



MINNESOTA MANUFACTURED HOME INSURANCE APPLICATION

REFERENCE/POLICY NUMBER 0920585820	EFFECTIVE DATE 01/25/2018	Completed and signed applications must be kept on file in agency office. DO NOT MAIL BOUND APPLICATIONS. If coverage is bound you MUST: 1. Process within 5 days of the effective date. 2. Enter policy at www.ForemostSTAR.com , OR 3. Call Toll-Free 1-800-527-3905.
PRODUCER CODE 895307233	PRODUCER NAME M J MCPHERSON INSURANCE AGENI	
CONTACT PERSON		
PHONE NUMBER 651-280-4189	FAX NUMBER	

USE TYPE			
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Primary Farm/Ranch <small>(Applies to Primary use risks when Farm/Ranch operations exceed our Hobby Farm definition)</small>	<input type="checkbox"/> Secondary	<input type="checkbox"/> Tenant <small>(Renter's personal property & liability) NOTE: Insurance on the home can be placed through our Rental Manufactured Home Program.</small>

INSURED INFORMATION - OWNER-OCCUPIED			
INSURED TYPE:	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Life Estate	<input type="checkbox"/> Trust-Land <input type="checkbox"/> In Estate	<input type="checkbox"/> Trust-Family <input type="checkbox"/> Business Name <input type="checkbox"/> Other
<small>If Individual is selected, complete Individual First Named Insured information. For all others, complete both Individual with Control and Entity that appears on the Title or Deed.</small>			

INSURED TYPE - INDIVIDUAL - Including Tenant				
First Named Insured				
LAST NAME MARTINEZ	FIRST NAME JOSE	MIDDLE INITIAL A	DATE OF BIRTH 05/02/1954	SOCIAL SECURITY NUMBER XXX — XX —
Second Insured				
LAST NAME	FIRST NAME	MIDDLE INITIAL		
DOES THE FIRST NAMED INSURED RESIDE IN THE HOME? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
IS THE SECOND NAMED INSURED A RESIDENT FAMILY MEMBER OF THE FIRST NAMED INSURED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
<small>If NO, does the second insured have an insurable interest and reside in the home? <input type="checkbox"/> YES <input type="checkbox"/> NO</small>				

INSURED TYPE - ALL OTHERS N/A Tenant				
ENTITY THAT APPEARS ON THE TITLE OR DEED:				
First Individual with Control				
LAST NAME	FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH	SOCIAL SECURITY NUMBER — —
Second Individual with Control				
LAST NAME	FIRST NAME	MIDDLE INITIAL		

MANUFACTURED HOME LOCATION ADDRESS			
HOME LOCATED INSIDE INCORPORATED CITY LIMITS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IS HOME IN PARK/COMMUNITY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	PARK/COMMUNITY NAME GLENN KNOLL PARK	LOT NO. 34
ADDRESS (Street Number, Street Name, Street Type) 615 15TH ST W LOT 44			
COUNTY MCLEOD	CITY GLENCOE	STATE MN	ZIP CODE 55336-1006

MAILING ADDRESS			
SAME AS LOCATION ADDRESS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF NO, PROVIDE ADDITIONAL INFORMATION BELOW.			
ADDRESS (Street Number, Street Name, Street Type, Apt. or Box #) 615 15TH ST W	CITY GLENCOE	STATE MN	ZIP CODE 55336-1006
PHONE NUMBER (320) 469 — 2310	WORK PHONE NUMBER () —	EXT.	COUNTRY (IF NOT U.S.A.)

MANUFACTURED HOME INFORMATION

DOES THE MANUFACTURED HOME OR OTHER STRUCTURE HAVE A WOOD STOVE OR FIREPLACE?

NO FACTORY INSTALLED COMMERCIALY INSTALLED SELF-INSTALLED

DOES THE INSURED HAVE ANOTHER IN-FORCE PERSONAL LINES OR LIFE POLICY WITH FOREMOST, FARMERS, BRISTOL WEST OR 21st CENTURY? YES NO
 A life policy must be term, whole, universal or variable universal policy, have a face amount of \$30,000 or greater, issued to an adult and in-force.

MANUFACTURED HOME INFORMATION - N/A TENANT USE

MODEL YEAR 1984	WIDTH 14	LENGTH 70	MAKE/MODEL FRIE	SERIAL NUMBER NO1635V
MANUFACTURED HOME TIED DOWN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		DATE OF PURCHASE 01/2018	PURCHASE PRICE \$ 20,000.00	
COVERAGE AMOUNT: \$ 20,000.00 (Include attached additions but exclude land value.) When dwelling replacement cost endorsement is present, enter replacement cost value, otherwise enter actual cash value.				

