERS EXCESS/UMBRELLA APPLICATION	

FOR COMPANY USE ONLY

BINDER/SIGNATURE

INSURANCE BINDER		<p>IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:</p> <p>THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY.</p> <p>THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE. THIS BINDER MAY BE CANCELLED BY THE COMPANY BY NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLICY CONDITIONS. THIS BINDER IS CANCELLED WHEN REPLACED BY A POLICY. IF THIS BINDER IS NOT REPLACED BY A POLICY, THE COMPANY IS ENTITLED TO CHARGE A PREMIUM FOR THE BINDER ACCORDING TO THE RULES AND RATES IN USE BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY.</p> <p>APPLICABLE IN COLORADO: THE INSURER HAS THIRTY (30) BUSINESS DAYS, COMMENCING FROM THE EFFECTIVE DATE OF COVERAGE, TO EVALUATE THE ISSUANCE OF THE INSURANCE POLICY.</p>
EFFECTIVE DATE	EXPIRATION DATE	
TIME	12:01 AM NOON	
COVERAGE IS NOT BOUND		

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not applicable in all states; consult your agent or broker for your state's requirements.)

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, MA, OH, OK, OR or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied.)

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER