

MOBILE HOME QUOTE SHEET

Name: _____
(Name) (DOB) (SS#) (Single / Married)

Spouse : _____
(Name) (DOB) (SS#)

Phone# _____ Email: _____

Occupation/Employer: _____ Years at current occupation: _____

Location of Mobile Home: _____
(Street Address) (City, State, ZIP) (County) (Mobile Home Park)

Mailing Address if different: _____
(Mailing Address) (City, State, ZIP)

RESIDENCE: Primary / Secondary Inside / Outside city limits

Year _____	Purchase Date ____/____/____	Purchase Price \$ _____
Length _____ Width _____	Skirted: Yes <input type="checkbox"/> No <input type="checkbox"/>	Tied Down: Yes <input type="checkbox"/> No <input type="checkbox"/>
Make _____	Attached/Unattached Structures (Description & Value):	
Model _____	_____	
Serial #: _____	_____	

Year updated: Wiring (if 20+ yrs): _____ Plumbing (if 20+ yrs): _____ Age/Type of roof: ____/____

Type of Heating/Air: _____ Wood Burning Stove or Fireplace: _____

Pool / Hot Tub / Spa: _____ (Diving Board __, Fenced __) Trampoline: _____ Business on premises: _____

Dogs: _____ Breed of Dog: _____

Current Insurance Carrier: _____	Exp. Date: _____	How long w/previous company: _____
If no current insurance, why is insured now requesting coverage: _____		
Any existing damage to home: _____		CLAIMS last 3 years: _____
_____ (carrier)	_____ (amount paid)	_____ (reason of loss)
Any bankruptcies in last 5 years: _____		

Mortgagee _____ Escrowed--Yes or No Closing Date: _____

COVERAGES:

Mobile Home Total COG Amount \$ _____ Deductible \$ _____

Adjacent Structures COG Amount \$ _____ Deductible \$ _____

Personal Liability \$ _____ Medical Payments \$ _____