



COLONIAL GENERAL INSURANCE AGENCY, INC.

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(480) 991-7889 WATS (800) 848-8860
Fax (480) 948-1394 Toll Free (866) 240-8807

P.O. Box 571770, Murray, UT 84157-1770
5373 S. Green St., Suite 525, Murray, UT 84123
(801) 290-1144 WATS (800) 594-8900
Fax (801) 290-1160 Toll Free (800) 332-9285

Notice to Agent – Billing Instructions
Indicate below how you wish
Renewals to be billed:
Insured
Mortgage Company
Agent

Mobile Home Application

Applicant's Name _____
Mailing Address _____
Location of M.H. _____

Agent Name _____
Address _____
Agent Code _____

PROPOSED EFFECTIVE DATE: From _____ To _____
12:01 A.M., Standard Time at the mailing address of the Applicant

MOBILE HOME INFORMATION • PHOTO REQUIRED

Year	Length	Width	Make & Model	Serial Number	Actual Value When Insured	Purchased Mo. Yr.	Purchase Price

MORTGAGEE: _____
ADDRESS: _____ LOAN NO.: _____

COVERAGE AND LIMIT INFORMATION

Item	Coverage	Deductible	Limit Of Liability
Mobile Home	Comprehensive	\$	
	Named Perils	\$	
Adjacent Structures	Comprehensive	\$	
	Named Perils	\$	
Personal Effects	Comprehensive	\$	
	Named Perils	\$	
Liability	Premises Liability	\$	
Additional Coverages	Vendor's Single Interest	\$	
	Flood Coverage	\$	
	Trip Coverage	\$	From To

Adjacent Structures—List adjacent structures and equipment (cabanas, awnings, sheds, carports, air conditioners, etc.)

Notice to Agent: Must schedule on form UT-258g if structure not listed in policy.

Description	Value	Description	Value

COVERAGE INFORMATION

1. Occupancy: Owner Tenant Vacant Seasonal

2. Protection Class: _____ Fire District: _____

3. Deductible Amount: \$ _____

4. Territory: _____

5. NADA Value: \$ _____

6. Distance to fire hydrant: _____

7. Distance to fire station: _____

8. Distance from water source: _____

9. Is mobile home located in flood zone? Yes No

10. Is mobile home tied down? Yes No

11. Is mobile home skirted? Yes No

12. Is mobile home in park? Yes No

13. Park size (acres): _____ Number of lots: _____

14. Are there any modifications to the home? Yes No

If yes, describe: _____

15. Is there a wood/coal burning facility? Yes No

If yes, provide questionnaire and photo.

16. Is there a trampoline? Yes No

17. Is there a swimming pool? Yes No

If yes, pool is: Above ground Below ground Fenced

18. Applicant's occupation: _____

19. Is there any business, including day care, conducted on premises? Yes No

If yes, explain: _____

20. Is there any acreage or outbuildings? Yes No

If yes, describe: _____

21. Does Applicant own any animals? Yes No

If yes, what type and breed? _____

Any bite/aggressive behavior history? Yes No

22. Previous insurance carrier: _____
 Policy number: _____ Expiration date: _____
 If no previous carrier, why (not applicable in Missouri or California)? _____
-
23. Has any company canceled or refused coverage to the Applicant (not applicable in Missouri or California)? Yes No
 Comments: _____
-
24. Any bankruptcy or foreclosure proceedings filed? Yes No
 Reason: _____
 Discharged? Yes No
 Date of discharge: _____
25. Has the applicant ever been charged with arson or fraud? Yes No
26. Any losses at this location or any other location owned/rented within the last three years? Yes No
 If yes, please describe:

Date	Description	Amount

PRIVACY POLICY: I have received and read a copy of the "National Casualty Company Privacy Statement and Procedures." By submitting this application, I am applying for issuance of a policy of insurance and, at its expiration, for appropriate renewal policies issued by National Casualty Company and/or other members of the Scottsdale group of insurance companies. I understand and agree that any information about me that is contained in, or that is obtained in connection with this application or any policy issued to me may be used by any company within the Scottsdale group to issue, review, and renew the insurance for which I am applying.

FAIR CREDIT REPORTING ACT NOTICE: This notice is given to comply with Federal Fair Credit Reporting Act (Public law 91-508) and any similar state law which is applicable as part of our underwriting procedure. A routine inquiry may be made which will provide information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to nature and scope of the report will be provided.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties.

APPLICATION WILL NOT BE ACCEPTED WITHOUT APPLICANT'S AND PRODUCER'S SIGNATURES.

Applicant's Signature: _____ Date: _____

Producer's Signature: _____ Date: _____

Agent's E-mail Address _____ Preferred Method of Correspondence? E-Mail Fax Regular Mail

Applicant's E-mail Address _____ Preferred Method of Correspondence? E-Mail Fax Regular Mail