

1520 Sheridan Drive, Buffalo, N.Y. 14217
(716) 874-1644 (800) 424-2202
Fax (716) 874-4920

PHOTOS ARE REQUIRED FOR HOMES
15 YEARS OF AGE AND OLDER

MOBILE HOME APPLICATION

RATES: Preferred L.O.B. 10 Special L.O.B. 37 Special By-Line L.O.B. 77 All Purpose L.O.B. 48 Tenant L.O.B. 34

NAMED INSURED			PRODUCER		
Name			Broker Name:		Broker #:
Address			REQUEST POLICY TERM		
City	State	Zip	From	To	Policy Term: 12 Months
County		Phone No.	Time	AM <input type="checkbox"/>	PM <input type="checkbox"/>
Occupation	Employer		BINDING COVERAGE: For coverage to begin as requested, the application must be fully completed, signed, and received by Keller & Co. within 72 hours of the requested effective date. Otherwise, coverage is bound at 12:01 a.m. the day the application is received by Keller & Co.		
Social Security #	DOB				
Spouse's Name		DOB			
Spouse's Social Security #	DOB				
Spouse's Occupation	Spouse's Employer				
BILLING / ACCOUNTING INFORMATION					
Add'l Insured			BILL TO: <input type="checkbox"/> Insured <input type="checkbox"/> Lienholder Check # _____ Check Amount \$ _____		
Address			<input type="checkbox"/> One Pay <input type="checkbox"/> * Two Pay - 50% down <input type="checkbox"/> * Four Pay - 25% down		
City			*Each installment includes a \$6 fully earned service charge. See Rate Guide for billing details.		

LOCATION			LIENHOLDER		
Park Name			Name		Loan #
Address, if different than above (include county and zip)			Address		
Distance of unit to fire hydrant: _____ feet		Protection Class _____	City		State Zip
Distance of unit to responding fire station: _____ miles			Name		Loan #
Is mobile home located inside city limits? <input type="checkbox"/> Yes <input type="checkbox"/> No			Address		
			City		State Zip

DESCRIPTION OF MOBILE HOME ADDITIONS AND UNATTACHED STRUCTURES								
Year	Manufacturer/Model	Length	Width	Serial Number	Purchase Date	Purchase Price	Current Value	
Describe Additions/Attached Structures:						Age	Size	\$
Describe Unattached Structures:						Age	Size	\$

MUST COMPLETE THE FOLLOWING	
<i>Place an "X" in the appropriate boxes.</i>	
USAGE:	<input type="checkbox"/> Permanent <input type="checkbox"/> Seasonal <input type="checkbox"/> Commercial <input type="checkbox"/> Rental ★ (If Yes, answer question below)
★ If RENTAL, is Mobile Home currently occupied by tenant? <input type="checkbox"/> Yes <input type="checkbox"/> No	
INSURED:	<input type="checkbox"/> 50 & Over and Retired <input type="checkbox"/> Other
AGE OF MOBILE HOME:	Preferred Program: <input type="checkbox"/> 1-6 <input type="checkbox"/> 7 - 15 <input type="checkbox"/> 16 & Older Special Programs: <input type="checkbox"/> 1-10 <input type="checkbox"/> 11 - 1977 <input type="checkbox"/> 1976 & Older
TRANSFER (Preferred and Special Programs only): <input type="checkbox"/> Yes* <input type="checkbox"/> No <small>*(The prior Declarations Page from the other company must be provided.)</small>	
HOW LONG HAS INSURED LIVED IN THE MOBILE HOME? _____	
PRIOR INSURANCE: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> New Purchase	
PRIOR COMPANY: _____	
SKIRTED: <input type="checkbox"/> Yes <input type="checkbox"/> No	
SUPPLEMENTAL HEATING: <input type="checkbox"/> None <input type="checkbox"/> Woodburning Stove <input type="checkbox"/> Fireplace <input type="checkbox"/> Other: _____	
TIED DOWN: <input type="checkbox"/> Yes <input type="checkbox"/> No	
WOOD, MASONITE or VINYL SIDING: <input type="checkbox"/> Yes <input type="checkbox"/> No	
HAS INSURED HAD ANY CLAIMS IN THE PAST 36 MONTHS? <input type="checkbox"/> Yes <input type="checkbox"/> No	
ANIMALS ON PREMISES: <input type="checkbox"/> *Yes <input type="checkbox"/> No *See #18 under "Submit" on back of application Type of Animal: _____ Breed of Dog: _____	
HAS INSURED BEEN CANCELLED/NONRENEWED IN PAST 36 MONTHS? <input type="checkbox"/> Yes <input type="checkbox"/> No	
PARK STATUS: <input type="checkbox"/> Out of Park # of acres: _____ <input type="checkbox"/> In a Park # of spaces: _____	

POLICY INFORMATION		
<i>Place an "X" in the appropriate boxes.</i>		
COVERAGES	LIMITS	PREMIUM
Mobile Home and Additions	\$	\$
Unattached Adjacent Structures		
Personal Effects		
Personal Liability		
Medical Payments to Others		
SUBTOTAL:		
Transfer Credit: Preferred - SUBTOTAL _____ X .90		
Special - SUBTOTAL _____ X .95		
Optional Deductibles <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000		
Replacement Cost - Mobile Home (10 Years Old & Newer)		
Repair Cost - Mobile Home (15 Years Old & Newer)		
Replacement Cost - Personal Effects		
Enhancement		
Limit of Increased Radio & TV Antenna Coverage \$ _____ Coverage		
Golf Cart		
Scheduled Personal Property \$ _____ Coverage		
Other:		
Supplemental Heating Surcharge - Add \$25		
Minimum Written and Retained Premium is \$50	TOTAL PREMIUM:	\$

** If policy is being transferred and prior Declarations Page from other Company is provided.

UNACCEPTABLE RISKS – DO NOT BIND, DO NOT SUBMIT

Any "Yes" Response Makes the Risk Unacceptable!

