

Indication Worksheet

Manufactured/Mobile Home Quote

Please fax quote requests to (800)332-9285 or (801)290-1160 Attn: Julie Ybarra or Peggy Duggins

State: CO Property Location: _____

Prospects Name: _____ Date of Birth: _____

Occupancy: Owner Tenant Seasonal Tenant Package (Personal Property & Liability only)

Year Built: _____ Length _____ Width _____

Protection Class: _____ County: _____

Distances from Fire Hydrant: _____ Miles from Fire Department: _____

Wood Burning Facility: Yes No If yes was it installed by a licensed contractor: Yes No

Is the manufactured home :

On a Permanent Foundation Yes No

Fully Skirted Yes No

Tied Down Yes No

Does the manufactured home:

Have an enclosed foundation Yes No

Have a composite Roof Yes No

Have Vinyl or hardboard siding Yes No

Bankruptcy or Foreclosure: Yes or No Note: If Bankruptcy or Foreclosure is within 3 years, this is acceptable

Losses: D.O.L, Type of loss, Amount Paid, Repaired? _____

Animals Yes, No Breeds: _____

Trampoline Yes, No Deductible: \$ _____

Coverages:

Manufactured/Mobile Home Coverage: \$ _____

Unattached Adjacent Structures \$ _____

Personal Property \$ _____

Liability Limit \$ _____

Medical Payments \$ _____

Manufactured Home Replacement Cost (mobile home must be 15 years or newer & owner occupied)

Manufactured Home Full Repair Cost (mobile home must be 15 years or newer & owner occupied)

Personal Property Replacement Cost

*Quote is subject to a completed application, credit scoring, CLUE report and underwriter approval

*To issue a policy we need a completed Aegis Manufactured Home Application (which can be found at www.colonialgeneral.com), two photos of the manufactured home (one of the front and one of the back) along with payment made payable to Aegis Ins Co

Date: _____ Agency: _____ Agency Code: _____

Requested By: _____ Return Fax # _____ E-mail _____