

<b>MARYLAND MOBILE HOME APPLICATION</b> <small>PRINT OR TYPE ALL INFORMATION</small>	<b>CHECK PROGRAM APPLICABLE</b> <input type="checkbox"/> Special (37) <input type="checkbox"/> All Purpose (48) <input type="checkbox"/> By-line (77) <input type="checkbox"/> Tenant (34)		
	POLICY #: _____	AGENT # _____	SUBAGENT #: _____

<b>APPLICANT/OWNER</b> <input type="checkbox"/> (Check box if additional Applicant / Owner is indicated in "Remarks" section on reverse side.)			
NAME: _____	SOCIAL SECURITY NO.: _____	DATE OF BIRTH _____	HOME PHONE: (    ) - _____ WORK PHONE: (    ) - _____
MAILING ADDRESS _____	CITY _____	COUNTY _____	STATE _____ ZIP _____
LOCATION ADDRESS (If different than mailing address) _____	CITY _____	COUNTY _____	STATE _____ ZIP _____
NAME OF MOBILE HOME PARK _____	OCCUPATION _____	EMPLOYER _____	

<b>LIENHOLDER</b> <input type="checkbox"/> (Check box if additional Lienholder is indicated in "Remarks" section on reverse side.)			
NAME: _____	ACCOUNT NUMBER: _____		
MAILING ADDRESS: _____	CITY: _____	STATE: _____	ZIP: _____

<b>PERIOD OF INSURANCE (12:01 A.M. STANDARD TIME)</b>		
EFFECTIVE DATE: FROM: _____ TO: _____	NO. OF MONTHS _____	PREVIOUS CARRIER _____

<b>DESCRIPTION OF MOBILE HOME/TRAVEL TRAILER</b>							
YEAR _____	MAKE/MODEL _____	SERIAL NUMBER _____	LENGTH _____	WIDTH _____	DATE PURCHASED _____	PURCHASE PRICE _____	

**PHOTOS REQUIRED ON ALL UNITS 15 YEARS OR OLDER**

CLASSIFICATION	YES	NO
1. How long has insured lived in a mobile home? _____		
2. Is mobile home skirted?.....	<input type="checkbox"/>	<input type="checkbox"/>
3. Woodstove? (If yes, complete inspection report, #A6000M0493.).....	<input type="checkbox"/>	<input type="checkbox"/>
4. Tied Down?.....	<input type="checkbox"/>	<input type="checkbox"/>
5. Wood <input type="checkbox"/> , Masonite <input type="checkbox"/> , Vinyl Siding <input type="checkbox"/> , Hard Board <input type="checkbox"/> ?		
6. Check the applicable box(es) of those items in operable condition: <input type="checkbox"/> Smoke Detector <input type="checkbox"/> Fire Extinguisher		
7. Has insured reported any claim in past 36 months?.....	<input type="checkbox"/>	<input type="checkbox"/>
8. Canceled or nonrenewed in past 36 months?.....	<input type="checkbox"/>	<input type="checkbox"/>
9. Does insured/tenant own any dogs or livestock?.....	<input type="checkbox"/>	<input type="checkbox"/>
10. Is the mobile home located in an area subject to flood (or on a site which has flooded in the past 10 years), mudslides, brush fires, or high crime?.....	<input type="checkbox"/>	<input type="checkbox"/>
11. Is there a swimming pool, spa, jacuzzi, trampoline, or other hazard located on the premises?.....	<input type="checkbox"/>	<input type="checkbox"/>
12. Handrails on all stairways?.....	<input type="checkbox"/>	<input type="checkbox"/>
13. Urethane Roof?.....	<input type="checkbox"/>	<input type="checkbox"/>
14. Does Mobile Home have fuses?.....	<input type="checkbox"/>	<input type="checkbox"/>
15. Does Mobile Home have polybutelene pipes?.....	<input type="checkbox"/>	<input type="checkbox"/>
<b>#7 - #11, IF YES, EXPLAIN ON REVERSE SIDE</b>		

<b>HOW IS MOBILE HOME USED?</b>			
<input type="checkbox"/> Principle Residence (Owner Occupied)	P	<input type="checkbox"/> Rental	T
<input type="checkbox"/> Seasonal Residence (Owner Occupied)	S	<input type="checkbox"/> Vacant	V
<input type="checkbox"/> Commercial (Describe on back)	C		
Description of Golf Cart (If applicable): _____			
Serial #: _____	Value: \$ _____		
<b>BILLING INFORMATION</b>			
<input type="checkbox"/> AGENCY BILL		<input type="checkbox"/> DIRECT BILL	
IF DIRECT BILL, BILL TO: <input type="checkbox"/> Applicant <input type="checkbox"/> Lienholder			
Check Amount Enclosed \$ _____			

