

MOBILE HOME QUOTE INFORMATION

DATE		
QUOTE #		PRIOR CARRIER
COMPANY QUOTED		EXPIRATION DATE
NAME		DOB
ADDRESS		SSN
CITY, STATE ZIP		
MOBILE HOME INFORMATION		
YEAR		LENGTH/WIDTH
MAKE		TYPE OF SIDING
MODEL		ROOF TYPE
SERIAL #		
LOCATION ADDRESS,CITY STATE, ZIP		
MH PARK NAME		
COUNTY		
TIED DOWN/SKIRTED		
FIREPLACE OR WOOD STOVE		
PURCHASE DATE		
PURCHASE PRICE		
ANY DOGS		
SWIMMING POOL/IN OR ABOVE GROUND/FENCED		OTHER STRUCTURES ON PREMISES?
AMOUNT OF COVERAGE		
MOBILE HOME	\$	WHAT KIND?
PERSONAL EFFECTS	\$	SIZE
ADJACENT STRUCTURES	\$	COVERAGE AMOUNT
PERSONAL LIABILITY	\$	
MEDICAL PAYMENTS	\$	
DEDUCTIBLE	\$/%	
OTHER ENDORSEMENTS		
ADDITIONAL INFORMATION:		

