Since 1961, our MGA has been offering a broad range of insurance solutions for specialty, niche, program and hard-to-place business.

Quotes@swgins.com www.swgins.com

APPLICATION FOR MOBILE HOME INSURANCE

Name of Insured _			
Postal Address _		Postal C	ode
Legal Address			
Telephone No		Date of Birth (mm/dd/yy)	
Policy Period: F	rom	To	
BROKER REPORT	•		
Broker			
Addross			
Phone		Fax	
Is this New Busines	s to your office?	How long have you known applicant?	
Is Property for Sale	? ☐ Yes ☐No If yes, ple	ease provide details	
Has any Company	Refused, Cancelled, Declined to R	enew Application? Yes No	
If yes, give details:			
PREVIOUS CLAIM	S IN LAST FIVE YEARS		
Date of Loss (mm/dd/yy)	Details of Loss		Amount Paid or Reserved
OCCUPANCY			
☐ Primary ☐ Se	easonal 🗌 Rental 🔲 Vacant	Other (describe):	
Model Year	Trade Name	Size (length x width)	Х
Model Number		Serial Number	_
Loss Payable			
(Include Full Address)			

HEATING	i	Fuel Used	Primary	Auxiliary	Is the Unit fully s	kirted?	s []No	
☐ Furnac	ce (Central)				UPDATES		Full	Partial	Year
☐ Combi	nation with Wood				☐ Electric				
Electric	C				☐ Heating				
☐ Space	Heater				Plumbing				
☐ Firepla	ice Insert				Roof				
	uel Heating Unit				☐ Hot Water Ta				
	(describe)				-	rtial, describe:			
**A Woods	stove Questionnaire	and a photo	of the wood	Istove must acc	ompany applicati	on			
	s								
	Copper				Other (desc	ribe):			%
Type of R	Roof Asphalt		,	· —					
Oil Tank	☐ Inside ☐ O	utside	☐ Above	Ground 🗌 I	n Ground	Age:			
**An Oil Ta	ank Questionnaire ar	nd a photo o	f the oil tank	c must accompa	any application				
Protection	n Within 30	00 m of Hyd	rant 🗌 Wi	ithin 8 km of Fir	rehall 🗌 Unprot	ected			
Alarms	☐ Burglar (central mon	itored)	Fire (Central m	nonitored)				
Detached	Structures	Yr Built		Size		Construction			
•	inimum Insurable I ד			_				•	
	<u>'</u>	ile lactor to	aetermine	e R/C is \$80 / S	Sq. Ft.; ACV - \$6	0 / Sq. Ft.			
			L	IMITS REQUIF	-	0 / Sq. Ft.			
Mobil	e Detached Pr	ivate Pe	Lersonal /	LIMITS REQUIR Additional Living	-	Voluntary Medical	Volu	Intary Pro	
Mobil Home	e Detached Pr	ivate Pe	L	LIMITS REQUIR Additional Living Expenses	RED	•	Volu	intary Pro Damage \$500	
Home \$	e Detached Pr e Structure \$	ivate Pe	ersonal A operty \$	LIMITS REQUIR Additional Living Expenses	RED Legal Liability \$1,000,000 \$2,000,000	Voluntary Medical Payments \$1,000		Damage \$500	
\$ NOTE – A	e Detached Pr Structure \$ All Risk Cover is or	ivate Pe s Pr \$	ersonal A operty \$	LIMITS REQUIR Additional Living Expenses	RED Legal Liability \$1,000,000 \$2,000,000	Voluntary Medical Payments \$1,000 isk Cover Required	d? [\$500 Yes]No
\$ NOTE - A	e Detached Prestructure \$ All Risk Cover is or LOSS SETTLEME	rivate Pe Pr \$ ally available	ersonal A operty \$	LIMITS REQUIR Additional Living Expenses	RED Legal Liability \$1,000,000 \$2,000,000	Voluntary Medical Payments \$1,000	d? [\$500 Yes]No
NOTE – A BASIS OF Mobile	Detached Prestructure \$ All Risk Cover is or LOSS SETTLEME Home – ACV; Pers	ivate Pess Prosessions Prope	ersonal Appendix Security - ACV	LIMITS REQUIR Additional Living Expenses	RED Legal Liability \$1,000,000 \$2,000,000	Voluntary Medical Payments \$1,000 isk Cover Required	d? [\$500 Yes]No
NOTE – A BASIS OF Mobile Mobile	Detached Pr Structure \$ All Risk Cover is or F LOSS SETTLEME Home – ACV; Pers Home – ACV; Pers	rivate Pe Pr \$ ally available ENT sonal Prope	ersonal Appendix Security - ACV Perty - RC	LIMITS REQUIR Additional Living Expenses	RED Legal Liability \$1,000,000 \$2,000,000	Voluntary Medical Payments \$1,000 isk Cover Required	d? [\$500 Yes]No
