

Mobile Home Questionnaire**Date:** _____

NAME: _____ PHONE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

EMAIL: _____ BEST CONTACT? EMAIL/CELL/HOME PHONE

COUNTY: _____ DO YOU: OWN/RENT

NEW PURCHASE: Y/N PURCHASE PRICE: _____ CURRENT CARRIER: _____

POLICY STILL IN FORCE: Y/N LAPSE/CANCEL DATE: _____ LOSSES IN THE LAST 5 YRS: Y/N

DATE: _____ TYPE OF LOSS _____ AMT PD: _____

NAME OF HOME OWNER IF DIFFERENT: _____

MARRIED/SINGLE DOB _____ SS# _____

OCCUPATION: _____ EMPLOYER: _____

SPOUSE DOB _____ SS# _____

OCCUPATION: _____ EMPLOYER: _____

HOME IN: PARK OR PRIVATE PROPERTY HOME IS: PRIMARY/SEASONAL/RENT TO OTHERS/TENANT OCCUPIED

DESCRIPTION: SINGLE WIDE DOUBLEWIDE/MANUFACTURED MODULAR

MODEL YEAR: _____ MANUFACTURE: _____ MODEL _____

LENGTH: _____ WIDTH: _____ SERIAL NUMBER _____

FOUNDATION: _____ TYPE OF SKIRTING: _____ TIED DOWN: Y/N

TYPE OF HEAT: GAS/ELECTRIC AUXILIARY OR SECONDARY HEAT SOURCE: _____

SIDING: _____ ROOF TYPE: _____ AGE OF ROOF: _____

DOMESTIC/FARM ANIMALS: Y/N TYPE: _____ BREED: _____ BITING HISTORY: Y/N

HOME LIMIT/INCLUDING PERM ATTACHED STRUCTURES: _____ CONTENTS: _____

OTHER STRUCTURES: _____ VALUE: _____

OTHER STRUCTURES: _____ VALUE: _____

LIABILITY: _____ DEDUCTIBLE: _____ SCHEDULED PROPERTY: _____

INITIALS _____