UNDERWRITING QUESTIONS

If question at left is 'YES' answer any additional required question(s).

1. Has the applicant had any losses in the past 5 years? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	Any theft or liability loss greater than \$2,500? <input type="checkbox"/> NO <input type="checkbox"/> YES*	Any water loss with unrepaired damage? <input type="checkbox"/> NO <input type="checkbox"/> YES**
If YES, provide loss information in the REMARKS section.	Any water related losses greater than \$5,000? <input type="checkbox"/> NO <input type="checkbox"/> YES*	Two or more water losses from same cause? <input type="checkbox"/> NO <input type="checkbox"/> YES*
2. Has the applicant's policy been canceled/non-renewed (including non-pay) in the past 5 years? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	Fire loss or any kind? <input type="checkbox"/> NO <input type="checkbox"/> YES*	Three or more losses of any kind? <input type="checkbox"/> NO <input type="checkbox"/> YES*
3. Has the applicant had 3 or more Foremost policies cancel for non-pay in the past 5 years regardless of policy type? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES**	Was the reason non-pay or because the company/agent had withdrawn from product/state? <input type="checkbox"/> NO* <input type="checkbox"/> YES	
4. Has the applicant had a lapse in insurance coverage of more than 12 months? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	Was the applicant a former Foremost policyholder? Notate lapse reason. <input type="checkbox"/> NO <input type="checkbox"/> YES	
5. Is the manufactured home raised more than 4 feet on any side? N/A tenant use <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	Was it approved by a state, county or local official? <input type="checkbox"/> NO* <input type="checkbox"/> YES	
6. Any farm or ranch activity conducted on the premises, including owning farm animals such as horses or cows? <input type="checkbox"/> NO <input type="checkbox"/> YES If YES, and tenant or secondary use with liability coverage, risk is unacceptable.	Does activity meet the Hobby Farm definition? (Refer to Definitions section in Program Guide) <input type="checkbox"/> NO <input type="checkbox"/> YES*	If YES, do you want to amend your liability coverage by adding the Hobby Farm Endorsement? <input type="checkbox"/> NO <input type="checkbox"/> YES
7. Does the applicant own or keep on the premises any non-domestic animal, including any exotic or wild animal? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES*	Describe animal.	
8. Does the applicant own or keep on the premises an animal that has caused harm or previously bitten? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	Does the applicant accept the animal liability exclusion? <input type="checkbox"/> NO** <input type="checkbox"/> YES	
9. Is the manufactured home or other structure utilized as a commercial risk or is business conducted on premises, including day care? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	Is the business incidental? <input type="checkbox"/> NO* <input type="checkbox"/> YES* (Refer to Definitions section in Program Guide)	
10. Is the manufactured home currently vacant, excluding a new purchase that will be occupied within 60 days? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES**	NOTE: If the manufactured home risk is unacceptable due to vacancy, please process through the Foremost Specialty Dwelling Program to determine eligibility.	
11. Is the manufactured home fully installed and connected to utilities? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES If NO, answer question at right.	If NO, will it be fully installed and connected within 60 days? <input type="checkbox"/> NO** <input type="checkbox"/> YES* NOTE: Requires Trip Coverage. N/A tenant use	
12. Does the manufactured home have additions with heat or plumbing? N/A tenant use <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	Was the addition approved by a state, county or local official? <input type="checkbox"/> NO* <input type="checkbox"/> YES	
13. Does the applicant own any other manufactured home or site built home on the premises? N/A tenant use <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	Is it used on a continuous basis for residential living? <input type="checkbox"/> NO* <input type="checkbox"/> YES	If YES, does applicant accept the specific structure exclusion? <input type="checkbox"/> NO** <input type="checkbox"/> YES
14. Are there any other structures 1200 sq. ft. or more, with existing damage or in need of repair, excluding cosmetic? N/A tenant use <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES* NOTE: May require the Other Structure Exclusion form.	Describe damage.	
15. Is there a pool over 2.5 ft. on the premises? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	Does it meet our fence and gate requirements? <input type="checkbox"/> NO** <input type="checkbox"/> YES	

REMARKS

*Underwriting approval will be required.
**Do not bind - risk is unacceptable.