- 1. Has the applicant had a total fire loss in the past 5 years?
2. Has the applicant had a foreclosure or repossession in the past 5 years?
3. Has the applicant had multiple bad debts or been delinquent in mortgage payments in the past year?
4. Has the applicant been convicted of arson, fraud or a felony?
5. Is the home not connected to water, electricity, and sewage utility services?
6. Does the home have existing structural damage or has it been salvaged?
7. Is the home under construction or major renovation?
8. Is the home vacant or in foreclosure?
9. Is the home isolated and not easily accessible to public roadways?
10. Does the home have a kerosene heater, portable space heater, heat reclaiming device, homemade heating devices, or any potentially hazardous supplemental heating device?
11. Does the home have a wood, coal or pellet burning device that is used as the primary source of heat?
12. Does the home have a fireplace that was not installed by the manufacturer or a licensed contractor?
13. Is the home built on stilts, posts or piers?
14. Is the home or any structure used to store flammables or explosive materials?
15. Is the home located in an area subject to floods, mudslides or forest fires?
16. Does the home have more than 2 lien holders?
17. Is there any business, childcare, homecare, lodging, or farming activities conducted on the premises?
18. Are activities being conducted on the premises, such as woodworking, cabinet making, auto repair, chemical processing or is the home attached to a tavern or restaurant?
19. Is there a swimming pool or jacuzzi on the premises that does not have a four-foot fence with a self-locking gate or a swimming pool that has a diving board or slide?
20. Is there a trampoline on the premises?
21. Is there a dock, pier or boathouse on the premises?
22. Is the home without steps (concrete blocks are not allowed) at all entrances?

SUBMIT RISKS TO KELLER & CO. – DO NOT BIND

Any "Yes" Response Must Be Explained Below and Submitted Unbound.

- 1. Has the applicant had any loss (property damage or liability) in the past 5 years?
2. Has the applicant had a mobile home/dwelling policy cancelled or non-renewed for underwriting reasons during the past 5 years?
3. Has the applicant filed for bankruptcy in the past 5 years?
4. Is the applicant unemployed?
5. Has the applicant had a lapse in insurance coverage?
6. Is the home custom built, homemade, substantially modified or joined together?
7. Does the home have 3 or more steps on any exit without a handrail?
8. Does the home have attached or unattached structures (other than sheds, garages, porches, decks, awnings, skirting or carports) that are non-factory or non-contractor built?
9. Does the home have a wood, coal, or pellet burning device?
10. Does the home have more than two unrelated owners?
11. Is the home located in a Special Flood Hazard Area or within 1,500 feet of a lake, pond, creek, river, or the ocean?
12. Is the home a corporate risk or is property sold on a land contract?
13. Are there any horses, livestock or farm animals on the premises?
14. Does the premises have 5 or more acres?
15. Does the value of the unattached structures exceed 50% of the value of the mobile home?
16. Are there any unattached adjacent structures not incidental to the use of the home as a dwelling including:
17. Does the value of the personal effects exceed \$15,000 and is 75% of the value of the mobile home?
18. Does the applicant own, keep, or shelter any of the following breeds: Akitas, Chows, Dobermans, Great Danes, Pit Bulls, Rottweilers, Wolves or Wolf Hybrids, Anatolian Shepherds, any mix of these breeds, any animal with a previous bite history or any exotic (snakes, monkeys, ostriches) animals?

Explain "Yes" answers:

ANIMAL LIABILITY EXCLUSION: I understand the Animal Liability Exclusion will be attached to my policy and that bodily injury, property damage or any other loss or expense arising out of any occurrence involving any of the following types of animals and/or breeds of dogs will not be covered: Any animal with a previous bite history, snakes, monkeys or ostriches; Breeds of dogs include Akita, Chow, Doberman, Great Dane, Pit Bull, Rottweiler, Wolf, Wolf Hybrid, Anatolian Shepherd or any mix of these breeds.

FAIR CREDIT REPORTING ACT: Pursuant to requirements of the Fair Credit Reporting Act, you are hereby advised that in connection with your application for insurance, an investigative consumer report including information as to character, general reputation, personal characteristics, mode of living, may be made. You are entitled upon submission of a written request to be furnished with a complete disclosure of the nature and scope of any such report.

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

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 claims containing any materially false information or conceals, for the purposes of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and may subject such person to criminal and substantial civil penalties.

X MUST BE SIGNED (Signature of Applicant) Date

X MUST BE SIGNED - Signature of Producer Date