

ACORD™ MOBILE HOME APPLICATION

DATE (MM/DD/YYYY)

PRODUCER PHONE (A/C, No, Ext): 513-871-3330 FAX (A/C, No): 513-871-8769 Globe Insurance Agency, Inc. 2619 Erie Avenue Cincinnati, OH 45208	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)			NAIC CODE	FACILITY CODE
	CODE: _____ SUBCODE: _____ AGENCY CUSTOMER ID _____			POLICY # _____	
YRS AT THIS RES _____ CO/PLAN _____		HOME PHONE # _____		DAY _____ EVE _____	DAY _____ EVE _____
EFFECTIVE DATE _____		EXPIRATION DATE _____		BUSINESS PHONE # _____	

APPLICANT INFORMATION

PREVIOUS ADDRESS (If less than 3 years)			YRS AT PREV ADDR _____	LOCATION OF PROPERTY IF DIFF FROM ABOVE (Inc county & ZIP)						
APPLICANT'S OCCUPATION (State nature of business if self-employed)		APPLICANT'S EMPLOYER NAME AND ADDRESS			YEARS IN CURR OCC _____	YEARS W/ CURR EMPL _____	YEARS W/ PRIOR EMPL _____	MAR STAT _____	DATE OF BIRTH _____	SOCIAL SECURITY # _____
CO-APPLICANT'S OCCUPATION (State nature of business if self-employed)		CO-APPLICANT'S EMPLOYER NAME AND ADDRESS			YEARS IN CURR OCC _____	YEARS W/ CURR EMPL _____	YEARS W/ PRIOR EMPL _____	MAR STAT _____	DATE OF BIRTH _____	SOCIAL SECURITY # _____
HOW LONG HAVE YOU KNOWN THE APPLICANT? _____					DATE AGENT LAST INSPECTED PROPERTY: _____					

ADDITIONAL INTEREST

INT # _____	MORTG'E _____ ADDL INT _____	NAME AND ADDRESS _____	LOAN NUMBER _____
INT # _____	MORTG'E _____ ADDL INT _____	NAME AND ADDRESS _____	LOAN NUMBER _____

COVERAGES/LIMITS OF LIABILITY (Describe all discounts in Remarks)

DEDUCTIBLE

HO _____ DWG _____ OTHR \$ _____	A. MOBILE HOME \$ _____	B. OTHER STRUCTURES \$ _____	C. PERSONAL PROPERTY \$ _____	D. LOSS OF USE \$ _____	E. PERSONAL LIABILITY EACH OCCURRENCE \$ _____	F. MEDICAL PAYMENTS EACH PERSON \$ _____	ALL PERIL \$ _____ WIND/HAIL \$ _____ THEFT \$ _____		
FIRE _____ FIRE & EC _____ FIRE, EC & VMM _____ BROAD _____ SPECIAL _____ OTHER _____	EST TOTAL PREMIUM \$ _____		DEPOSIT \$ _____		BALANCE \$ _____				
ENDORSEMENTS (Indicate where applicable or enter other names and limits below)							\$ _____	\$ _____	\$ _____
<input type="checkbox"/> REPLACEMENT COST MOBILE HOME							<input type="checkbox"/> REPLACEMENT COST CONTENTS		<input type="checkbox"/> INFLATION GUARD _____ %

PAYMENT PLAN ACORD 610 ATTACHED (NOT APPLICABLE IN NC)

ACCOUNT #: _____			MAIL POLICY TO:		
BILLING		IF DIRECT BILL:		IF APPLICANT BILL:	
<input type="checkbox"/> DIRECT BILL	<input type="checkbox"/> AGENCY BILL	<input type="checkbox"/> BILL APPLICANT	<input type="checkbox"/> BILL MORTGAGEE	<input type="checkbox"/> FULL PAY	<input type="checkbox"/> OTHER: _____
AGENT			APPLICANT		
OTHER: _____			OTHER: _____		