NOTE – A BASIS OF Mobile Mobile	Detached Prestructure \$ All Risk Cover is or LOSS SETTLEME Home – ACV; Pers	rivate Pe Pr \$ ally available ENT sonal Prope	ersonal Appendix Security - ACV Perty - RC	LIMITS REQUIR Additional Living Expenses	RED Legal Liability \$1,000,000 \$2,000,000	Voluntary Medical Payments \$1,000 isk Cover Required	d? [\$500 Yes]No
NOTE – A BASIS OF Mobile Mobile	Detached Pr Structure \$ All Risk Cover is or F LOSS SETTLEME Home – ACV; Pers Home – ACV; Pers	ivate Pe Pr \$ ally available ENT sonal Prope sonal Propert	e on Units of the Property of	Additional Living Expenses 15 yrs old and	RED Legal Liability \$1,000,000 \$2,000,000	Voluntary Medical Payments \$1,000 isk Cover Required	d? [\$500 Yes]No
NOTE - A BASIS OF Mobile Mobile Mobile SCHEDUL	Detached Pr Structure \$ All Risk Cover is or F LOSS SETTLEME Home – ACV; Person Home – RC; Person	ivate Pess Properties	e on Units erry - ACV erty - RC y - RC	Additional Living Expenses 15 yrs old and	RED Legal Liability \$1,000,000 \$2,000,000	Voluntary Medical Payments \$1,000 isk Cover Required Deductible: \$	d? [\$500 Yes]No
NOTE - A BASIS OF Mobile Mobile Mobile SCHEDUI Personal	Detached Prestructure \$ All Risk Cover is or ELOSS SETTLEME Home – ACV; Perse Home – RC; Perse Home – RC; Perse LED ARTICLES (Pe	ivate Pe Pr \$ Ily available ENT sonal Proper sonal Propert ersonal Artic	e on Units erry - ACV erty - RC y - RC	Additional Living Expenses 15 yrs old and	RED Legal Liability \$1,000,000 \$2,000,000	Voluntary Medical Payments \$1,000 isk Cover Required Deductible:\$	e may	\$500 Yes]No
NOTE - A BASIS OF Mobile Mobile Mobile SCHEDUI Personal	Detached Prestructure \$ All Risk Cover is or LOSS SETTLEME Home – ACV; Perse Home – RC; Perse Home – RC; Perse LED ARTICLES (Perse	ivate Pe Pr \$ Ily available ENT sonal Proper sonal Propert ersonal Artic	e on Units erry - ACV erty - RC y - RC	Additional Living Expenses 15 yrs old and	RED Legal Liability \$1,000,000 \$2,000,000	Voluntary Medical Payments \$1,000 isk Cover Required Deductible:\$	e may	pamage \$500 Yes]No
NOTE - A BASIS OF Mobile Mobile SCHEDUL	Detached Prestructure \$ All Risk Cover is or LOSS SETTLEME Home – ACV; Perse Home – RC; Perse Home – RC; Perse LED ARTICLES (Perse	ivate Pe Pr \$ Ily available ENT sonal Proper sonal Propert ersonal Artic	e on Units erry - ACV erty - RC y - RC	Additional Living Expenses 15 yrs old and	RED Legal Liability \$1,000,000 \$2,000,000	Voluntary Medical Payments \$1,000 isk Cover Required Deductible:\$	e may	pamage \$500 Yes]No
NOTE - A BASIS OF Mobile Mobile SCHEDUL	Detached Prestructure \$ All Risk Cover is or LOSS SETTLEME Home – ACV; Perse Home – RC; Perse Home – RC; Perse LED ARTICLES (Perse	ivate Pe Pr \$ Ily available ENT sonal Proper sonal Propert ersonal Artic	e on Units erry - ACV erty - RC y - RC	Additional Living Expenses 15 yrs old and	RED Legal Liability \$1,000,000 \$2,000,000	Voluntary Medical Payments \$1,000 isk Cover Required Deductible:\$	e may	pamage \$500 Yes]No
NOTE - A BASIS OF Mobile Mobile Mobile SCHEDUL	Detached Prestructure \$ All Risk Cover is or LOSS SETTLEME Home – ACV; Perse Home – RC; Perse Home – RC; Perse LED ARTICLES (Perse	ivate Pe Pr \$ Ily available ENT sonal Proper sonal Propert ersonal Artic	e on Units erry - ACV erty - RC y - RC	Additional Living Expenses 15 yrs old and	RED Legal Liability \$1,000,000 \$2,000,000	Voluntary Medical Payments \$1,000 isk Cover Required Deductible:\$	e may	pamage \$500 Yes]No
NOTE - A BASIS OF Mobile Mobile Mobile SCHEDUI Personal	Detached Prestructure \$ All Risk Cover is or LOSS SETTLEME Home – ACV; Perse Home – RC; Perse Home – RC; Perse LED ARTICLES (Perse	ivate Pe Pr \$ Ily available ENT sonal Proper sonal Propert ersonal Artic	e on Units erry - ACV erty - RC y - RC	Additional Living Expenses 15 yrs old and	RED Legal Liability \$1,000,000 \$2,000,000	Voluntary Medical Payments \$1,000 isk Cover Required Deductible:\$	e may	pamage \$500 Yes]No

