

# ARIZONA MANUFACTURED HOME INSURANCE APPLICATION

Foremost Insurance Company, Grand Rapids, Michigan

REFERENCE/POLICY NUMBER	EFFECTIVE DATE	Completed and signed applications must be kept on file in agency office.  <b>DO NOT MAIL BOUND APPLICATIONS.</b> <b>If coverage is bound you MUST:</b> 1. Enter policy at <a href="http://www.ForemostSTAR.com">www.ForemostSTAR.com</a> , OR 2. Call Toll-Free 1-800-527-3905.
AGENT CODE	AGENT NAME	
CONTACT PERSON		
PHONE NUMBER	FAX NUMBER	

USE TYPE			
<input type="checkbox"/> <b>Primary</b>	<input type="checkbox"/> <b>Primary Farm/Ranch</b> <small>(Applies to Primary use risks when Farm/Ranch operations exceed our Hobby Farm definition)</small>	<input type="checkbox"/> <b>Secondary</b>	<input type="checkbox"/> <b>Tenant</b> <small>(Renter's personal property &amp; liability) <b>NOTE:</b> Insurance on the home can be placed through our Rental Manufactured Home Program.</small>

INSURED INFORMATION - OWNER-OCCUPIED			
INSURED TYPE:	<input type="checkbox"/> Individual <input type="checkbox"/> Life Estate	<input type="checkbox"/> Trust-Land <input type="checkbox"/> In Estate	<input type="checkbox"/> Trust-Family <input type="checkbox"/> Business Name <input type="checkbox"/> Trust-Living <input type="checkbox"/> Other
<small>If Individual is selected, complete Individual First Named Insured information. For all others, complete both Individual with Control and Entity that appears on the Title or Deed.</small>			

INSURED TYPE - INDIVIDUAL - Including Tenant				
First Named Insured				
LAST NAME	FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH	SOCIAL SECURITY NUMBER — —
Second Insured				
LAST NAME	FIRST NAME	MIDDLE INITIAL		
DOES THE FIRST NAMED INSURED RESIDE IN THE HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO				
IS THE SECOND NAMED INSURED A RESIDENT FAMILY MEMBER OF THE FIRST NAMED INSURED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
<small>If NO, does the second insured have an insurable interest and reside in the home? <input type="checkbox"/> YES <input type="checkbox"/> NO</small>				

INSURED TYPE - ALL OTHERS N/A Tenant				
ENTITY THAT APPEARS ON THE TITLE OR DEED: _____				
First Individual with Control				
LAST NAME	FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH	SOCIAL SECURITY NUMBER — —
Second Individual with Control				
LAST NAME	FIRST NAME	MIDDLE INITIAL		

MANUFACTURED HOME LOCATION ADDRESS			
HOME LOCATED INSIDE INCORPORATED CITY LIMITS? <input type="checkbox"/> YES <input type="checkbox"/> NO	IS HOME IN PARK/COMMUNITY? <input type="checkbox"/> YES <input type="checkbox"/> NO	PARK/COMMUNITY NAME	LOT NO.
ADDRESS (Street Number, Street Name, Street Type)			
COUNTY	CITY	STATE	ZIP CODE

MAILING ADDRESS			
SAME AS LOCATION ADDRESS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, PROVIDE ADDITIONAL INFORMATION BELOW.			
ADDRESS (Street Number, Street Name, Street Type, Apt. or Box #)	CITY	STATE	ZIP CODE
HOME TELEPHONE NUMBER ( ) —	WORK TELEPHONE NUMBER ( ) —	EXT.	COUNTRY (IF NOT U.S.A.)

**MANUFACTURED HOME INFORMATION**

DOES THE MANUFACTURED HOME OR OTHER STRUCTURE HAVE A WOODSTOVE OR FIREPLACE?  
 NO  FACTORY INSTALLED  COMMERCIALLY INSTALLED  SELF-INSTALLED

DOES THE APPLICANT HAVE ANOTHER, IN-FORCE PERSONAL LINES OR LIFE POLICY WITH FOREMOST, FARMERS, ZURICH OR BRISTOL WEST?  NO  YES  
 A QUALIFYING LIFE POLICY IS A TERM, WHOLE LIFE, OR VARIABLE UNIVERSAL LIFE POLICY WITH A MINIMUM VALUE OF \$50,000 COVERING AN ADULT.

**MANUFACTURED HOME INFORMATION - N/A TENANT USE**

MODEL YEAR	WIDTH	LENGTH	MAKE/MODEL	SERIAL NUMBER
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MANUFACTURED HOME TIED DOWN? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF PURCHASE	PURCHASE PRICE \$
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COVERAGE AMOUNT: \$ \_\_\_\_\_ (Include attached additions but exclude land value.)

When dwelling replacement cost endorsement is present, enter replacement cost value, otherwise enter actual cash value.

**UNDERWRITING QUESTIONS**

If question at left is 'YES' answer any additional required question(s).

