



FLOATING HOME APPLICATION

Date (MM/DD/YYYY)

Agency	Phone	Applicant's Name and Mailing Address	
	Fax		
		Effective Date	Expiration Date

APPLICANT INFORMATION

Location (Moorage Name & Address)	Berth/Space No	Applicants Phone No Work Home
Floating Home Registration No#	Body of Water	Occupation of Applicant

COVERAGES / LIMITS OF LIABILITY

Dwelling	Other Structures	Personal Property	Loss of Use	Personal Liability	Medical Payments
Deductible		<input type="checkbox"/> Floating Home Enhancement		<input type="checkbox"/> Residence Rented to Others <input type="checkbox"/> Secondary / Seasonal Residence <input type="checkbox"/> Primary Residence	

RATING / UNDERWRITING

Year Built:		Plumbing Updates		Roof Updates		Electrical Updates		Heating Update	
Protection Class	Distance To:		Type of Flotation:		Log Barge Concrete Hull	Condition of Floatation:		Electrical:	
	Hydrant	Fire Statn	<input type="checkbox"/> Log & Foam <input type="checkbox"/> Pontoon	# of pontoons:		<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Needs Repair	<input type="checkbox"/> Fuses <input type="checkbox"/> Breakers		
Type of Heating System:		Type of Fuel:		Type of Roof:		Type of Siding:		Condition of Home:	
<input type="checkbox"/> Baseboard <input type="checkbox"/> Wall <input type="checkbox"/> Forced Air <input type="checkbox"/> Space <input type="checkbox"/> Other:		<input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Wood <input type="checkbox"/> Gas <input type="checkbox"/> Other:		<input type="checkbox"/> Wood <input type="checkbox"/> Comp <input type="checkbox"/> Shingles <input type="checkbox"/> Other: Condition: _____		<input type="checkbox"/> Wood <input type="checkbox"/> Vinyl <input type="checkbox"/> Aluminum <input type="checkbox"/> Steel <input type="checkbox"/> T111		<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Needs Repair: Explain: _____	
Number of Operating: Smoke Alarms Fire Extinguishers		Is There a Basement? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, What is it used for?		Is There A Pool Or Hot Tub On Premises? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does The Floating Home Have A Boat Well? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Floating Home Is Secured With?		Condition? Lines, Collars, Cleats: <input type="checkbox"/> Fair <input type="checkbox"/> Needs Repair		Home Square Footage: House: _____		Boatwell: _____ Float: _____			

Prior Carrier	Policy Term	Cancelled or Non-Renewed? If Yes, Reason?	<input type="checkbox"/> No <input type="checkbox"/> Yes
---------------	-------------	--	--



FLOATING HOME APPLICATION

Date Purchased

<p>Additional Interest:</p> <input type="checkbox"/> Mortgage <input type="checkbox"/> Additional Insured <input type="checkbox"/> Loss Payee <input type="checkbox"/> Contract of Sale	<p>Number Of Bilge Pumps?</p> <p>Condition: <input type="checkbox"/> Good <input type="checkbox"/> Needs Repair <input type="checkbox"/> Fair</p> <p>Is There A Bilge Pressure Alarm <input type="checkbox"/> No <input type="checkbox"/> Yes Is So, Specify Make And Size (GPH):</p> <p>Is Hull A Converted Vessel? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, Describe Original Use</p> <p>Is There An Alarm System? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, Attached Contract</p> <p>Are There Living Quarters? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, What Is The Square Footage?</p>	<p>Date Last Surveyed? (Provide Copy)</p> <p>Vacant? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date Installed:</p> <p>Date Last Inspected:</p>
<p>Wood / Pellet Stove Or Insert?</p> <input type="checkbox"/> No <input type="checkbox"/> Yes (If Yes, Attach Supplemental Woodstove Questionnaire & Photo)	<p>Under Construction / Renovation? <input type="checkbox"/> No <input type="checkbox"/> Yes, Explain:</p> <p>Name Of Builder:</p> <p>Contractor's License #: (Certificate of Insurance Required)</p>	

Loss History (Past 3 Years)			<input type="checkbox"/> None
Date of Loss	Open / Closed	Description	Paid / Reserve

Comments:

APPLICANTS STATEMENT: I have read the above application and any attachments. I declare that the information in them is true, complete and correct to the best of my knowledge and belief. This information is being offered to the company as an inducement to issue the policy for which I am applying. The company and its agents, in connection with this application, may investigate my insurability including, if applicable, information as to my character, general reputation, personal characteristics, finances and mode of living. I may request in writing additional information as to the nature and scope of any investigation.

Applicant's Signature	Date	Producer's Signature
-----------------------	------	----------------------