INDIANA
Manufactured Home
Quote Request

Fax to **1-888-767-0826**

Email to **gga@thehelpfulpeople.com**

"the helpful people" **gga**

Please send the quote back to my office via:
❑ Fax ❑ E-mail

Requested Effective Date _____ / _____ / _____   ❑ **I am interested in Flood coverage for this customer.**

Customer Name	
Customer Date of Birth _____ / _____ / _____	Social Security Number★
Phone Number	Email
Does the applicant intend to enroll in paperless policy delivery? ❑ Yes ❑ No Will the applicant be paying in full? ❑ Yes ❑ No	
Location Address	City, State, Zip
Mailing Address	City, State, Zip
Co-Applicant Name	
Co-Applicant Date of Birth _____ / _____ / _____	Social Security Number★
Phone Number	Email
Agency Code	Agency Fax
Agency Name	Agency Phone
Agent Name	Agent E-mail

★**PLEASE READ TO CUSTOMER. If a Social Security Number is provided we are assuming the customer read the following disclosure and agrees to the following:** In connection with this quote for insurance, the individual insurance companies may review your credit report or obtain or use a credit-based insurance score based on the information contained in that credit report. They may use this information to decide whether to insure you or how much to charge. They may use a third party in connection with the development of your credit score.

In connection with this application for insurance, the individual insurance companies may review your claims history or loss experience and may report future claims made by you to a claims history provider.

The customer agrees to have their credit report run, but the customer did not provide a Social Security Number. _____ (initial)

County (Location)	Date Purchased: _____ / _____ / _____ Purchase Price: $
Year of Home: Make: Model: Length & Width: Ser.#:	
In a park? ❑ No ❑ Yes—How many space in the park? Exp. Date of Current/Previous Policy: _____ / _____ / _____	
Protection Class: Miles from Fire Station: Feet to Nearest Fire Hydrant:	

Animals on the premises? ❑ No ❑ Yes—Please describe:	Is the home tied down?	❑ Yes ❑ No
	Is the home on a permanent foundation?	❑ Yes ❑ No
	Does the home have a composite roof?	❑ Yes ❑ No
How is home occupied? ❑ Owner Occupied ❑ Rental ❑ Seasonal ❑ Vacant ❑ Commercial ❑ Tenant ❑ Not a Residence	Is the home vacant or unoccupied?	❑ Yes ❑ No
Is there any private, not-for-profit farming on premises? ❑ Yes ❑ No	Is there a swimming pool on the premises?	❑ Yes ❑ No
	Have there been any claims in the last 5 years?	❑ Yes ❑ No
Has the applicant been convicted of arson, fraud, or other insurance-related offenses? ❑ Yes ❑ No	*If Yes, please list details (Dates, Type, Dollar Amounts):	
Is the applicant in foreclosure or currently 60 days or more past due on mortgage payments for any property? ❑ Yes ❑ No		
Has the applicant move in the last 60 days? ❑ Yes ❑ No If yes, provide previous address	Does the applicant currently have an automobile policy written through your agency?	❑ Yes ❑ No
Eligible for multi-policy discount? ❑ Yes ❑ No	Has the applicant had any losses above $500 in the past 3 years?	❑ Yes ❑ No
Is the applicant a member of any of the following organizations? ❑ AAA ❑ Landlord Association (Any) ❑ USAA	Has the applicant had similar insurance declined, cancelled, or non-renewed? ❑ Prior Loss History ❑ Payment Problems ❑ Physical Hazard or Condition ❑ Carrier No Longer Writes in State ❑ Carrier No Longer Writes this Type of Business ❑ Applicant No Longer Belongs to Association or Group ❑ Other	
Does the home have Vinyl or Hardboard Siding? ❑ Yes ❑ No		
Is the home skirted? ❑ Yes ❑ No		

Customer Name:_____

Will the dwelling be occasionally rented to others?	❑ Yes ❑ No
How many months is home rented to others?	
For the length of time the applicant has owned the dwelling, how many days has it gone uninsured?	
Is dwelling under construction or major renovation?	❑ Yes ❑ No
Supplemental heating source? ❑ None ❑ Masonry Fireplace ❑ Wood Burning Stove ❑ Other	

COVERAGE	REQUESTED LIMITS
Home (Coverage A)	$
Personal Property	$
Unattached Structures	$
Liability (Personal/Premises)	$
Medical Payments	$
All Peril Deductible	$
Wind and Hail Deductible	$
Golf Cart Coverage	# of carts:
Mine Subsidence	❑ Yes ❑ No
Scheduled Personal Property (Please include a copy of the schedule)	$
Secondary Residence Liability	❑ Yes ❑ No
Water Back Up (American Modern only)	❑ Yes ❑ No
Full Repair Cost	❑ Yes ❑ No
Replacement Cost - Home	❑ Yes ❑ No
Replacement Cost - Personal Property	❑ Yes ❑ No
Equipment Breakdown (American Modern only)	❑ Yes ❑ No
Hobby Farming	❑ Yes ❑ No
Earthquake	❑ Yes ❑ No

Exclusions

Animal Liability Exclusion	❑ Yes ❑ No
Specific building Exclusion	❑ Yes ❑ No
List the building to be excluded:	

Mfg. Home (June 2017)