1. Has the applicant had any losses in the past 5 years? <input type="checkbox"/> NO <input type="checkbox"/> YES  If YES, provide loss information in the REMARKS section.	Any theft or liability loss greater than \$2,500? <input type="checkbox"/> NO <input type="checkbox"/> YES*  Any water related losses greater than \$5,000? <input type="checkbox"/> NO <input type="checkbox"/> YES*  Fire loss of any kind? <input type="checkbox"/> NO <input type="checkbox"/> YES*	Any water loss with unrepaired damage? <input type="checkbox"/> NO <input type="checkbox"/> YES**  Two or more water losses from same cause? <input type="checkbox"/> NO <input type="checkbox"/> YES*  Three or more losses of any kind? <input type="checkbox"/> NO <input type="checkbox"/> YES*
2. Has the applicant's policy been canceled/non-renewed (including non-pay) in the past 5 years? <input type="checkbox"/> NO <input type="checkbox"/> YES	Was the reason non-pay or because the company/agent had withdrawn from product/state? <input type="checkbox"/> NO* <input type="checkbox"/> YES	
3. Has the applicant had 3 or more Foremost policies cancel for non-pay in the past 5 years regardless of policy type? <input type="checkbox"/> NO <input type="checkbox"/> YES**		
4. Has the applicant had a lapse in insurance coverage of more than 12 months? <input type="checkbox"/> NO <input type="checkbox"/> YES	Was the applicant a former Foremost policyholder? Notate lapse reason. <input type="checkbox"/> NO <input type="checkbox"/> YES	
5. Is the manufactured home raised more than 4 feet on any side? N/A tenant use <input type="checkbox"/> NO <input type="checkbox"/> YES	Was it approved by a state, county or local official? <input type="checkbox"/> NO* <input type="checkbox"/> YES	
6. Any farm or ranch activity conducted on the premises, including owning farm animals? <input type="checkbox"/> NO <input type="checkbox"/> YES If YES, and tenant or secondary use with liability coverage, risk is unacceptable.	Does activity meet the Hobby Farm definition? (Refer to <i>Definitions</i> section in Program Guide) <input type="checkbox"/> NO <input type="checkbox"/> YES*	If YES, do you want the Hobby Farm Endorsement? (Only available when liability is added) <input type="checkbox"/> NO <input type="checkbox"/> YES
7. Does the applicant own or keep on the premises any non-domestic animal, including any exotic or wild animal? <input type="checkbox"/> NO <input type="checkbox"/> YES*	Describe animal.	
8. Does the applicant own or keep on the premises an animal that has caused harm or previously bitten? <input type="checkbox"/> NO <input type="checkbox"/> YES	Does the applicant accept the animal liability exclusion? <input type="checkbox"/> NO** <input type="checkbox"/> YES	
9. Is the manufactured home or other structure utilized as a commercial risk or is business conducted on premises, including day care? <input type="checkbox"/> NO <input type="checkbox"/> YES If YES, and tenant use, risk is unacceptable.	Is the business incidental? <input type="checkbox"/> NO** <input type="checkbox"/> YES* (Refer to <i>Definitions</i> section in Program Guide)	
10. Is the manufactured home currently vacant, excluding a new purchase that will be occupied within 60 days? <input type="checkbox"/> NO <input type="checkbox"/> YES**	<b>NOTE:</b> If the manufactured home risk is unacceptable due to vacancy, please process through the Foremost Specialty Dwelling Program to determine eligibility.	
11. Is the manufactured home fully installed and connected to utilities? <input type="checkbox"/> NO <input type="checkbox"/> YES If NO, answer question at right.	If NO, will it be fully installed and connected within 60 days? <input type="checkbox"/> NO** <input type="checkbox"/> YES* <b>NOTE:</b> Requires Trip Coverage. N/A tenant use	
12. Does the manufactured home have additions with heat or plumbing? <input type="checkbox"/> NO <input type="checkbox"/> YES	Was the addition approved by a state, county or local official? <input type="checkbox"/> NO* <input type="checkbox"/> YES	
13. Does the applicant own any other manufactured home or site built home on the premises? N/A tenant use <input type="checkbox"/> NO <input type="checkbox"/> YES	Is it used on a continuous basis for residential living? <input type="checkbox"/> NO* <input type="checkbox"/> YES	If YES, does applicant accept the specific structure exclusion? <input type="checkbox"/> NO** <input type="checkbox"/> YES
14. Are there any other structures 1200 sq. ft. or more, with existing damage or in need of repair, excluding cosmetic? N/A tenant use <input type="checkbox"/> NO <input type="checkbox"/> YES* <b>NOTE:</b> May require the Other Structure Exclusion form.	Describe damage.	
15. Is there a pool over 2.5 ft. on the premises? <input type="checkbox"/> NO <input type="checkbox"/> YES If YES, and tenant use, risk is unacceptable.	Does it meet our fence and gate requirements? <input type="checkbox"/> NO** <input type="checkbox"/> YES	

**REMARKS**

\*Underwriting approval will be required.  
 \*\*Do not bind - risk is unacceptable.

