

**Mobile Home Application- B.C., Alberta, Manitoba, Ontario & Atlantic Canada**

**APPLICANT INFO**

Quote Only  Please Bind

Name of Insured: \_\_\_\_\_ DOB: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov.: \_\_\_\_\_ PC: \_\_\_\_\_

Location of Risk: \_\_\_\_\_ City: \_\_\_\_\_ Prov.: \_\_\_\_\_ PC: \_\_\_\_\_

Owner Owned Property  Rented Property  Long Term Leased Property  Mobile Home Park

Name of Park: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mortgagees/Lien Holders (name & address in payment order): \_\_\_\_\_

**DESCRIPTION OF PROPERTY**

Model Year: \_\_\_\_\_ Trade Name: \_\_\_\_\_ Size: \_\_\_\_\_ Model: \_\_\_\_\_ Serial No.: \_\_\_\_\_

Occupancy:  Primary  Summer / Seasonal Is unit fully skirted?  YES  NO

Protection: Distance to Fire Hydrant: \_\_\_\_\_ Distance to Fire Hall: \_\_\_\_\_

Primary Heat Type: \_\_\_\_\_ (if oil, provide oil tank questionnaire) Auxiliary Heat:  YES  NO Type: \_\_\_\_\_

Wood Burning Device?  YES  NO (if yes, please attach wood heat questionnaire)

Updates: Hot Water Tank: \_\_\_\_\_ Roof: \_\_\_\_\_ Heating: \_\_\_\_\_ Plumbing: \_\_\_\_\_ Electric: \_\_\_\_\_

Electrical System:  Less than 60 Amp  60 Amp  100 Amp  Over 100 Amp  Copper  Aluminum  Knob & Tube  Mixed  Unknown

Total Square Footage (incl. porches): \_\_\_\_\_

Monitored Alarm:  Burglar  Fire (provide copy of certificate)

**COVERAGE & LIMITS**

Policy Form:  All Risk  Specified Perils Basis of Claim Payment: *Mobile Home*:  ACV  RC *Personal Property*:  ACV  RC

Standard Deductible: \$500 Optional Deductible:  \$1000  \$2500  \$100 Glass

**PART I - Principal Residence**

A. Mobile Home \$ \_\_\_\_\_ B. Outbuildings \$ \_\_\_\_\_ C. Personal Property \$ \_\_\_\_\_ D. Additional Living Expense \$ \_\_\_\_\_

**PART II - Comprehensive Personal Liability**

E. Bodily Injury Property Damage \$ \_\_\_\_\_ F. Medical Payments \$2,500 G. Voluntary \$1,000

Optional Coverages required: \_\_\_\_\_

Earthquake:  YES  NO Sewer Backup:  YES  NO

Do you have any of the following liability exposures?  Additional Residence / Seasonal / Summer  Business on Premises

Swimming Pool&/or Hot Tub  Outboard Motors-HP: \_\_\_\_\_  Incidental Office Use (attach questionnaire)  Saddle or Draft Animals

Hobby farming (attach supplemental app)  Incidental School / Daycare  Tenants, Roomers, Boarders

Previous Insurer: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ Policy #: \_\_\_\_\_ Years Continuously Insured: \_\_\_\_\_

Previous Losses / Claims (past 5 years): \_\_\_\_\_

Have you ever had insurance refused or cancelled?  YES  NO Reason: \_\_\_\_\_

First time home buyer?  YES  NO Any gaps in Insurance Coverage  YES  NO (attach gap in coverage declaration)

**PLEASE READ BEFORE SIGNING APPLICATION:** I may have provided personal information in this document and by other means and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or insurance company to collect, use and disclose any of this personal information, subject to the law and to my broker's or insurance company's policy regarding personal information, for the purpose of communicating with me, assessing my application for insurance and underwriting my policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

**NOTE: INSURANCE IS NOT IN EFFECT UNTIL PREMIER MARINE HAS ISSUED A BINDER.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Broker: \_\_\_\_\_ Date: \_\_\_\_\_ Broker Email: \_\_\_\_\_

Brokerage Firm: \_\_\_\_\_ AGT #: \_\_\_\_\_ Broker Phone #: \_\_\_\_\_ Broker Fax#: \_\_\_\_\_

*Premier Marine Insurance Managers Group (WEST) Inc. is one of Canada's largest Managing Underwriting Agents. The underwriting insurance carrier varies by line of business and region - please refer to specific quote for declaration of the underwriting insurance company(s).*

**\*\* Email application and attachments to - [newbizpersonal@premiergroup.ca](mailto:newbizpersonal@premiergroup.ca) \*\***

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