



SURPLUS LINE MANAGERS INC.

When every minute counts

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



Aegis Security Insurance Company

Best Rating A

RHODE ISLAND 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_____

IMPORTANT NOTE: Describe attached / unattached structures to the right of page

REQUESTED COVERAGE	LIMIT	PREMIUM
Manufactured Home	\$	\$
Personal Property	\$	\$
Unattached Structures	\$	\$
Personal Liability—Owner and 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 Property Coverage—\$3500 max.		\$
Golf Cart Liability Coverage—\$25,000		\$
Satellite / Antenna	\$	\$
Supplemental Heat Surcharge		\$
Animal Injury Exclusion Credit		\$
Deductible	\$	\$
TOTAL PREMIUM		\$

Agency Name	Agency Code #
Street Address or PO Box	
City	State Zip Code
Telephone #	Fax # E-Mail Address

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

1. Previous Carrier _____ Expiration Date _____

2. Occupation _____
Employer _____ Years Employed _____

3. Is the applicant the deeded owner? Yes ___ No ___
If no, what is the insurable interest? _____

IF YES—DO NOT SUBMIT—UNACCEPTABLE RISK

1. Is there a kerosene heater in the manufactured home, attached structure, unattached structure or on the premises? Yes ___ No ___

2. Is the manufactured home vacant or unoccupied? Yes ___ No ___

3. Is the manufactured home without utilities? Yes ___ No ___

4. Does the manufactured home have any damage that has not been repaired? Yes ___ No ___

5. Is there business conducted in the manufactured home, attached / unattached structure or on the premises? Yes ___ No ___

6. Has the applicant had more than one (1) fire, theft or water damage loss; more than one (1) combination of fire, theft or liability losses or more than two (2) minor losses at any location in the past three (3) years? If the applicant has had more than one (1) liability loss, the risk must be written without liability coverage. Yes ___ No ___

7. Does the applicant own a trampoline? Yes ___ No ___

8. Does the applicant own an all terrain vehicle (ATV)? Yes ___ No ___

IF YES—SUBMIT—DO NOT BIND

1. Has the applicant been cancelled or nonrenewed? Yes ___ No ___
If yes, why? _____

2. Has the risk been uninsured for more than 10 days? 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? If yes, Yes ___ No ___
Is it surrounded with a 4' stockade type fence with a locked gate? If no, liability is not available. Yes ___ No ___
Is there a diving board or slide? If yes, liability is not available. Yes ___ No ___

5. Has the applicant had a fire, theft or liability loss at any location in the past three (3) years? Yes ___ No ___

6. Does the applicant own any animal that has bitten or caused injury? If Yes, the risk must be written with the animal injury exclusion and the insured must sign the exclusion. Yes ___ No ___

MINIMUM EARNED PREMIUM—\$50
This applies if the insured requests mid-term cancellation.

ADDITIONAL COMMENTS / INFORMATION

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.

If midterm cancellation is requested the cancellation will be calculated on a short rate basis and is subject to a MINIMUM EARNED PREMIUM of \$50

"Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

Applicant's Signature _____ Date _____

Licensed Producer's Signature _____ Date _____

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

PAYMENT OPTIONS

2 Payment Plan _____

4 Payment Plan _____

6 Payment Plan _____

8 Payment Plan _____

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 _____



RHODE ISLAND MANUFACTURED HOME UNDERWRITING GUIDELINES

GENERAL UNDERWRITING GUIDELINES FOR ALL RISKS SUBMITTED

1. APPLICATIONS—All questions must be answered, the applicant and producer must sign the application and the application must be mailed within 30 days from the effective date.
2. C.L.U.E.—Will be obtained on all submissions.
3. TOTAL INSURED VALUE—The maximum limit for the manufactured home (Coverage A) is \$125,000 and the total exposure for the manufactured home, personal property and unattached structures is \$200,000.
4. TRANSFER—A policy may not be transferred to a new owner. A new application for the new owner must be submitted for approval.
5. VALUATION—Manufactured homes must be insured to 100% of the actual cash value which can be found in the NADA Manufactured Home Appraisal Guide. The limit requested should not include the value of land. If the manufactured home is a new purchase and is insured for ACV, it should not be insured for more than the purchase price, excluding land. If replacement cost is purchased the home must be insured for 100% of the current year value.
6. OWNERSHIP—The applicant must be the titled owner of the manufactured home. If the risk is occupied by the named insured on a full-time basis or a seasonal / secondary home, the applicant must be an individual and the home may not be titled in a business name. If the named insured rents the manufactured home to another, it may be in a business name; however, liability coverage is not available.
7. ADDITIONAL INSURED—Owner Occupied Program—If more than one individual owns the manufactured home (titled owners); however, one or more of the individuals does not live in the manufactured home, they should be listed as additional insured (s) and not as an insured.
8. REPLACEMENT COST MANUFACTURED HOME—The manufactured home must be 15 years or newer and be owner occupied by the named insured on a full-time basis. If replacement cost is purchased the home must be insured for 100% of the current year value.
9. FULL REPAIR COST MANUFACTURED HOME—The manufactured home must be 15 years or newer and be owner occupied by the named insured on a full-time basis.
10. AGE REQUIREMENT—There is no age requirement.
11. PHOTO REQUIREMENT—Two (2) photos, one of the front and one of the back of the manufactured home, are required: (1) risks with \$300,000 liability, (2) rental risks with more than \$25,000 premises liability and (3) manufactured homes that have been substantially modified.
12. PERSONAL PROPERTY
 - Owner Occupied—The limit may not exceed 100% of the value of the manufactured home or \$25,000, whichever is greater.
 - Seasonal—The limit may not exceed 50% of the value of the manufactured home or \$25,000, whichever is greater.
 - Rental—The limit may not exceed \$5,000.
13. SCHEDULED PERSONAL PROPERTY—(1) a current appraisal or receipt is required; (2) the maximum limit per category—\$2,500 per item and \$5,000 aggregate for all categories; and (3) call for an exception. The risk must be owner occupied on a full-time basis.
14. MINIMUM EARNED PREMIUM—If the insured requests midterm cancellation, the policy will be cancelled on a short rate basis and will be subject to a minimum earned premium of \$50.
15. LATE PAYMENT—If a policy lapses or cancels for non payment of premium, upon Company approval, the policy will be rewritten the day after postmark. A new application is not necessary on a lapsed or cancelled policy unless the Company requests one; however, if a new application is submitted on a cancelled policy the effective date will be the day after postmark.

SEASONAL PROGRAM

1. The following coverages are not available: replacement cost, full repair and scheduled personal property.
2. Maximum personal property—50% of the Coverage A Limit or \$25,000, whichever is greater.
3. All other underwriting guidelines apply.

RENTAL PROGRAM

1. The following coverages are not available: replacement cost, full repair, golf cart, scheduled personal property and \$300,000 premises liability.
2. The maximum personal property coverage available—\$5,000.
3. The name of the tenant must be provided.
4. Any risk with a supplemental heat source, including wood, coal, pellet, etc. stoves are unacceptable.
5. If the total exposure exceeds \$200,000, submit unbound with details, including name of tenants, total exposure to be insured, number of manufactured homes to be insured, limit for each home, number of homes in the park and how far apart are the manufactured homes.
6. If the manufactured home is in a business name, premises liability coverage is not available.
7. If the landlord lives out of state, submit, do not bind.
8. All other underwriting guidelines apply.

TENANT PROGRAM

1. The following coverages are not available: open peril, replacement cost, golf cart, and scheduled personal property.
2. Any risk with a supplemental heat source, including wood, coal, pellet, etc. stoves are unacceptable.
3. Maximum personal property limit—\$25,000. Call for an exception.
4. All other underwriting guidelines apply.

