



Best Rating A

COLORADO MANUFACTURED HOME APPLICATION

REQUESTED EFFECTIVE DATE:	REQUESTED EXPIRATION DATE:
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Applicant—Titled Owner	Date of Birth	Social Security #	Telephone #		
Co-Applicant—Titled Owner	Date of Birth	Social Security #	Telephone #		
Mailing Address	City	State	Zip Code	County	Territory
Location—If different than mailing address	City	State	Zip Code	County	Territory
Additional Insured—Titled Owner	Mailing Address	City	State	Zip Code	

Lienholder	Loan #	Bill Lienholder @ Renewal: Yes___ No___	
Mailing Address	City	State	Zip Code

OCCUPANCY: Owner Occupied___ Seasonal___ Tenant___ Rental___

If rental provide tenant's name_____

Year_____ Length_____ Width_____

Manufacturer_____ Model_____

Serial Number_____

Purchase Date_____ Purchase Price \$_____

Is the home located on land owned by the insured? Yes___ No___

Does the purchase price include land? Yes___ No___

What is the value of the land? \$_____

Does the home have vinyl or hardboard siding? Yes___ No___

Does the home have a composition roof? Yes___ No___

Is the home on a permanent foundation? Yes___ No___

Is the home on an enclosed foundation? Yes___ No___

Is the home skirted? Yes___ No___

Is the manufactured home tied down? Yes___ No___

Feet from Fire Hydrant_____ Miles from Fire Department_____

Protection Class_____ In Park_____ Out of Park_____ # of Spaces_____

IMPORTANT NOTE: Describe Attached / Unattached Structures

REQUESTED COVERAGE	LIMIT	PREMIUM
Manufactured Home	\$	\$
Personal Property	\$	\$
Unattached Structures	\$	\$
Personal Liability—Owner Occupied & Tenant	\$	\$
Premises Liability—Rental & Seasonal	\$	\$
Increased Medical Payments	\$	\$
Replacement Cost—Manufactured Home		\$
Full Repair Cost—Manufactured Home		\$
Replacement Cost—Personal Property		\$
Scheduled Personal Property	\$	\$
Satellite Dish / Antenna	\$	\$
Golf Cart Coverage		\$
\$3500 physical damage coverage		
\$25,000 liability coverage		
Supplemental Heat Surcharge		\$
Animal Injury Exclusion Credit		\$
Water Damage Exclusion Credit		\$
Deductible	\$	\$
TOTAL PREMIUM		\$

Agency Name	Agency Code #	
Mailing Address		
City	State	Zip Code
Telephone #	Fax #	E-Mail Address

DESCRIBE ATTACHED AND UNATTACHED STRUCTURES Include description, length and width (or square feet) and value

1. Previous Carrier _____ Expiration Date _____

2. Occupation _____
Employer _____ Yrs. Employed _____

3. Is the applicant the titled owner? Yes___ No___
If no, what is the insurable interest? _____

IF YES—SUBMIT—DO NOT BIND

1. Has the applicant been cancelled or nonrenewed? Yes___ No___
If yes, why? _____

2. Has the risk been uninsured for more than 10 days? Yes___ No___

3. Is there a supplemental heat source in the manufactured home, attached / unattached structure or any where on the premises? Yes___ No___
If yes, what type? _____
If it is a wood, coal, pellet, etc. stove, an Aegis wood-stove report must be completed and submitted for approval.

4. Is there a swimming pool on the premises? Yes___ No___
If yes, is it surrounded with a 4' stockade type fence with a locked gate? If no, the swimming pool exclusion must be signed by the applicant. Yes___ No___
If yes, is there a diving board or slide? If yes, the swimming pool exclusion must be signed by the applicant. Yes___ No___

5. Has the applicant had a fire, theft or liability loss at any location in the past three (3) years? Yes___ No___

6. Has the applicant had more than one (1) water damage loss in the past three (3) years? If yes, the risk will be written with the water damage exclusion endorsement. Yes___ No___

7. Does the applicant own or board any animal that has bitten or caused injury? If yes, the risk must be written with the animal injury exclusion and the applicant must sign the exclusion. Yes___ No___

IF YES—DO NOT SUBMIT—UNACCEPTABLE RISK

1. Is there a kerosene heater in the manufactured home, attached structure, unattached structure or on the premises? Yes___ No___

2. Is the manufactured home unoccupied or vacant? Yes___ No___

3. Is the manufactured home without utilities? Yes___ No___

4. Does the manufactured home have any damage that has not been repaired? Yes___ No___

5. Is there business conducted in the manufactured home, attached / unattached structure or on the premises? Yes___ No___

6. Has the applicant had more than one (1) fire or theft loss; more than one (1) combination of fire, theft or liability losses or more than two (2) minor losses at any location in the past three (3) years? If the applicant has had more than one (1) liability loss, the risk must be written without liability coverage. Yes___ No___

ADDITIONAL INFORMATION / COMMENTS REGARDING THE RISK

PLEASE READ AND SIGN BELOW

In making this application for insurance, it is understood that an investigative report may be made regarding your credit and / or loss history. You have the right to make a written request to the reporting company within a reasonable period of time for a complete and accurate disclosure of the nature and scope of the investigation.

If undisclosed or false information is discovered and the information was material to the company accepting the risk, coverage will be NULL and VOID.

If the insured requests mid-term cancellation, the policy is subject to a \$100 MINIMUM EARNED PREMIUM

"It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies."

Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____

Licensed Producer's Signature _____ Print Licensed Producer's Name _____ Producer's License # _____ Date _____

PAYMENT OPTIONS

2 Payment Plan _____

4 Payment Plan _____

6 Payment Plan _____

8 Payment Plan _____

Credit Card Payment _____

CREDIT CARD AUTHORIZATION

VISA___ MASTERCARD___ AMOUNT CHARGED TO THE CREDIT CARD \$ _____

PRINT NAME AS IT APPEARS ON THE CREDIT CARD _____

CREDIT CARD # _____ EXPIRATION DATE OF CREDIT CARD _____

I authorize Aegis Security Insurance Company to bill the credit card listed above. By my signature I hereby agree that any credit card transaction that is denied for any reason is not considered payment of premium and coverage will not be provided.

Cardholder's Signature _____ Cardholder's Telephone # _____ Date _____