ACORD,	MOBIL	E HO	OME A	PPL	ICA	101	1				O s	DATE	(MM/DD/YY)
PRODUCER				APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP)							NAIC CODE FACILITY CODE TELEPHONE NUMBER		
				CO/PLAN				POL#:					
CODE: SUBCODE:								ACC					
AGENCY CUSTOMER ID		EFFECTIVE DATE		EXPIRATION DATE		Diric	DIRECT BILL PAYMEN  AGENCY BILL			IT PLAN			
PREVIOUS ADDRES	SS (If less than	3 years)				LOCAT	ION O			F FROM AE	BOVE	(Inc cou	inty & ZIP)
APPLICANT INFORI	AATION	B 10 10 10 10 10 10 10 10 10 10 10 10 10			186	H 23 8				100.25 (S)			
APPLICANT'S OCCUPATION			APPLICANT'S E	MPLOYER NAME				YRS EMPL MAR STAT DATE		DATE OF E	E OF BIRTH SOCIAL SECURITY #		AL SECURITY #
CO-APPLICANT'S OCCUPA	TION		CO-APPLICANT'S EMPLOYER NAME					YRS EMP	L MAR STAT	DATE OF E	BIRTH	SOCIA	AL SECURITY #
ADDITIONAL INTER	EST												
INT # MORTG'E NA	ME AND ADDRESS		a (A		H. P.						LOAN	NUMBER	
ADDL INT  INT # MORTG'E NA	ME AND ADDRESS	(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)	1.0			The state of the s				. 1831	LOAN NUMBER		
ADDL INT													
COVERAGES/LIMIT			O DEDCOMA		0.2201.0	FUCE	E DEDC	ONAL LIABILIT	V E MEDI	NI DAVMENTO		DUCTIB	
COV FORM A. MOBILE HO	OME B. OTH STRUCT		C. PERSONA PROPERTY	L				ONAL LIABILITY F. MEDICAL PAYS  DOCUMENCE EACH PERSON		H PERSON	ON ALL I LITTLE		
s	s		S		3		s	\$			WIND/HAIL S		S
FIRE FIRE 8		EC & VMM	BROAD		SPECIAL		3	EST TO	TAL PREMIUN	DEP	OSIT		BALANCE
ENDORSEMENTS (Indicate							\$	s s			s		
REPLACEMENT COS			CEMENT COST CC			ATION GU/						BILL INS	SURED PRTGAGEE
RATING/UNDERWR	ITING		MODEL				ID	NUMBER					LENGTH WIDTH
YEAR MAKE			MODEL				10	NOMBER					LENGTH WIDTH
NEW COS	TNEW	C	OOKING LOCATIO	N			TIE D	OWN				-	
USED \$		END	MIDDLE	пои	1E	FULL	CHAS	SSIS	NONE				
	PREM PERS LIAB		DISTANCE	то	PROTECT	ION DEVIC	TYPE	HOUSEKE	EPING COND	ITION O	CCUPAN	ICY I	USE
		-	HYDRANT	FIRE STATION	SYSTEM	FIRE	SMOKE				OWN	IER	PRIMARY
UEAT TVDE	-	DE DIOTOIO	FT FT	M	100000000000000000000000000000000000000			CONCE	CUTIVE MON	rue	TENA		SECONDARY
HEAT TYPE FIRE DISTRICT/CODE NUMBER				DIRECT					CONSECUTIVE MONTHS OCCUPIED EACH YEAR			CC	SEASONAL
EXTERIOR CONSTRUCTION	ı	- Taki	FOUND	ATION CO	LOCAL	N		UTILITIES -	T CONNECT!	WIRI	VAC:	ANT	OTHER
STEEL	WOOD	VINYL	MA	NTINUO	US	POST & P WITH SKIF	ER ITING	ELEC		WER	COPPE		ALUMINUM
OTHER STRUCTUR	OTHER:		01	HER:				WAIL	1	ONE LAS	INOFE	OTED.	
DESCRIPTION													LIMIT

LOCATION INFO	RMATION				A COLUMN A DESIGN	u si usiona	ana			
IF HOME IS LOCATED IN MOBILE HOME PARK:				NO	IF NOT LOCATED IN MOBILE HOME PA	RK:	YES NO			
PARK NAME			100 100 100		LOCATION		Landigoren			
DATE ESTABLISHED	ISHED NUMBER OF PERMANENT SPACES				1. IS HOME VISIBLE FROM ROAD?					
					2. ARE ROADS PAVED?					
1 DOES BARK HAY	1. DOES PARK HAVE A RESIDENT MANAGER?				Z. AITE NOADO I AVED!					
		INAGEN!								
IF YES, PHONE		00								
	VE LIMITED ACCES			-						
	VE PAVED STREET			_						
	VE SUBDIVISIONS?	AND TOTAL								
GENERAL INFO	RMATION	ER TRICE II TEREPORE TO MOD	1022	_		160 y E no il apai 31 de	COLUMN SULAY			
EXPLAIN ALL "YES" RESPONSES IN REMARKS				NO	EXPLAIN ALL "YES" RESPONSES IN REMARKS YES					
1. ANY BUSINESS CONDUCTED ON PREMISES? (Including day/child care)					B. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES     (SNOW MOBILES, DUNE BUGGYS, MINI BIKES, ATVS, ETC)?					
