



CALIFORNIA MOBILE HOME APPLICATION

PRINT OR TYPE ALL INFORMATION!

CHECK PROGRAM APPLICABLE

- Special (37) Vintage (86)
- By-line (77) All Purpose (48)
- Preferred (46)



UNION GENERAL
Insurance Services, Inc.

PO BOX 6555
CONCORD, CA 94524
(925) 671-2128 FAX: (925) 671-0171
E-MAIL: ug@uniongeneral.com
LICENSE #: 0595325

POLICY #: _____

G.A. #: 7-9438

SUBAGENT #

APPLICANT/OWNER

(Check box if additional Applicant/Owner is indicated in "Remarks" section on reverse side.)

NAME:	SOCIAL SECURITY NO.:	HOME PHONE: ()
		WORK PHONE: ()

MAILING ADDRESS:	CITY:	COUNTY:	STATE:	ZIP:
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LOCATION ADDRESS: <i>(If different than mailing address)</i>	CITY:	COUNTY:	STATE:	ZIP:
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NAME OF MOBILE HOME PARK:	DATE OF BIRTH:	OCCUPATION:	EMPLOYER:
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LIENHOLDER

(Check box if additional Lienholder is indicated in "Remarks" section on reverse side.)

NAME:	ACCOUNT NUMBER:
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MAILING ADDRESS:	CITY:	STATE:	ZIP:
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PERIOD OF INSURANCE (12:01 A.M. STANDARD TIME)

EFFECTIVE DATE: FROM:	NO. OF MONTHS	PREVIOUS CARRIER
TO:		

BINDING COVERAGE: For coverage to begin as requested, the application must be fully completed, signed and mailed within 72 hours of the requested effective date, otherwise coverage is bound 12:01 A.M. the day received by the General Agent./Company.

DESCRIPTION OF MOBILE HOME/TRAVEL TRAILER

YEAR	MAKE/MODEL	SERIAL NUMBER	LENGTH	WIDTH	DATE PURCHASED	PURCHASE PRICE

PHOTOS REQUIRED ON ALL OUT OF PARK OR 1976 AND OLDER UNITS

CLASSIFICATION

	YES	NO
1. How long has insured lived in a mobile home? _____	<input type="checkbox"/>	<input type="checkbox"/>
2. Is mobile home skirted?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is mobile home on a permanent foundation?	<input type="checkbox"/>	<input type="checkbox"/>
4. Woodstove? <i>(If yes, complete inspection report #A6000M0586 (R4/93).)</i>	<input type="checkbox"/>	<input type="checkbox"/>
5. Unit Type: <input type="checkbox"/> Singlewide <input type="checkbox"/> Doublewide <input type="checkbox"/> Other		
6. Tied Down?	<input type="checkbox"/>	<input type="checkbox"/>
7. Wood, Masonite, or Vinyl Siding?	<input type="checkbox"/>	<input type="checkbox"/>
8. Has insured reported any claim in past 36 months?	<input type="checkbox"/>	<input type="checkbox"/>
9. Does insured/tenant own any dogs or livestock?	<input type="checkbox"/>	<input type="checkbox"/>
10. Canceled or nonrenewed in past 36 months?	<input type="checkbox"/>	<input type="checkbox"/>
11. Is the mobile home isolated from easily accessible public roadways?	<input type="checkbox"/>	<input type="checkbox"/>
12. Is the mobile home located in an area subject to flood <i>(or on a site which has flooded in the past 10 years)</i> , mudslides, brush fires, or high crime?	<input type="checkbox"/>	<input type="checkbox"/>
13. Is there a swimming pool, trampoline or other hazard located on the premises?	<input type="checkbox"/>	<input type="checkbox"/>
14. Has mobile home been modified? If yes, photos are required.	<input type="checkbox"/>	<input type="checkbox"/>
15. Is any business conducted on the premises?	<input type="checkbox"/>	<input type="checkbox"/>
16. Handrails on all stairways?	<input type="checkbox"/>	<input type="checkbox"/>
17. Number of Employees (Position and # of hours worked)?	<input type="checkbox"/>	<input type="checkbox"/>

#7 - #17, IF YES, EXPLAIN ON REVERSE SIDE

HOW IS MOBILE HOME USED?

<input type="checkbox"/> Principle Residence <i>(Owner Occupied)</i> P	<input type="checkbox"/> Rental T
<input type="checkbox"/> Seasonal Residence <i>(Owner Occupied)</i> S	<input type="checkbox"/> Vacant V
<input type="checkbox"/> Commercial <i>(Describe on back)</i> C	

Description of Golf Cart: *(If applicable)*

Serial #: _____ Value: \$ _____

BILLING INFORMATION

<input type="checkbox"/> AGENCY BILL	<input type="checkbox"/> DIRECT BILL
IF DIRECT BILL, BILL TO: <input type="checkbox"/> Applicant <input type="checkbox"/> Lienholder	
Check Amount Enclosed \$ _____	