RATING/UNDERWRITING

YEAR _____	MAKE _____	MODEL _____			ID NUMBER _____			LENGTH _____	WIDTH _____
PURCHASE DATE _____		PURCHASE PRICE \$ _____		NEW _____	COOKING LOCATION			TIE DOWN	
USED _____		END _____	MIDDLE _____	NONE _____	FULL _____	CHASSIS ONLY _____	OVERTOP ONLY _____	NONE _____	
TERR CODE _____	FIRE PREM GROUP _____	EC PREM GROUP _____	PERS LIAB TERR CODE _____	PROTECT CLASS _____	DISTANCE TO		PROTECTION DEVICE TYPE		HEAT TYPE _____
HYDRANT _____ FT		FIRE STATION _____ MI		SYSTEM _____	SMOKE _____	TEMP _____	BURGLAR _____	PRIMARY: _____	
HOUSEKEEPING CONDITION _____		FIRE DISTRICT/CODE NUMBER _____			DIRECT _____	CONSECUTIVE MONTHS OCCUPIED EACH YEAR _____		OCCUPANCY	
LOCAL _____		UNOCC _____		VACANT _____		OWNER _____		USE	
ALU-MINUM _____		WOOD _____		VINYL _____		OTHER: _____		PRIMARY _____	
STEEL _____		FOUNDATION CONSTRUCTION		UTILITIES - PERMANENT CONNECTION TO:		WIRING		SECONDARY: _____	
CONTINUOUS MASONRY _____		POST & PIER WITH SKIRTING _____		POST & PIER W/O SKIRTING _____		ELEC _____	SEWER _____	TENANT _____	
OTHER: _____		WATER _____		PHONE _____		COPPER _____		ALUMINUM _____	
LAST INSPECTED: _____		SEASONAL _____		OTHER _____		UNOCC _____			

OTHER STRUCTURES

DESCRIPTION _____	LIMIT _____
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LOCATION INFORMATION

IF HOME IS LOCATED IN MOBILE HOME PARK:		YES	NO	IF NOT LOCATED IN MOBILE HOME PARK:		YES	NO
PARK NAME				LOCATION			
DATE ESTABLISHED	NUMBER OF PERMANENT SPACES			1. IS HOME VISIBLE FROM ROAD?			
				2. ARE ROADS PAVED?			
1. DOES PARK HAVE A RESIDENT MANAGER? IF YES, PHONE NUMBER:							
2. DOES PARK HAVE LIMITED ACCESS?							
3. DOES PARK HAVE PAVED STREETS?							
4. DOES PARK HAVE SUBDIVISIONS?							

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES IN REMARKS		YES	NO	EXPLAIN ALL "YES" RESPONSES IN REMARKS		YES	NO
1. ANY BUSINESS CONDUCTED ON PREMISES? (Including day/child care)				8. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGYS, MINI BIKES, ATVS, ETC)? (List year, type, make, model)			
2. ANY SUPPLEMENTAL HEATING? (Describe)				9. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy #)			
3. ANY FLOODING, BRUSH HAZARD, FIRE HAZARD, LANDSLIDE, ETC?				10. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?			
4. ANY OTHER RESIDENCE OWNED, OCCUPIED OR RENTED?				11. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS? NOT APPLICABLE IN MO			
5. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION OR BANKRUPTCY DURING THE PAST FIVE YEARS?				12. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.)			
6. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES? (Note breed and bite history)							
7. IS PROPERTY LOCATED WITHIN TWO MILES OF TIDAL WATER?							

LOSS HISTORY

ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST 3 YEARS, AT THIS OR AT ANY OTHER LOCATION?

DATE	TYPE	DESCRIPTION OF LOSS	YES	NO	IF YES, INDICATE BELOW	APPLICANT'S INITIALS:	AMOUNT

PRIOR COVERAGE

PRIOR CARRIER	PRIOR POLICY NUMBER	EXPIRATION DATE	RISK NEW TO AGENCY
			<input type="checkbox"/> YES <input type="checkbox"/> NO

REMARKS

ATTACHMENTS

	STATE SUPPLEMENT(S) (If applicable)
	INLAND MARINE APPLICATION
	PHOTOGRAPH
	WATERCRAFT APPLICATION
	PERS EXCESS/UMBRELLA APPLICATION
	REPLACEMENT COST ESTIMATE
	SOLID FUEL QUESTIONNAIRE
PROTECTION DEVICE CERTIFICATE	
FOR COMPANY USE ONLY	

BINDER/SIGNATURE

INSURANCE BINDER		IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY: THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY. THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE. THIS BINDER MAY BE CANCELLED BY THE COMPANY BY NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLICY CONDITIONS. THIS BINDER IS CANCELLED WHEN REPLACED BY A POLICY. IF THIS BINDER IS NOT REPLACED BY A POLICY, THE COMPANY IS ENTITLED TO CHARGE A PREMIUM FOR THE BINDER ACCORDING TO THE RULES AND RATES IN USE BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY.
EFFECTIVE DATE	EXPIRATION DATE	
TIME	12:01 AM NOON	
COVERAGE IS NOT BOUND		

NOTICE OF INSURANCE INFORMATION PRACTICES

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION AND SUBSEQUENT RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

Copy of the notice of information practices (privacy) has been given to the applicant. (Not applicable in all states)

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM 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 SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, OH, OK, OR or VT; In DC, LA, ME, and VA, insurance benefits may also be denied.)

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND AND ANY ATTACHMENETS. I DECLARE THAT THAT THE INFORMATION IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE