

Graham Rogers Manufactured Home Quote Request Form

Agency: _____ Date: _____
Phone: _____ Fax: _____ Email: _____

Applicant Info:

Name: _____ If in a **Company/Trust/Inc/Corp** – please list name of owner: _____
DOB(**required**): _____ SSN: _____
Email address: _____ Primary Phone number: _____
Location address: _____
Current Mailing address: _____
If moved in the last 6 months - Prior Mailing address: _____
****If any conviction of fraud, arson or insurance related offenses, OR in foreclosure or 60 days past due on mortgage payment for any property---
Applicant is not eligible.**

Dwelling Info:

Effective Date: _____
Occupancy: Owner ___ Rental ___ Seasonal ___ Vacant ___ **if vacant** – Please complete a Dwelling Quote request form
Is home located in a park of 26 or more spaces? Yes ___ No ___
Is the home tied down? Yes ___ No ___
Year built: _____ Length & Width _____ Is unit a stationary Travel Trailer? _____
Type of roof: _____ Year of Roof: _____ Foundation Type: _____
List Attached Structures: _____

Underwriting:

Prior Insurance canceled, non-renewed or declined?(except MO) List reason _____

Current Carrier: _____ **Expiration date:** _____

If new Purchase: Approximate **closing date:** _____ Purchase Price (**excl land**): _____

Primary Heat source thermostat controlled? Yes ___ No ___

Heating Type? Gas ___ Electric ___ Other(Please list) _____

Any Farming or Business operations on premises? Explain: _____

Any Animals or Pools? Explain: _____

Claim history for ALL properties owned in the last 3 years:

Coverages:

Dwelling Limit(including attachments or additions) : _____ ACV ___ RCV ___

Personal Property: _____ ACV ___ RCV ___

Adjacent Structures: _____ Deductible: \$1000 ___ \$2500 ___ \$5000 ___

Additional Living Expenses _____

Liability: _____ Med Pay: _____

Optional coverages (some coverages may not apply to all programs)

Earthquake ___ Water Backup ___ Water Damage ___ Identity Recovery ___ Equipment Breakdown ___

Builders Risk/Renovation (vacant only) ___ Trip Collision ___

Homeowners: Enhanced Coverage ___ Hobby Farming ___ Scheduled Personal property ___

Discounts & Surcharges:

Any central, local alarms? LIST: _____ Deadbolts, fire extinguishers & smoke alarms ___

Woodstove or Fireplace insert: _____ More than 1 policy with American Modern ___

Is the applicant a member of AAA, USAA or Landlord Association? ___

Is there an auto policy written for applicant through your agency ___ Will policy be mortgage billed ___ Will applicant be paying in full ___ Will applicant enroll in paperless policy delivery ___

Remarks: