

1520 Sheridan Drive, Buffalo, N.Y. 14217
(716) 874-1644 (800) 424-2202
Fax (716) 874-4920

PHOTOS ARE REQUIRED FOR HOMES
15 YEARS OF AGE AND OLDER

MOBILE HOME APPLICATION

RATES: Preferred L.O.B. 10 Special L.O.B. 37 Special By-Line L.O.B. 77 All Purpose L.O.B. 48 Tenant L.O.B. 34

NAMED INSURED			PRODUCER		
Name			Broker Name:		Broker #:
Address			REQUEST POLICY TERM		
City	State	Zip	From	To	Policy Term: 12 Months
County	Phone No.		Time	AM <input type="checkbox"/> PM <input type="checkbox"/>	
Occupation	Employer		BINDING COVERAGE: For coverage to begin as requested, the application must be fully completed, signed, and received by Keller & Co. within 72 hours of the requested effective date. Otherwise, coverage is bound at 12:01 a.m. the day the application is received by Keller & Co.		
Social Security #	DOB				
Spouse's Name					
Spouse's Social Security #					
DOB					
Spouse's Occupation			BILLING / ACCOUNTING INFORMATION		
Spouse's Employer			BILL TO: <input type="checkbox"/> Insured <input type="checkbox"/> Lienholder Check # _____ Check Amount \$ _____		
Add'l Insured			<input type="checkbox"/> One Pay <input type="checkbox"/> * Two Pay - 50% down <input type="checkbox"/> * Four Pay - 25% down		
Address			*Each installment includes a \$6 fully earned service charge. See Rate Guide for billing details.		
City			State		
Zip					

LOCATION			LIENHOLDER		
Park Name			Name		Loan #
Address, if different than above (include county and zip)			Address		
			City		State Zip
Distance of unit to fire hydrant: _____ feet			Name		Loan #
Distance of unit to responding fire station: _____ miles			Address		
Is mobile home located inside city limits? <input type="checkbox"/> Yes <input type="checkbox"/> No			City		State Zip

DESCRIPTION OF MOBILE HOME ADDITIONS AND UNATTACHED STRUCTURES								
Year	Manufacturer/Model	Length	Width	Serial Number	Purchase Date	Purchase Price	Current Value	
Describe Additions/Attached Structures:						Age	Size	\$
Describe Unattached Structures:						Age	Size	\$

MUST COMPLETE THE FOLLOWING
<i>Place an "X" in the appropriate boxes.</i>
USAGE: <input type="checkbox"/> Permanent <input type="checkbox"/> Seasonal <input type="checkbox"/> Commercial <input type="checkbox"/> Rental <i>(If Yes, answer question below.)</i>
★ If RENTAL, is Mobile Home currently occupied by tenant? <input type="checkbox"/> Yes <input type="checkbox"/> No
INSURED: <input type="checkbox"/> 50 & Over and Retired <input type="checkbox"/> Other
AGE OF MOBILE HOME: Preferred Program: <input type="checkbox"/> 1-6 <input type="checkbox"/> 7 - 15 <input type="checkbox"/> 16 & Older Special Programs: <input type="checkbox"/> 1-10 <input type="checkbox"/> 11 - 1977 <input type="checkbox"/> 1976 & Older
TRANSFER (Preferred and Special Programs only): <input type="checkbox"/> Yes* <input type="checkbox"/> No <i>*(The prior Declarations Page from the other company must be provided.)</i>
HOW LONG HAS INSURED LIVED IN THE MOBILE HOME? _____
PRIOR INSURANCE: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> New Purchase
PRIOR COMPANY: _____
SKIRTED: <input type="checkbox"/> Yes <input type="checkbox"/> No
SUPPLEMENTAL HEATING: <input type="checkbox"/> None <input type="checkbox"/> Woodburning Stove <input type="checkbox"/> Fireplace <input type="checkbox"/> Other: _____
TIED DOWN: <input type="checkbox"/> Yes <input type="checkbox"/> No
WOOD, MASONITE or VINYL SIDING: <input type="checkbox"/> Yes <input type="checkbox"/> No
HAS INSURED HAD ANY CLAIMS IN THE PAST 36 MONTHS? <input type="checkbox"/> Yes <input type="checkbox"/> No
ANIMALS ON PREMISES: <input type="checkbox"/> *Yes <input type="checkbox"/> No *See #18 under "Submit" on back of application Type of Animal: _____ Breed of Dog: _____
HAS INSURED BEEN CANCELLED/NOT RENEWED IN PAST 36 MONTHS? <input type="checkbox"/> Yes <input type="checkbox"/> No
PARK STATUS: <input type="checkbox"/> Out of Park # of acres: _____ <input type="checkbox"/> In a Park # of spaces: _____

POLICY INFORMATION		
<i>Place an "X" in the appropriate boxes.</i>		
COVERAGES	LIMITS	PREMIUM
Mobile Home and Additions	\$	\$
Unattached Adjacent Structures		
Personal Effects		
Personal Liability		
Medical Payments to Others		
SUBTOTAL:		
Transfer Credit: Preferred - SUBTOTAL _____ X .90		
Special - SUBTOTAL _____ X .95		
Optional Deductibles <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000		
Replacement Cost - Mobile Home (10 Years Old & Newer)		
Repair Cost - Mobile Home (15 Years Old & Newer)		
Replacement Cost - Personal Effects		
Enhancement		
Limit of Increased Radio & TV Antenna Coverage \$ _____ Coverage		
Golf Cart		
Scheduled Personal Property \$ _____ Coverage		
Other:		
Supplemental Heating Surcharge - Add \$25		
Minimum Written and Retained Premium is \$50	TOTAL PREMIUM:	\$

** If policy is being transferred and prior Declarations Page from other Company is provided.