DESCRIPTION OF ADJACENT STRUCTURES

DESCRIPTION OF ADJACENT STRUCTURES	VALUE
1.	\$
2.	\$
3.	\$

COVERAGES

COVERAGES	TOTAL LIMITS	PREMIUM
Mobile Home <input type="checkbox"/> Comp. <input type="checkbox"/> Named Perils		\$
Adjacent Structures <input type="checkbox"/> Comp. <input type="checkbox"/> Named Perils		\$
Mobile Home & Adjacent Structures <input type="checkbox"/> Comp. <input type="checkbox"/> Named Perils		\$
Personal Effects <input type="checkbox"/> Comp. <input type="checkbox"/> Named Perils		\$
Comprehensive Personal Liability		\$
Medical Payments		\$
Owner's, Landlord's, and Tenant's Liability		\$
		\$
		\$

OPTIONAL COVERAGES: _____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

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_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

LOCATION

DISTANCE OF UNIT TO FIRE HYDRANT: _____ FEET.	DISTANCE OF UNIT TO FIRE DEPARTMENT: _____ MILES.
IS MOBILE HOME LOCATED INSIDE CITY LIMITS? <input type="checkbox"/> YES <input type="checkbox"/> NO	IN MOBILE HOME PARK? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, NUMBER OF OCCUPIED SPACES: _____
<input type="checkbox"/> PAVED STREETS? <input type="checkbox"/> LIGHTED STREETS? <input type="checkbox"/> FULL TIME RESIDENT MANAGER?	IS MOBILE HOME PARK COMPLETELY FENCED? <input type="checkbox"/> YES <input type="checkbox"/> NO
ON PRIVATE PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO	NUMBER OF ACRES: _____ OR MOBILE HOME LOT? <input type="checkbox"/> YES <input type="checkbox"/> NO
TYPE OF PARK: <input type="checkbox"/> PREFERRED <input type="checkbox"/> STANDARD <input type="checkbox"/> PRIVATE <input type="checkbox"/> SUBDIVISION	

CLASSIFICATION RESPONSES

7. DATE OF LOSS: _____ TYPE OF LOSS: _____ AMOUNT PAID: \$ _____
 DATE OF LOSS: _____ TYPE OF LOSS: _____ AMOUNT PAID: \$ _____
8. DESCRIBE ANIMALS: _____ PET OR GUARD DOG? _____ HOW MANY? _____
 IF ANY OF THE FOLLOWING ANIMALS: Rottweilers, Pit Bulls, Wolves, Wolf Hybrids, Dobermans, Akitas, or any other potentially fierce breed of dog, exotic animals (including but not limited to: Snakes, Ostriches, Tigers, Monkeys, and Llamas) or, insureds that own or board more than 2 horses, or any animal with a previous history of causing bodily harm or injury. Animal Exclusion Endorsement #A4546E0401 is available to restrict liability.
APPLICANT SIGNATURE FOR ANIMAL EXCLUSION ENDORSEMENT #A4546E0401 X _____
9. NAME OF COMPANY: _____ REASON: _____
 OTHER REMARKS: _____
12. IS THERE A FENCE AROUND THE SWIMMING POOL MADE OUT OF SUITABLE MATERIAL TO A HEIGHT OF AT LEAST 4½ FEET? YES NO
 DOES THE FENCE HAVE A SELF-CLOSING GATE? YES NO IS IT AN ABOVE GROUND POOL? YES NO IF YES, VALUE: \$ _____

USE THIS AREA TO EXPLAIN UNDERWRITING INFORMATION, LIST ADDITIONAL APPLICANTS OR LIENHOLDERS, AND FOR GENERAL COMMENTS OR INSTRUCTIONS.

CALIFORNIA EARTHQUAKE COVERAGE

Your policy does not provide coverage against the peril of Earthquake.

California law requires that earthquake coverage be offered to you at your option.

Warning: These coverages may differ substantially from and provide less protection than the coverage provided by your homeowners' insurance policy. There are exclusions and limitations such as outbuildings, swimming pools, masonry fences, and masonry chimneys. This disclosure form contains only a general description of coverages and is not part of your earthquake insurance policy. Only the specific provisions of your policy will determine whether a particular loss is covered and, if so, the amount payable.

The coverage, subject to policy provisions, may be purchased at additional cost on the following terms:

- A. Amount of dwelling coverage: _____
- B. Applicable deductible: _____ If your loss is below, this amount, you may not receive any payment from your coverage.

Your insurance company or agent will provide written notice as to how the deductible applies to the market value of your coverage, the insured value of your coverage, or the replacement value of your coverage.

- C. Contents Coverage: _____

If your loss does not exceed the deductible for the dwelling, you will not receive any payment for this coverage.
 Your insurance company or agent will provide written notice as to how the deductible applies to the amount you receive pursuant to this coverage.

- D. Additional living expenses: _____

- E. Rate or premium: \$ _____

You must ask the company to add earthquake coverage within 30 days from the date of mailing of this notice or it shall be conclusively presumed that you have not accepted this offer.

This coverage shall be effective on the day your acceptance of this offer is received by us.

 Signature

 Date

I DO NOT WISH TO PURCHASE EARTHQUAKE COVERAGE AND I UNDERSTAND THAT I DO NOT HAVE EARTHQUAKE COVERAGE.

 Signature

 Date

FRAUD WARNING: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

PRIVACY POLICY

I have received and read a copy of the American Reliable Insurance Company/Assurant Group 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 American Reliable Insurance 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 American Reliable Insurance Company to issue, review, and renew the insurance for which I am applying.

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

SUBAGENT NAME / SIGNATURE	DATE	APPLICANT SIGNATURE X
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APPLICATION MUST BE SIGNED!