



COMMERCIAL RENTAL MANUFACTURED HOME INSURANCE APPLICATION

Residential Manufactured Home Rented to Others

REFERENCE NUMBER	POLICY NUMBER ASSIGNED	Completed and signed applications must be kept on file in agency office. DO NOT MAIL BOUND APPLICATIONS. If coverage is bound you MUST: 1. Process within 5 days of the effective date. 2. Enter policy at www.ForemostSTAR.com, OR 3. Call Toll-Free 1-800-527-3905.
EFFECTIVE DATE	CONTACT PERSON	
PRODUCER CODE	PRODUCER NAME	
PHONE NUMBER () —	FAX NUMBER () —	

INSURED INFORMATION

IS THE DWELLING DEEDED IN A NAME OTHER THAN AN INDIVIDUAL(S)? YES NO

INSURED TYPE: Individual Trust-Land Trust-Family Trust-Living
 Life Estate In Estate Business Name Other

If Individual is selected, complete Individual First Named Insured information. For all others, complete both Individual and Entity that appears on the Title or Deed.

INSURED TYPE - INDIVIDUAL First Insured

LAST NAME	FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH	SOCIAL SECURITY NUMBER — —
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Second Insured

LAST NAME	FIRST NAME	MIDDLE INITIAL
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INSURED TYPE - ALL OTHERS

ENTITY THAT APPEARS ON THE TITLE OR DEED: _____

UNIT LOCATION AND DESCRIPTION — If more than 1 unit, attach Supplemental Worksheet, Form 736031

IS THE MANUFACTURED HOME: IN PARK? YES NO INSIDE INCORPORATED CITY LIMITS? YES NO TIED DOWN? YES NO

PARK NAME OR PARK NO. LOT NO. STREET ADDRESS

CITY OR TOWN STATE ZIP CODE COUNTY OR COUNTY CODE CITY CODE

MODEL YEAR WIDTH/LENGTH MAKE/MODEL SERIAL NO. PURCHASE DATE PURCHASE PRICE

COVERAGE AMOUNT: \$ _____ (Include attached additions but exclude land value.)
When dwelling replacement cost endorsement is present, enter replacement cost value, otherwise enter actual cash value.

IS THE MANUFACTURED HOME TITLED IN THE NAME OF A PARK OR DEALERSHIP? YES NO

IS THE APPLICANT THE OWNER OF THE PARK OR THE LAND ON WHICH THE PARK IS LOCATED? YES NO

DOES THE MANUFACTURED HOME HAVE A WORKING SMOKE DETECTOR OR FIRE ALARM? YES NO

IS THIS A MODULAR HOME? YES NO
NOTE: IF YES, RISK IS UNACCEPTABLE. RISK MAY BE ACCEPTABLE UNDER THE DWELLING FIRE PROGRAM.

DOES MANUFACTURED HOME OR OTHER STRUCTURE HAVE A WOOD STOVE OR FIREPLACE? No Factory Installed Commercially Installed Self-Installed

COVERAGES Policy Deductible * (choose one): \$100 \$250 \$500 \$1,000 \$2,500 \$5,000

	UNIT 1 LIMIT	PREMIUM
<input type="checkbox"/> Named Peril <input type="checkbox"/> Comprehensive		
MANUFACTURED HOME		
OTHER STRUCTURE (Adjacent Structure)		
PERSONAL PROPERTY (Contents)		
<input type="checkbox"/> 30 DAY TRIP COVERAGE		
<input type="checkbox"/> EARTHQUAKE		
<input type="checkbox"/> OTHER (Specify)		
<input type="checkbox"/> OTHER (Specify)		
PHYSICAL DAMAGE SUBTOTAL		
PREMISES LIABILITY COVERAGE LIMIT: <small>If purchased and scheduled, the same limit is required for all residential sites.</small>		
Select One: <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000*		
TOTAL POLICY PREMIUM		\$

PAYMENT PLANS/BILLING

<input type="checkbox"/> ANNUAL PAY <input type="checkbox"/> ESCROW BILL <input type="checkbox"/> TWO-PAY <input type="checkbox"/> FOUR-PAY <input type="checkbox"/> TEN-PAY <input type="checkbox"/> TWELVE-PAY (EFT)	BILL DOWN PAYMENT TO: <input type="checkbox"/> PRODUCER <input type="checkbox"/> INSURED <input type="checkbox"/> LIENHOLDER
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DOWN PAYMENT COLLECTED: \$ _____
A service charge will apply if payment plan is other than annual.

