

Roush Insurance Services, Inc.

PO Box 1060 • Noblesville, IN 46061-1060
 Phone: (800) 752-8402 • Fax: (317) 776-6891
 www.roushins.com • Email: quote@roushins.com

MOBILE HOME APPLICATION

Applicant's Name: _____
 Mailing Address: _____

 Location of M.H.: _____

Agent Name: _____
 Address: _____

 Agent Code: _____

PROPOSED EFFECTIVE DATE: From _____ To _____ 12:01 A.M., Standard Time at the address of the Applicant

MOBILE HOME INFORMATION—PHOTO REQUIRED

Year	Length	Width	Make & Model	Serial Number	Actual Value When Insured	Purchased Mo./Yr.	Purchase Price
						/	\$

MORTGAGEE: _____

ADDRESS: _____ LOAN NO.: _____

COVERAGE AND LIMIT INFORMATION

Item	Coverage	Deductible	Limit Of Liability
Mobile Home	Comprehensive	\$	\$
	Named Perils	\$	\$
Adjacent Structures	Comprehensive	\$	\$
	Named Perils	\$	\$
Personal Effects	Comprehensive	\$	\$
	Named Perils	\$	\$
Liability	Premises Liability	\$	\$
Additional Coverages	Vendor's Single Interest	\$	\$
	Flood Coverage	\$	\$
	Trip Coverage	\$	From: To:

Adjacent Structures—List adjacent structures and equipment (cabanas, awnings, sheds, carports, air conditioners, etc.)

Notice to Agent: Must schedule on form UTS-258g if structure not listed in policy.

Description	Value	Description	Value

COVERAGE INFORMATION

- 1. Occupancy: Owner Tenant Vacant Seasonal
- 2. Protection Class: _____ Fire District: _____
- 3. Deductible Amount: \$ _____
- 4. Territory: _____
- 5. NADA Value:..... \$ _____
- 6. Distance to fire hydrant:..... _____
- 7. Distance to fire station: _____
- 8. Distance from water source:..... _____
- 9. Is mobile home located in flood zone? Yes No
- 10. Is mobile home tied down? Yes No
- 11. Is mobile home skirted? Yes No
- 12. Is mobile home in park? Yes No
- 13. Park size (acres):..... _____ Number of lots:..... _____
- 14. Are there any modifications to the home? Yes No
If yes, describe: _____
- 15. Is there a wood/coal burning facility? Yes No
If yes, provide questionnaire and photo.
- 16. Is there a trampoline? Yes No
- 17. Is there a swimming pool? Yes No
If yes, pool is: Above ground Below ground Fenced
- 18. Applicant's occupation: _____
- 19. Is there any business, including day care, conducted on premises? Yes No
If yes, explain: _____
- 20. Is there any acreage or outbuildings? Yes No
If yes, describe: _____
- 21. Does Applicant own any animals?..... Yes No
If yes, what type and breed? _____
Any bite/aggressive behavior history? Yes No
- 22. Previous insurance carrier: _____
Policy number: _____ Expiration date: _____
If no previous carrier, why? _____
- 23. Has any company canceled or refused coverage to the Applicant (not applicable in Missouri or California)? Yes No
Comments: _____
- 24. Any bankruptcy or foreclosure proceedings filed? Yes No
Reason: _____
Discharged?..... Yes No



Date of discharge: _____

- 25. Has the applicant ever been charged with arson or fraud? Yes No
- 26. Any losses at this location or any other location owned/rented within the last three years? Yes No

If yes, please describe:

Date	Description	Amount

PRIVACY POLICY: I have received and read a copy of the "Scottsdale Insurance Company Privacy Statement and Procedures." By submitting this application, I am applying for issuance of a policy of insurance and, at its expiration, for appropriate renewal policies issued by Scottsdale Insurance Company or another Nationwide insurance company. I understand and agree that any information about me that is contained in, or that is obtained in connection with this application or any policy issued to me may be used by any Nationwide company to issue, review, and renew the insurance for which I am applying.

FAIR CREDIT REPORTING ACT NOTICE: This notice is given to comply with Federal Fair Credit Reporting Act (Public law 91-508) and any similar state law which is applicable as part of our underwriting procedure. A routine inquiry may be made which will provide information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to nature and scope of the report will be provided.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (Not applicable OH.)

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

APPLICATION WILL NOT BE ACCEPTED WITHOUT APPLICANT'S AND PRODUCER'S SIGNATURES.

APPLICANT'S SIGNATURE: _____ DATE: _____

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____