ADDITIONAL EXPOSURE INFORMATION

Explain 'Yes' Responses in Remarks	Yes	No	
Additional Residences/Properties			
ocation Rented to others			# Weeks:
More than one family in the dwelling			
Rooms rented to others			# of Units:
Daycare			# of Children: Ages: Years Experience:
ncidental Office Use			
Commercial Operations at this location			Is there a CGL in place? Yes No
Swimming Pool			Is the pool fully fenced? Yes No
More than 10 Acres			
Saddle / Draft Animals			#:
Other Exposures:			
Remarks ("Yes" Responses MUST be expla	ined)		
hereby make application for insurance on	the above ns, and D	e items Definitio	extension or variation of the insurance applied for. It is of property, subject to the Statutory Conditions, Stipulations ons as contained in the policy or endorsed thereon. RUE AND CORRECT.
Date Si	gnature o	of Appli	icant
Date Si	gnature o	of Brok	er
			ly completed and signed. ne must accompany this application.
SUBMITTED BY: E-MAIL:			

Please Note:

The undersigned, on behalf of the insured organization, acknowledges that any personal information provided in connection with this application (including but not limited to the information contained in this form) has been collected in accordance with applicable privacy legislation and this information shall only be used or shared by the insurer to assess, underwrite and price insurance products and related services, administer and service insurance policies, evaluate and investigate claims, detect and prevent fraud, analyze and audit business results and/or comply with regulatory or legal requirements. For purposes of the Insurance Companies Act (Canada), this document was issued in the course of South Western Insurance Group Ltd.'s insurance business in Canada.