



SUPPLEMENTAL APPLICATION COMMERCIAL RENTAL MANUFACTURED HOME SCHEDULE

AGENCY CODE		
AGENCY NAME		
STREET ADDRESS		
CITY	STATE	ZIP CODE
AGENCY PHONE NUMBER () —		
AGENCY FAX NUMBER () —		

WHEN REQUIRED, COMPLETE AND ATTACH TO INSURANCE APPLICATION, FORM 2002.

NAME INSURED		
POLICY TERM 1 YEAR	EFFECTIVE DATE	COVERAGE BOUND? <input type="checkbox"/> YES <input type="checkbox"/> NO _____:_____ <input type="checkbox"/> AM <input type="checkbox"/> PM

DESCRIPTION OF MANUFACTURED HOME (MATCH UNIT NUMBERS TO LOCATIONS LISTED BELOW.)

NO.	LOC. NO.	IN PARK Yes/No	TIED DOWN Yes/No	MODEL YEAR	LENGTH x WIDTH	MANUFACTURER / SERIAL NUMBER	PURCHASED Month / Year	PURCHASE PRICE
1.					X		/	
2.					X		/	
3.					X		/	
4.					X		/	
5.					X		/	
6.					X		/	
7.					X		/	
8.					X		/	
9.					X		/	
10.					X		/	
11.					X		/	
12.					X		/	

PREMIUM AND COVERAGE SECTION Deductible: \$100 \$250 \$500 \$1,000 \$5,000 SEE PROGRAM GUIDE FOR AVAILABILITY - NOT ALL DEDUCTIBLE OPTIONS ARE AVAILABLE IN ALL STATES.

NO.	COVERAGE AMOUNT (Current Value)	MANUFACTURED HOME		COLLISION	ADJACENT STRUCTURES		CONTENTS	
		<input type="checkbox"/> Comp.	<input type="checkbox"/> Named Perils	<input type="checkbox"/> 30 Day	COV. AMT.	PREMIUM	COV. AMT.	PREMIUM
		PREMIUM		PREMIUM				
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
COVERAGE TOTALS		\$		\$	\$	\$	\$	\$

LOCATIONS

TERRITORY _____ (Only one territory per application or policy.)

	LOCATION OF UNIT(S) PARK NAME	NO., STREET	CITY	COUNTY	STATE	ZIP CODE
1.						
2.						
3.						
4.						

ADDITIONAL INFORMATION, IF NEEDED

LIENHOLDER NO. 1		
LIENHOLDER CODE (IF ASSIGNED)		
NAME LINE 1		
NAME LINE 2		
ADDRESS LINE 1		
ADDRESS LINE 2		
CITY	STATE	ZIP CODE
APPLIES TO UNIT NO.(S):		

LIENHOLDER NO. 2		
LIENHOLDER CODE (IF ASSIGNED)		
NAME LINE 1		
NAME LINE 2		
ADDRESS LINE 1		
ADDRESS LINE 2		
CITY	STATE	ZIP CODE
APPLIES TO UNIT NO.(S):		

LIENHOLDER NO. 3		
LIENHOLDER CODE (IF ASSIGNED)		
NAME LINE 1		
NAME LINE 2		
ADDRESS LINE 1		
ADDRESS LINE 2		
CITY	STATE	ZIP CODE
APPLIES TO UNIT NO.(S):		

LIENHOLDER NO. 4		
LIENHOLDER CODE (IF ASSIGNED)		
NAME LINE 1		
NAME LINE 2		
ADDRESS LINE 1		
ADDRESS LINE 2		
CITY	STATE	ZIP CODE
APPLIES TO UNIT NO.(S):		