



# IOWA Manufactured Home Quote Request

Fax to 1-888-767-0826  
Email to gga@thehelpfulpeople.com

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	Co-Applicant Name
Location Address	City, State, Zip
Mailing Address	City, State, Zip

Agency Code	Agency Fax
Agency Name	Agency Phone
Contact Name	Contact E-mail

Customer Date of Birth ____ / ____ / ____	Social Security Number*
Co-Applicant Date of Birth ____ / ____ / ____	Social Security Number*

**★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.

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

Occupancy type: ☐ Principal Residence ☐ Seasonal Residence (Owner Occupied) ☐ Commercial ☐ Rental ☐ Tenant

County (Location): \_\_\_\_\_ Date Purchased: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Purchase Price: \$

Year of Home: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Length & Width: \_\_\_\_\_

In a park? ☐ No ☐ Yes – How many spaces in the park? \_\_\_\_\_ Exp. Date of Current/Previous Policy: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Protection Class: \_\_\_\_\_ Miles from fire station: \_\_\_\_\_ Feet to nearest fire hydrant: \_\_\_\_\_

Animals on the premises? ☐ Yes\* ☐ No \*If Yes, please describe:

If home is Seasonal, is it occasionally rented to others? ☐ Yes ☐ No

Is there any private, not-for-profit farming on premises? ☐ Yes ☐ No

Is there a supplemental heating device? ☐ Yes ☐ No

Does the home have Vinyl or Hardboard siding? ☐ Yes ☐ No

Is the home skirted? ☐ Yes ☐ No

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

Is the home vacant or unoccupied? ☐ Yes ☐ No

Is there a swimming pool on the premises? ☐ Yes ☐ No

Have there been any claims in the last 5 years? ☐ Yes\* ☐ No

\*If Yes, please list details (Dates, Type, Dollar Amounts):

COVERAGE	REQUESTED LIMITS
Home (Coverage A)	\$
Personal Property	\$
Unattached Structures	\$
Liability (Personal/Premises)	\$
Medical Payments	\$
Deductible	\$
Golf Cart Coverage	# of carts:
Scheduled Personal Property (Please include a copy of the schedule)	\$
Earthquake Coverage	<input type="checkbox"/> Yes <input type="checkbox"/> No
Replacement Cost - Home	<input type="checkbox"/> Yes <input type="checkbox"/> No
Replacement Cost - Personal Property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Equipment Breakdown (American Modern only)	<input type="checkbox"/> Yes <input type="checkbox"/> No