2. ANY SUPPLEMENTA	AL HEATING? (Describe)				(List year, type, make, model)					
3. ANY FLOODING, BR	USH HAZARD, LANDSL	IDE, ETC?			9. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy #)					
4. ANY OTHER RESIDE	NCE OWNED, OCCUP	ED OR RENTED?			10. HAS INSURANCE BEEN TRANSFER					
	D A FORECLOSURE, R NG THE PAST FIVE YE					11. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS? NOT APPLICABLE IN MO				
6 DOES APPLICANT C	DR ANY TENANT HAVE	ANY ANIMALS OR EXOTIC PETS?			10 DUDING THE LAST TEN VEADS HA	S ANY ADDITIONAL REEN CON	MICTED			
	TED WITHIN TWO MILE				<ol> <li>DURING THE LAST TEN YEARS, HA OF ANY DEGREE OF THE CRIME OF</li> </ol>	F ARSON?	MOTED			
, IOT HOPERIT LOCA	TED THI FINE I WO WILL	LO G. A GOAGIT			(In RI, failure to disclose the existence misdemeanor punishable by a sentence		nent.)			
LOSS HISTORY		ANY LOCOTO DUDINO THE LACT O VEADO	0	YES			nona,			
DATE	TYPE	ANY LOSSES DURING THE LAST 3 YEARS DESCRIPTION OF LOSS	?	YES	NO IF YES, INDICATE BELO	OW	AMOUNT			
0.00		Control College and Market			30 d 20 20 20 20 20 20 20 20 20 20 20 20 20		Massaca pagas			
PRIOR COVERA	GE									
PRIOR CARRIER					PRIOR POLICY NUMBER		AMOUNT OF COVERAGE			
3 11 12	30000				(A 995 C)A(9) C	781 (g. 701 - 2012)	\$			
REMARKS						ATTACHMENTS				
						PHOTOGRAPH				
FOR COMPANY USE O	NLY	Signal A			W 706 - 05		5 600			
BINDER/SIGNAT	TURE	Married Control (1989)	10	100	GENOME STORY	100	1041-0 1041			
INSURANC EFFECTIVE DATE TIME	EXPIRATION DATE  12:01 AM  NOON	IF THE "BINDER" BOX TO THE LEFT THIS COMPANY BINDS THE KIND TO THE TERMS, CONDITIONS AND THIS BINDER MAY BE CANCELLE COMPANY STATING WHEN CAND BY NOTICE TO THE INSURED II REPLACED BY A POLICY. IF THE	D(S) OF D LIMITA ED BY T CELLAT N ACCO	THE TON ORD	SURANCE STIPULATED ON THIS DNS OF THE POLICY(IES) IN CURF INSURED BY SURRENDER OF T WILL BE EFFECTIVE. THIS BINI PANCE WITH THE POLICY COND IS NOT REPLACED BY A POLICY	APPLICATION. THIS INS RENT USE BY THE COMP HIS BINDER OR BY WRI DER MAY BE CANCELLE DITIONS. THIS BINDER I	THEN NOTICE TO THE ED BY THE COMPANY S CANCELLED WHEN FILLED TO CHARGE A			
COVERAGE IS N		PREMIUM FOR THE BINDER ACCORDING TO THE RULES AND RATES IN USE BY THE COMPANY. THE QUOTED PREMIUS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY.								
	E INFORMATION PRAC		ADJUS	IIVIE	INT, WHEN NECESSART, BY THE	COMPANT.				
PERSONAL INFOR AND PRIVILEGED THE RIGHT TO P DESCRIPTION OF	RMATION ABOUT NINFORMATION CO EVIEW YOUR PER YOUR RIGHTS A	YOU MAY BE COLLECTED FROM DLLECTED BY US OR OUR AGEN' RSONAL INFORMATION IN OUR F IND OUR PRACTICES REGARDIN V TO SUBMIT A REQUEST TO US.	TS MAY	( IN	CERTAIN CIRCUMSTANCES BE CAN REQUEST CORRECTION (	DISCLOSED TO THIRD OF ANY INACCURACIES	PARTIES. YOU HAVE . A MORE DETAILED			
CONTAINING ANY	MATERIALLY FALS	D WITH INTENT TO DEFRAUD ANY BE INFORMATION, OR CONCEALS INSURANCE ACT, WHICH IS A CRI	FOR TH	HE F	PURPOSE OF MISLEADING INFO	RMATION CONCERNING	ANY FACT MATERIAL			
	TEMENTS ARE TRU	READ THE ABOVE APPLICATION JE; AND THAT THESE STATEMEN								
HOW LONG HAVE	YOU KNOWN THE	APPLICANT?			DATE AGENT LAST INSPECTED F	PROPERTY:				
APPLICANT'S SIGNATURE					PRODUCER'S SIGNATURE	25				