

Statewide Insurance Corp. P.O. Box 30527 Phoenix, AZ 85046 (602) 494-6900 (800) 228-1710 (602) 494-6999 Fax	<b>Wilshire Insurance Company</b>	
	ARIZONA MOBILE HOME APPLICATION	BROKER/AGENT
<b>Program:</b> <input type="checkbox"/> Preferred <input type="checkbox"/> Rental/Commercial <input type="checkbox"/> Elite <input type="checkbox"/> Tenant (Contents/Liab.)		Name: Phone: Broker No.
<b>Requested Eff. Date:</b>	To: _____ Months: 12	<b>Bill to:</b> <input type="checkbox"/> Insured <input type="checkbox"/> 1st Mortgagee <input type="checkbox"/> 2nd Mortgagee

**APPLICANT/OWNER**

Name:	SS#	DOB
Mailing Address:	Home Phone:	Work Phone:
City, State, Zip		County:

**LOCATION OF MOBILE HOME**

Name of Mobile Home Park or Subdivision:	County:
Address (incl. city, state, zip):	# of Spaces:

**DESCRIPTION OF THE MOBILE HOME**

Length	Width	Year	Make	Serial Number	Purchase Price	Purchase Date
<b>VALUATION</b> <input type="checkbox"/> <b>REPLACEMENT COST</b> <input type="checkbox"/> <b>ACTUAL CASH VALUE</b>					<b>PROTECTION CLASS:</b>	
<b>Siding Type:</b> Hardboard <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>Auxiliary Heating</b> <input type="checkbox"/> None <input type="checkbox"/> Wood Stove <input type="checkbox"/> Heat Re-claiming Device			

**MISCELLANEOUS INFORMATION ABOUT THE MOBILE HOME**

<b>OCCUPANCY</b> <input type="checkbox"/> Primary Residence <input type="checkbox"/> Seasonal Residence <input type="checkbox"/> Rental <input type="checkbox"/> Commercial <input type="checkbox"/> Tenant
<b>TERRITORY</b> <input type="checkbox"/> #1 Maricopa County and City of Apache Junction <input type="checkbox"/> #2 Remainder of State

**VALUE OF ADDITIONS AND OTHER STRUCTURES**

Attached Additions		Other Structures Not Attached	
Description	Value	Description	Value
	\$		\$
Total Value	\$	Total Value	\$

**FIRST MORTGAGEE**

**SECOND MORTGAGEE**

Name:	Name:
Address:	Address:
City, State, Zip:	City, State, Zip:
Loan No.	Loan No.

**IMPORTANT NOTICE**

As part of our procedure in reviewing applications for insurance or renewals of insurance policies, American Equity may collect certain personal information from persons other than you. This information as well as other information subsequently collected may, in certain circumstances be disclosed to third parties without your authorization. You have a right to access and request correction of this personal information. Upon request, we will provide complete notice of Insurance Information and Privacy Protection under ARS 20-2104B. We will also provide you this information along with the sources and techniques we may have used to collect such information.

This is an abbreviated notice that complies with ARS 20-2104C.

I hereby declare to the best of my knowledge and belief that all the foregoing statements are true and that these statements are offered as an inducement to the company to issue the policy for which I am applying. ALSO, I HAVE READ AND ANSWERED ALL UNDERWRITING QUESTIONS MADE AS PART OF THIS APPLICATION. Any materially false misrepresentation concerning a material fact on this application may serve as a basis for denial of coverage.

_____ Applicant's Signature	_____ Date	_____ Producer's Signature	_____ Date
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Named Insured:

Broker/Agent:

**CREDITS AND SURCHARGES - MAXIMUM CREDIT 35%**

1. Is any applicant over age 50?  Yes - If Yes, allow 10% credit.
2. Any protective siding such as wood, masonite, vinyl, stone or brick veneer?  Yes - If yes, allow 5% credit.
3. Has the applicant been claim free for at least 24 months?  Yes - If yes, allow 10% credit.
4. Is there a Lienholder on the mobile home?  No - If no, allow a 10% credit.
5. Any protective devices on premises (smoke and burglar alarm)?  Yes - If yes, allow a 5% credit.
6. Transfer Credit (must provide a copy of the expiring declarations page)?  Yes - If yes, allow 5% credit.
7. Is there a wood stove in the mobile home?  Yes - Add a \$30.00 surcharge.

**UNDERWRITING INFORMATION**

**YES NO**

1. What is the insured's occupation? \_\_\_\_\_
2. Does the applicant own any dogs, livestock or other animals? If yes, complete Animals and Livestock section below.
3. Is there a swimming pool, trampoline or similar hazard located on the premises? If yes, describe in remarks.
4. Has the applicant had any losses in the past three years? If yes, list dates, types and amounts in remarks.
5. Has the applicant had any property insurance canceled or non-renewed in the past three years? If yes, give reason and date. \_\_\_\_\_
6. Has the applicant or spouse had any repossessions, foreclosures or bankruptcy in the past five years? If yes, give occurrence and date. \_\_\_\_\_
7. Is the mobile home located in an area subject to floods, mud slides, brush fires or high crime? If yes, explain.
8. Are any business (including day care) activities conducted on the premises? If yes, explain activities.
9. Has the mobile home been uninsured for more than 30 days from the requested effective date? If yes, explain why.

**REMARKS**

**ANIMALS AND LIVESTOCK**

**NOTE: This policy excludes all coverages for Bodily Injury and/or Property Damage caused by ANY animal in your ownership, maintenance or custody.**

**COVERAGES, LIMITS AND PREMIUMS**

OWNER RESIDENT OCCUPIED		Total Limits	Premium
Coverage A	Mobile Home	\$	\$
Coverage B	Other Structures	\$	\$
Coverage C	Personal Property	\$	\$
Coverage E	Personal Liability	\$	\$
Coverage F	Medical Payments	\$	\$
Replacement Cost Personal Property		\$	\$
Replacement Cost Mobile Home		\$	\$
RENTAL OR COMMERCIAL			
Coverage A	Mobile Home	\$	\$
Coverage B	Other Structures	\$	\$
Coverage C	Personal Property	\$	\$
Owners/Landlords Liability		\$	\$
OPTIONAL			
Secured Interest Protection			\$
Natural Disaster (Flood Insurance)			\$
Trip Collision - 30 Days (Not available on dealer setup). Effective: _____ Deductible: \$ 250.00 (Trip Collision Deductible ONLY)			\$
Wood Burning Stove			\$
Policy Fee		\$	\$
<b>Pay Plan:</b> <input type="checkbox"/> Six Payments <input type="checkbox"/> Two Payments <input type="checkbox"/> Annual	<b>Total Credits:</b>	%	\$
<b>DEDUCTIBLE</b> <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000	Water/Theft/Wind Mandatory Deductible	<b>TOTAL PREMIUM</b>	\$
		Minimum Premium Applied	