PRIMARY MAILING ADDRESS

ADDRESS LINE 1

ADDRESS LINE 2

CITY OR TOWN STATE ZIP CODE

PHONE NUMBER COUNTRY (IF NOT U.S.A.)
() —

WORK PHONE NUMBER EXT.
() —

UNDERWRITING QUESTIONS		If question at left is 'YES' answer any additional required question(s).	
1. Has the applicant had any losses in the past 5 years? <input type="checkbox"/> NO <input type="checkbox"/> YES If YES, provide loss information in the REMARKS.	Any theft or liability loss greater than \$2,500? <input type="checkbox"/> NO <input type="checkbox"/> YES*	Any water loss with unrepaired damage? <input type="checkbox"/> NO <input type="checkbox"/> YES**	Any water related losses greater than \$5,000? <input type="checkbox"/> NO <input type="checkbox"/> YES*
	Fire loss of any kind? <input type="checkbox"/> NO <input type="checkbox"/> YES*	Two or more water losses from same cause? <input type="checkbox"/> NO <input type="checkbox"/> YES*	Three or more losses of any kind? <input type="checkbox"/> NO <input type="checkbox"/> YES*
2. Has the applicant's policy been canceled or non-renewed for underwriting reasons (including non-pay) in the past 5 years? <input type="checkbox"/> NO <input type="checkbox"/> YES	Was the reason non-pay or because the company/agent had withdrawn from product/state? <input type="checkbox"/> NO* <input type="checkbox"/> YES		
3. Has the applicant had a lapse in insurance coverage of more than 12 months? <input type="checkbox"/> NO <input type="checkbox"/> YES	Was the applicant a former Foremost policyholder? Notate lapse reason. <input type="checkbox"/> NO <input type="checkbox"/> YES		
4. Is the manufactured home raised more than 4 feet on poles, pilings or blocks? <input type="checkbox"/> NO <input type="checkbox"/> YES	Was the manufactured home raised to comply with a state or local requirement? <input type="checkbox"/> NO* <input type="checkbox"/> YES		
5. Does the manufactured home include non-professionally built additions (includes two different manufactured homes joined together; does NOT include open porches, decks and carports)? <input type="checkbox"/> NO <input type="checkbox"/> YES	Was the completed work inspected by an authorized building inspector? <input type="checkbox"/> NO* <input type="checkbox"/> YES		
6. Is any other structure a manufactured home, site built home, farm building or larger than 1200 sq. ft.? <input type="checkbox"/> NO <input type="checkbox"/> YES	Is other structure covered by another insurance carrier? <input type="checkbox"/> NO* <input type="checkbox"/> YES* List here and notate policy. _____ If structure is not insured with another carrier, describe how structure is used in REMARKS.		
7. Does the applicant have an exotic pet or own an animal that has previously bitten? <input type="checkbox"/> NO <input type="checkbox"/> YES	Exotic pet = Refer to Underwriting* Previously Bitten = Unacceptable with liability**		
8. Did the applicant have a Foremost policy cancel/expire in the last 90 days? <input type="checkbox"/> NO <input type="checkbox"/> YES	Was it for underwriting reasons? <input type="checkbox"/> NO <input type="checkbox"/> YES*		
9. Does any applicant conduct a business (including day care) on the premises? <input type="checkbox"/> NO <input type="checkbox"/> YES*	Unacceptable with Liability.		

REMARKS

ADDITIONAL INTEREST	
NAME LINE 1 or LIENHOLDER CODE (IF ASSIGNED)	INDICATE INSURABLE INTEREST: <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> ADDITIONAL INSURED (Non-Resident) <input type="checkbox"/> Contract Seller <input type="checkbox"/> Co-Titleholder <input type="checkbox"/> OTHER (Specify)
NAME LINE 2	
ADDRESS LINE 1	
ADDRESS LINE 2	
CITY STATE ZIP CODE	
LOAN NUMBER	

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NAME LINE 2	
ADDRESS LINE 1	
ADDRESS LINE 2	
CITY STATE ZIP CODE	
LOAN NUMBER	

REQUIRED APPLICANT INFORMATION
<p>APPLICANT MUST COMPLETE, SIGN AND DATE THIS APPLICATION.</p> <p>It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages.</p> <p>1. I declare that the information contained in this application is true to the best of my knowledge and belief. I understand that the insurer will rely on this information in determining my eligibility and premium.</p> <p>2. I declare that the selections indicated in this application accurately reflect the limits, coverages and deductibles I chose.</p>
<p>APPLICANT SIGNATURE _____ DATE _____ TIME _____ <input type="checkbox"/> AM <input type="checkbox"/> PM</p>

REQUIRED PRODUCER INFORMATION
<p>By signing this application, I certify that I am both licensed by the state and appointed by Foremost to write this specific line of business.</p>
<p>PRODUCER SIGNATURE _____ DATE _____ TIME _____ <input type="checkbox"/> AM <input type="checkbox"/> PM</p> <p>PRODUCER NAME (Print) _____ PRODUCER LICENSE NO. _____</p> <p>COVERAGE BOUND? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>

* Underwriting approval will be required.
 **Do Not Bind - Risk is Unacceptable.