VINTAGE PROGRAM

If the manufactured home and personal property limit equals \$30,000 or less and the liability limit is \$25,000, no underwriting is required. The only optional coverage available is replacement cost for personal property. If the unattached structure limit exceeds 10% of the Coverage A limit and results in the total manufactured home, personal property and unattached structure limit exceeding \$30,000 or if the liability limit exceeds \$25,000, the risk must be underwritten.

SUBMIT—DO NOT BIND

1. **TEMPORARY SUSPENSION**—If there is a watch / warning for a tornado, hurricane, tropical storm, flood, earthquake, wildfire or any other natural disaster, do not bind new business, increase coverage on existing business, accept payment for lapsed policies or cancelled policies or lower the deductible.
2. **SUPPLEMENTAL HEAT SOURCE**—If the manufactured home, attached structure or unattached structure is equipped with a supplemental heat source not installed by the original manufacturer, provide details. If there is a wood burning, coal burning, pellet burning, etc. stove a completed Aegis Woodstove report must be submitted with details and two (2) photos, one of the woodstove and one of the chimney outside.
3. **UNINSURED RISK**—If the applicant has been uninsured for more than ten (10) days, submit with an explanation.
4. **SWIMMING POOL**—If there is a swimming pool on the premises, it must be surrounded with a 4' high stockade type fence with a locked gate. If the swimming pool is not fenced or it has a diving board or slide, the risk must be written without liability coverage.
5. **SUBSTANTIALLY MODIFIED**—Manufactured homes that have been substantially modified must be submitted with details of the modification. If two (2) manufactured homes are attached, there must be a properly supported roof over both the manufactured homes.
6. **CANCELLED OR NONRENEWED**—If the applicant was cancelled or nonrenewed, provide the reason for and the date of the cancellation or non renewal.
7. **LOSSES / CLAIMS**
 - **Fire Loss**—If the applicant has had a fire loss at any location in the past three (3) years, submit with a copy of the fire report and amount paid; more than one (1) fire loss is unacceptable.
 - **Theft Loss**—If the applicant has had a theft loss at any location in the past three (3) years, submit unbound. If the applicant had two (2) or more theft losses in the past three (3) years at any location, the risk is unacceptable.
 - **Water Damage Loss**—If the applicant has had two (2) or more water damage losses in the past three (3) years, the risk is ineligible.
 - **Liability Loss**—If the applicant has had any liability losses at any location in the past three (3) years, submit with details including if the liability exposure still exists. If the applicant has had two (2) or more liability losses in the past three (3) years, the risk must be written without liability coverage. Provide a signed statement from the applicant acknowledging they do not have liability coverage. If the loss involved an animal that has bitten or caused injury, the animal injury exclusion must be signed by the applicant.
8. **ANIMALS**—If the applicant owns or boards any animal that has bitten or caused injury, the risk must be written with the animal injury exclusion. The exclusion must be signed by the applicant.

DO NOT SUBMIT UNDER ANY PROGRAM—UNACCEPTABLE RISK

1. If the manufactured home is under construction.
2. If the manufactured home is vacant or unoccupied.
3. If the manufactured home is condemned.
4. If the manufactured home is without utilities.
5. If there is a kerosene heater in the manufactured home, attached structure or unattached structure or any other place on the premises.
6. If there is any hazardous liability exposure on the premises. **NOTE:** The risk may be written without liability coverage. The applicant must sign acknowledgement of the deletion of liability coverage.
7. If supplemental heat or a wood burning, coal burning, pellet burning, etc. stove is the only means of heating the manufactured home.
8. If the manufactured home is not well maintained.
9. If the manufactured home has damage that has not been repaired.
10. If the manufactured home is used for student housing.
11. If there is a business conducted on the premises or in the manufactured home or any attached or unattached structure.
12. If the applicant owns a trampoline.
13. If the applicant owns an all terrain vehicle (ATV).
14. **LOSSES / CLAIMS:**
 - If the applicant has had two (2) or more fire, theft, water damage, liability losses OR any combination of these losses at any location in the past three (3) years.
 - If the applicant has had three (3) or more minor losses at any location in the past three (3) years.
 - If the applicant has a loss that is unresolved or open with a prior carrier.