DESCRIPTION OF ADJACENT STRUCTURES	VALUE		
1. _____	\$ _____		
2. _____	\$ _____		
3. _____	\$ _____		
COVERAGES	TOTAL LIMITS    PREMIUM		
Mobile Home <input type="checkbox"/> Comp. <input type="checkbox"/> Named Perils	\$ _____		
Adjacent Structures <input type="checkbox"/> Comp. <input type="checkbox"/> Named Perils	\$ _____		
Mobile Home & Adjacent Structures <input type="checkbox"/> Comp. <input type="checkbox"/> Named Perils	\$ _____		
Personal Effects <input type="checkbox"/> Comp. <input type="checkbox"/> Named Perils	\$ _____		
Comprehensive Personal Liability	\$ _____		
Medical Payments	\$ _____		
Owner's, Landlord's, and Tenant's Liability	\$ _____		
	\$ _____		
<b>OPTIONAL COVERAGES:</b>	\$ _____		
	\$ _____		
	\$ _____		
	\$ _____		
	\$ _____		
	\$ _____		
<b>SURCHARGES:</b>	\$ _____		
	\$ _____		
	\$ _____		
<b>CREDITS:</b>	\$ _____		
	\$ _____		
	\$ _____		
<b>MISCELLANEOUS FEES:</b>	\$ _____		
	\$ _____		
	\$ _____		
<b>MINIMUM WRITTEN AND EARNED PREMIUM: \$50.00</b>			
TERRITORY (From Rate Chart)	PROTECTION CLASS	DEDUCTIBLE(S)	TOTAL PREMIUM
		\$ _____	\$ _____

<b>LOCATION</b>			
DISTANCE OF UNIT TO FIRE HYDRANT: _____ FEET.		DISTANCE OF UNIT TO FIRE DEPARTMENT: _____ MILES.	
IS MOBILE HOME LOCATED INSIDE CITY LIMITS? <input type="checkbox"/> YES <input type="checkbox"/> NO    IN MOBILE HOME PARK? <input type="checkbox"/> YES <input type="checkbox"/> NO    IF YES, NUMBER OF OCCUPIED SPACES: _____			
<input type="checkbox"/> PAVED STREETS? <input type="checkbox"/> LIGHTED STREETS? <input type="checkbox"/> FULL TIME RESIDENT MANAGER?    IS MOBILE HOME PARK COMPLETELY FENCED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
ON PRIVATE PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO    NUMBER OF ACRES: _____ OR MOBILE HOME LOT? <input type="checkbox"/> YES <input type="checkbox"/> NO			

**CLASSIFICATION RESPONSES**

7. DATE OF LOSS: \_\_\_\_\_ TYPE OF LOSS: \_\_\_\_\_ AMOUNT PAID: \$ \_\_\_\_\_  
DATE OF LOSS: \_\_\_\_\_ TYPE OF LOSS: \_\_\_\_\_ AMOUNT PAID: \$ \_\_\_\_\_

8. DESCRIBE ANIMALS: \_\_\_\_\_ HOW MANY? \_\_\_\_\_  
IF DOG, BREED: \_\_\_\_\_ PET OR GUARD DOG? \_\_\_\_\_

9. NAME OF COMPANY: \_\_\_\_\_ REASON: \_\_\_\_\_

OTHER REMARKS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. IS THERE A FENCE AROUND THE SWIMMING POOL, SPA, JACUZZI, OR TRAMPOLINE MADE OUT OF SUITABLE MATERIAL TO A HEIGHT OF AT LEAST 4½ FEET?  YES  NO  
DOES THE FENCE HAVE A SELF-CLOSING GATE?  YES  NO IS IT AN ABOVE GROUND POOL?  YES  NO IF YES, VALUE: \$ \_\_\_\_\_

USE THIS AREA TO EXPLAIN UNDERWRITING INFORMATION, LIST ADDITIONAL APPLICANTS OR LIENHOLDERS, AND FOR GENERAL COMMENTS OR INSTRUCTIONS.

**PRIVACY POLICY:** I have received and read a copy of the American Reliable Insurance Company/Assurant Group Privacy Policy. By submitting this application, I am applying for issuance of a policy of insurance and, at its expiration, for appropriate renewal policies issued by American Reliable Insurance Company. I understand and agree that any information about me that is contained in, or that is obtained in connection with, this application of any policy issued to me may be used by American Reliable Insurance Company to issue, review, and renew the insurance for which I am applying.

**FAIR CREDIT REPORTING ACT NOTICE:** This notice is given in compliance with the Federal Credit Reporting Act (Public Law 91-508). As part of our underwriting procedure, a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

**FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance, containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties.

SUBAGENT NAME	DATE	APPLICANT SIGNATURE
		X