



Manufactured Home Application Request Form

Fax to 1-888-767-0826

Email to gga@thehelpfulpeople.com

**Please send the request
back to my office via:**

☐ Fax ☐ E-mail

Requested Effective Date ____ / ____ / ____

| | | |
|----------------|------------------------|-------------------------|
| Customer Name: | Marital Status: | Occupation: |
| Co-Applicant: | DOB: | Social Security Number: |
| Submission #: | Name of Signing Agent: | |

| | | | |
|--|--|--|--|
| Serial Number of Home: | | Is the home located on an island, or within a 1,00 feet of a seacoast or river? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have an auto policy that is directly underwritten by American Modern Insurance Group's strategic partner? If yes, please provide policy information | <input type="checkbox"/> Yes <input type="checkbox"/> No | Is the home supported on raised poles or pilings? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | Is the home under construction, undergoing renovations that require the home to be vacated, or not connected to utility services? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | Are there any attached or unattached structures on the premises? <input type="checkbox"/> Attached <input type="checkbox"/> Unattached | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Type: <input type="checkbox"/> Garage <input type="checkbox"/> Shed or Outbuilding <input type="checkbox"/> Barn <input type="checkbox"/> Cabana or Gazebo <input type="checkbox"/> Other: | | Is income derived from a commercial, farming or business operation on the premises? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Square Feet: _____ Construction Type: _____ | | Is the home vacant? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Value: _____ Year of Construction: _____ | | Is the home under foreclosure or are mortgage payments 60 days or more past due? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is the applicant unemployed other than disabled or retired? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Does the home have more than two lienholder mortgagees? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has the applicant filed for bankruptcy in the past 5 years? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Has the applicant had any Fire, Theft, Liability, Water and/or Flood loss in the last five (5) years? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is there a swimming pool on the premises? <input type="checkbox"/> In Ground <input type="checkbox"/> Above Ground | <input type="checkbox"/> Yes <input type="checkbox"/> No | Has the applicant had three (3) or more property losses in the last five (5) years? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, is the pool enclosed by a fence at least 4' tall with a locking gate or can the steps and ladders to the pool be secured or removed when not in use? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Is there any un-repaired damage or boarded-up windows? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is the dwelling currently uninsured? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Does the dwelling have any unrepaired water damage or any water leaks? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does the applicant own any large, unusual, or vicious animals? (including Pit Bulls, Rottweilers, Dobermans, chows, wolf hybrids, any exotic animals) | <input type="checkbox"/> Yes <input type="checkbox"/> No | Loss Payee Information - <input type="checkbox"/> Lienholder / Mortgagee <input type="checkbox"/> Additional Insured | |
| Is the home located on a site with prior occurrences of brushfires, landslides or flooding? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Name: | |
| | | Loan #: | |
| | | Address: | |
| | | City: | State: Zip: |

PAYMENT OPTION—Select One:

☐ One Pay—Full Premium ☐ Four Pay—25% Down
☐ E-Z Pay (*EFT—Monthly debits from bank account) Attach form #00220-09-G

Credit Card Payment

Date of Pmt. Credit Card #
 Exp. Date Security Code:
 Name on Card:
 Billing Zip Code: