

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>	
	<b>ARIZONA MOBILE HOMEOWNERS (HO3)</b>	<b>BROKER/AGENT</b>
	<b>Bill to:</b> <input type="checkbox"/> Insured <input type="checkbox"/> 1st Mortgagee <input type="checkbox"/> 2nd Mortgagee <b>Pay Plan:</b> <input type="checkbox"/> Six Payments <input type="checkbox"/> Two Payments <input type="checkbox"/> Annual	Name: Phone: Broker No.
<b>Requested Eff. Date:</b> To: Months: 12		

**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 and zip):	# of Spaces:

**DESCRIPTION OF THE MOBILE HOME**

Length	Width	Year	Make	Serial Number	Purchase Price	Purchase Date
<b>OCCUPANCY:</b> <input checked="" type="checkbox"/> Primary Residence			<b>Auxiliary Heating</b> <input type="checkbox"/> None <input type="checkbox"/> Wood Stove <input type="checkbox"/> Heat Re-claiming Device			
<b>VALUATION:</b> <input checked="" type="checkbox"/> Replacement Cost			<b>TERRITORY:</b> <input checked="" type="checkbox"/> # 1 - Entire State of Arizona		<b>PROTECTION CLASS:</b>	

**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.

Notice to Insured Pursuant to A.R.S. § 21-2104(C)

The insurer may have an investigative consumer report made to collect personal information from persons other than the individual(s) proposed for coverage. The information as well as other personal and privileged information subsequently collected may in certain circumstances be disclosed to third parties without authorization. You have the right of access and correction with respect to all personal information. This may be done via written request within a reasonable time period. A copy of the notice prescribed in A.R.S. § 21-2104 (B) will be furnished to the policyholder upon written request.

**IMPORTANT NOTICE**

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
<b>PAGE TWO MUST BE COMPLETED</b>			
			Page 1 of 2

Named Insured:

Producer:

Is any applicant age 50 or over?

Yes - If Yes, allow 10% credit.

**CREDITS AND SURCHARGES**

Private Fire Department Credit?

Yes - If Yes, allow a 1% credit.

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 or other animals? If yes, complete Animal Information Section below.
3. Is there a swimming pool, trampoline or similar hazard located on the premises? If yes, describe in remarks.    
NOTE: Any of the above hazard(s) must be surrounded by at least a four foot fence or risk is UNACCEPTABLE.
4. Has the applicant had any losses in the past two 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. \_\_\_\_\_
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.

**ANIMAL INFORMATION**

**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 OCCUPIED		Total Limits	Premium
Coverage A	Mobile Home	\$	\$
Coverage B	Other Structures	\$	\$
Coverage C	Personal Property	\$	\$
Coverage D	Loss of Use	\$	\$
Coverage E	Personal Liability	\$	\$
Coverage F	Medical Payments	\$	\$
OPTIONAL COVERAGES			
Replacement Cost Personal Property		\$	\$
Replacement Cost Mobile Home		\$	\$
Flood Coverage			\$
Scheduled Personal Property (see attached schedule for details)		\$	\$
Increased Special Limits for Unscheduled Jewelry		\$	\$
Additional Residence Premises Liability		\$	\$
Mobile Home Lienholder's Single Interest			\$
Satellite Dishes or Antenna Coverage - Additional Limits		\$	\$
Transportation/Permission to Move (Premium fully earned) Effective:			\$
Cash Out Loss Settlement for Total Loss			\$
Watercraft Liability		\$	\$
Golf Cart Coverage			\$
Inflation Guard Coverage			\$
Wood Burning Stove			\$
Policy Fee		\$	\$
<b>DEDUCTIBLE</b> <input type="checkbox"/> \$250 - Included <input type="checkbox"/> \$500 Water/Theft/Wind <input type="checkbox"/> \$500 - 10% Credit - \$35.00 Max. <input type="checkbox"/> \$500 Mandatory <input type="checkbox"/> \$1,000 - 15% Credit - \$50.00 Max. <input type="checkbox"/> \$1,000 Deductible		<b>Sub Total</b>	\$
		Total Credits: %	\$
		<b>TOTAL PREMIUM</b>	\$