



Southern General Agency, Inc.

P.O. Box 12480, Alexandria, La 71315
 3820 Coliseum Blvd, Alexandria, LA 71303
 Phone: 1-800-256-8277 • Fax: 1-800-334-2822
www.southerngeneral.com

MANUFACTURED HOME APPLICATION (Direct Bill)	
Policy Period: From _____ To _____	Producer Code: _____ Producer _____ _____ _____
Applicants Name & Mailing Address: _____ _____ _____	Phone No. _____ Location of Premises (If different) _____ _____
Parish _____ Phone No. _____ Social Security # _____	_____ _____ _____

POLICY TYPE: Package Mono-Line Tenant Tenant (Contents Only.)

AMT. ON MOBILE HOME : _____ R.C: <input type="checkbox"/> Yes <input type="checkbox"/> No ADD'L STRUCTURE : _____ CONTENTS : _____ R.C: <input type="checkbox"/> Yes <input type="checkbox"/> No LIABILITY : _____ MED PAY : _____ SCHEDULED PROP. : _____	BASE PREMIUM: \$ _____ OTHER: \$ _____ TOTAL PREMIUM: \$ _____ POLICY FEE: \$ _____ LA. TAX: \$ _____ TOTAL: \$ _____ DOWN PAYMENT: \$ _____ (Minimum of 25% of Pure + Tax & Fees is Required)
TRIP COVERAGE: <input type="checkbox"/> Yes <input type="checkbox"/> No FLOOD: <input type="checkbox"/> Yes <input type="checkbox"/> No NATURAL DISASTER: <input type="checkbox"/> Yes <input type="checkbox"/> No INSURED OVER 50: <input type="checkbox"/> Yes <input type="checkbox"/> No	

DEDUCTIBLE (All Perils) : \$250 \$500 \$750 \$1,000

RATING/GENERAL INFORMATION		<input type="checkbox"/> Protected <input type="checkbox"/> Unprotected
<input type="checkbox"/> Owner Occupied <input type="checkbox"/> Secondary/Seasonal <input type="checkbox"/> Rental	<input type="checkbox"/> SingleWide <input type="checkbox"/> Doublewide	
PARISH: _____ TOTAL S.F. _____ PC _____ LENGTH: _____ WIDTH: _____ MANUFACTURER: _____ YEAR/MAKE/MODEL: _____ SERIAL NUMBER: _____ RESPONDING FIRE STATION _____ MILES _____ HYDRANT _____ PARK, COMMUNITY, OR SUBDIVISION: _____ PURCHASE PRICE _____		
YEAR UPDATED: WIRING: _____ HEATING: _____ PLUMBING: _____ ROOF: _____		

<u>MORTGAGEE NAME & ADDRESS</u>
Bill Mortgagee <input type="checkbox"/> YES <input type="checkbox"/> NO - Loan Number: _____

<u>PRIOR CARRIER(S)</u>	<u>AMOUNT OF COVERAGE</u>

<u>LOSS HISTORY – PAST 3 YEARS</u>			
<u>DATE (MM/DD/YY)</u>	<u>TYPE</u>	<u>DESCRIPTION</u>	<u>AMOUNT PAID</u>

EXPLAIN ALL "YES" RESPONSES IN REMARKS

- | | | | |
|---|------------------------------|-----------------------------|--|
| 1. Business conducted on Premises? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| 2. Childcare on premises? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| 3. Is wood/coal stove on premises? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| 4. Do you have any additional Heat Sources? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| 5. Any protective devices installed? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| 6. Swimming pool on premises? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| 7. Full time residence employees? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| 8. Any animals on premises? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| 9. Any other residence owned, occupied or rented? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| 10. Any other insurance with company? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| 11. Any insurance declined, cancelled or non-renewed in the last 3 years? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| 12. Is building undergoing renovation or reconstruction? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| 13. Is risk vacant or for sale? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| 14. Does risk have handrails? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| 15. Does the risk have tie downs or straps? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| 16. Primary Heat: <input type="checkbox"/> Wood/Coal <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Other _____ | | | |

REMARKS: _____

IMPORTANT NOTICE REGARDING THE FAIR CREDIT REPORTING ACT: In making this application for insurance it is understood that as part of the underwriting procedure an investigative consumer report may be prepared whereby information is obtained through personal interviews with your neighbors, friends or others with whom you are acquainted. This inquiry includes information as to your character, general reputations, personal characteristics and mode of living. If an investigation is made, you can be assured that it will be handled in the strictest confidence.

If you wish information on the nature and scope of the Consumer Report, which may be requested, ask your agent for the address of the Company handling your account.

PRODUCER:

Years known by producer: _____ When did you last see mobile home? _____

Neighborhood is: Newer Older Stable Changing

APPLICANT:

I hereby declare that I personally have read All (3) Pages of this Application and statements made are true. I understand that any false statements may be grounds for termination of my policy.

Producer Signature _____ **Applicant Signature** _____

Date _____

Date _____

Producers Name and License Number (PRINTED)

Producers Address