



**Mobile Home Insurance Quote Request**

**INSURED INFORMATION:**

**First Insured Name:** \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Ph: \_\_\_\_\_ 2<sup>ND</sup> Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

First Insured SS#: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Occupation: \_\_\_\_\_

**Second Insured Name:** \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Ph: \_\_\_\_\_ 2<sup>ND</sup> Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Second Insured SS#: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Occupation: \_\_\_\_\_

**MOBILE HOME INFORMATION:**

Park Name: \_\_\_\_\_ Private Property Size: \_\_\_\_\_ Year: \_\_\_\_\_

Length: \_\_\_\_\_ Width: \_\_\_\_\_ Serial #: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Handrails on Stairs?  N/A  Yes  No Smoke Detectors?  Yes  No Fire Extinguisher?  Yes  No

Burglar Alarm?  Yes  No Type of Skirting? \_\_\_\_\_ Tied Down to Florida Code?  Yes  No

**COVERAGE INFORMATION:**

Mobile Home Amount: \$ \_\_\_\_\_ Attached Structures: \$ \_\_\_\_\_ Contents: \$ \_\_\_\_\_

Liability Coverage: \$ \_\_\_\_\_ Medical:  \$500  \$1,000 Deductible:  \$500  \$1,000

List Attached Structures: \_\_\_\_\_

List Detached Structures: \_\_\_\_\_

**OTHER INFORMATION:**

Mortgage?  Yes  No Mortgage Company: \_\_\_\_\_ Loan #: \_\_\_\_\_

Any claims in the past 3 years?  Yes  No If So, Describe below

Claim #1: Date: \_\_\_\_\_ Description: \_\_\_\_\_

Claim #2: Date: \_\_\_\_\_ Description: \_\_\_\_\_

Claim #3: Date: \_\_\_\_\_ Description: \_\_\_\_\_

Prior Insurance Company: \_\_\_\_\_ Prior policy No: \_\_\_\_\_

Is it ok to check Credit?  Yes  No Do you need flood Insurance?  Yes  No

Do you own any watercraft?  Yes  No If so, Do you have Watercraft Liability Coverage?  Yes  No

Additional Information/Comments: \_\_\_\_\_

Do You Need Umbrella Coverage:  Yes  No