

MOBILE HOME BUSINESS ASSOCIATES

INSURANCE QUOTATION FORM

Some companies require credit checks when applying for a quote. The insurance company has the right to review your credit. Please INITIAL to proceed. _____

Date: _____

First Name: _____ Last Name: _____

Mailing Address:

Location of Unit (Name of Park) Address:

Street: _____

Park Name: _____

Street: _____

City/State/Zip: _____

Lot # _____

City/State/Zip: _____

Home Phone #: _____

County: _____

Cell Phone #: _____

Primary ___ Seasonal ___ Rental ___ Vacant ___

Email: _____

DOB: _____ SS#: _____

Current or Previous Insurance Carrier: _____

Additional Insured:

First Name: _____ Last Name: _____

DOB: _____ SS#: _____ Phone#: _____

Unit Information:

Year: _____ Make/Model: _____ Length: _____ Width: _____

Serial/Vin#: _____ Florida Room/Sunroom: L - _____ W- _____

Deck (Wood or Comp.): L - _____ W- _____ Shed: L - _____ W - _____ Wood or Vinyl or Metal (*Circle One*)

Loft: L - _____ W- _____ Roof Replaced (Year): _____

Purchase Date: _____ Purchase Price: _____ Includes Land: Y/N

Dwelling Value: _____ Liability: \$100,000 or \$300,000 (*Circle One*)

Member of AAA or USAA: Yes/NO If Yes Membership #: _____

Golf Cart: Y/N If yes: Year _____ Make _____ Value: \$ _____

Notes/Lienholder/Mortgage Information:

