



SURPLUS LINE MANAGERS INC.
When every minute counts

152 South Mast Street
Goffstown, NH 03045
(888) 258-1776 / Fax: (603) 882-1843



Best Rating A

MASSACHUSETTS MANUFACTURED HOME APPLICATION

REQUESTED EFFECTIVE DATE:	REQUESTED EXPIRATION DATE:
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Applicant—Titled Owner	Date of Birth	Social Security #	Telephone #
Co-Applicant—Titled Owner	Date of Birth	Social Security #	Telephone #
Mailing Address	City	State	Zip Code
		County	Territory
Location—If different than mailing address	City	State	Zip Code
		County	Territory
Additional Insured—Titled Owner	Mailing Address	City	State
			Zip Code

Lienholder	Loan #	Bill Lienholder @ Renewal: Yes___ No___
Mailing Address	City	State
		Zip Code

Occupancy: Owner Occupied___ Seasonal___ Tenant___ Rental___

If rental provide tenant's name _____

Year_____ Length_____ Width_____

Manufacturer_____ Model_____

Serial Number_____

Purchase Date_____ Purchase Price \$_____

Is the home located on land owned by the insured? Yes___ No___

Does the purchase price include land? Yes___ No___

What is the value of the land? \$_____

Does the home have vinyl or hardboard siding? Yes___ No___

Does the home have a composition roof? Yes___ No___

Is the home on a permanent foundation? Yes___ No___

Is the home on an enclosed foundation? Yes___ No___

Is the home skirted? Yes___ No___

Is the manufactured home tied down? Yes___ No___

Feet from Fire Hydrant_____ Miles from Fire Department_____

Protection Class_____ In Park_____ Out of Park_____ # of Spaces_____

Name of Park_____

REQUESTED COVERAGE	LIMIT	PREMIUM
Manufactured Home	\$	\$
Personal Property	\$	\$
Unattached Structures	\$	\$
Personal Liability—Owner Occupied & Tenant	\$	\$
Premises Liability—Rental and Seasonal	\$	\$
Increased Medical Payments	\$	\$
Replacement Cost—Manufactured Home		\$
Full Repair Cost—Manufactured Home		\$
Replacement Cost—Personal Property		\$
Scheduled Personal Property	\$	\$
Golf Cart Coverage—Property		\$
Golf Cart Coverage—Liability		\$
Satellite Dish & Antenna Coverage	\$	\$
Supplemental Heat Surcharge		\$
Oil Spill Coverage		\$
Deductible	\$	\$
TOTAL PREMIUM		\$

Agency Name	Agency Code #
Mailing Address	
City	State
	Zip Code
Telephone #	Fax #
	E-Mail Address

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Underwriting Questions
Attached and Unattached Structures Description
Applicant's Signature
Producer's Signatures and Producer's License #
Payment Options / Credit Card Authorization

1. Previous Carrier _____ Expiration Date _____

2. Occupation _____
Employer _____ Years Employed _____

3. Is the applicant the titled owner of the manufactured home? Yes___ No___
If no, what is the insurable interest? _____

4. Is the manufactured home heated by fuel oil, kerosene or any other tank filled with a pollutant? Yes___ No___
If no, how is the home heated? _____
If yes, a photo of the tank is required.

IF YES—SUBMIT—DO NOT BIND

1. Has the applicant been cancelled or nonrenewed? Yes___ No___
If yes, why? _____

2. Has the applicant failed to carry insurance for any period of time? Yes___ No___

3. Is there a supplemental heat source in the manufactured home, attached / unattached structure or any where on the premises? Yes___ No___
If yes, what type? _____
If it is a wood, coal, pellet, etc. stove, an Aegis wood-stove report must be completed and submitted for approval.

4. Is there a swimming pool on the premises? Yes___ No___
If yes, is the swimming pool surrounded with a 4' stockade type fence with a locked gate? If no, the risk is unacceptable. Yes___ No___
If yes, is there a diving board or slide? If yes, the risk is unacceptable. Yes___ No___

IF YES—DO NOT SUBMIT—UNACCEPTABLE RISK

1. Is there a portable kerosene heater in the manufactured home, attached structure, unattached structure or on the premises? Kerosene furnace is acceptable. Yes___ No___

2. Is the manufactured home without utilities? Yes___ No___

3. Does the manufactured home, attached structure or unattached structure have any damage that has not been repaired? Yes___ No___

4. Is there business conducted in the manufactured home, attached / unattached structure or on the premises? Yes___ No___

5. Has the applicant had any fire, theft or liability loss at any location in the past three (3) years? Yes___ No___

6. Has the applicant had more than one (1) other minor loss at any location in the past three (3) years? Yes___ No___

7. Does the applicant own or board any animal that has bitten or caused injury? Yes___ No___

8. Does the applicant own a trampoline? Yes___ No___

9. Does the applicant own an all terrain vehicle (ATV)? Yes___ No___

DESCRIBE ATTACHED AND UNATTACHED STRUCTURES
Include description, length & width or square feet and value for each

ADDITIONAL COMMENTS REGARDING THE RISK

MINIMUM EARNED PREMIUM—\$50

In making this application for insurance, it is understood that an investigative report may be made regarding your credit and / or loss history. You have the right to make a written request to the reporting company within a reasonable period of time for a complete and accurate disclosure of the nature and scope of the investigation.

If undisclosed or false information is discovered and the information was material to the company accepting the risk, coverage will be NULL and VOID.

Applicant's Signature _____ Date _____

NOTE: THE APPLICANT MUST ALSO SIGN PAGE 3—OIL SPILL COVERAGE OFFER

Licensed Producer's Signature _____ Date _____

Print Licensed Producer's Name _____ Producer's License # _____

PAYMENT OPTIONS

Payment in Full _____

2 Payments _____

4 Payments _____

6 Payments _____

8 Payments _____

Credit Card Payment _____

CREDIT CARD AUTHORIZATION

VISA _____ MASTERCARD _____ AMOUNT CHARGED TO THE CREDIT CARD \$ _____

PRINT NAME AS IT APPEARS ON THE CREDIT CARD _____

CREDIT CARD # _____ EXPIRATION DATE OF CREDIT CARD _____

I authorize Aegis Security Insurance Company to bill the credit card listed above. By my signature I hereby agree that any credit card transaction that is denied for any reason is not considered payment of premium and coverage will not be provided.

Cardholder's Signature _____ Cardholder's Telephone # _____ Date _____

AEGIS SECURITY INSURANCE COMPANY

NOTICE TO POLICYHOLDERS AVAILABLE COVERAGE - MASSACHUSETTS HOME OIL SPILL COVERAGE

Massachusetts enacted a new law to address oil leaks from home heating systems (Chapter 453 of the Acts of 2008). The law has two major provisions that require:

- the installation of either an oil safety valve or an oil supply line with protective sleeve on systems that do not currently have these devices; and
- insurance companies that write homeowner policies to offer coverage for leaks from heating systems that use oil.

The effective date for both provisions is July 1, 2010.

Aegis Security Insurance Company now offers **MASSACHUSETTS HOME OIL SPILL COVERAGE** for insureds that have certified system upgrades in compliance with this law.

If you qualify for this coverage, please contact your agent or company representative if you wish to add this coverage or if you want additional information.

This notice does not provide coverage for Home Oil Spills. Please sign below acknowledging that you have been advised that this coverage is available.

Applicant's Signature

Date

Print Applicant's Name