

WINDSOR-MOUNT JOY MUTUAL INSURANCE COMPANY

APPLICATION FOR HOMEOWNER, MANUFACTURED DWELLING AND MANUFACTURED HOME

☐ HOMEOWNER APPLICATION ☐ MANUFACTURED DWELLING APPLICATION
(Doublewide Manufactured Homes Built Within Past 25 Years) ☐ MANUFACTURED HOME APPLICATION
(Doublewide Manufactured Homes Built Over 25 Years Ago and Singlewide Manufactured Homes)

POLICY PERIOD _____ TO _____

APPLICANT AND MAILING ADDRESS

APPLICANT'S PHONE AND EMAIL AGENCY

HOME
CELL
WORK
E-MAIL

BIRTHDATE OF EACH APPLICANT _____

OCCUPATION OF INSURED(S) _____

DESCRIBED PREMISES (IF OTHER THAN MAILING ADDRESS) _____

COUNTY _____ STATE _____ ZIPCODE _____

COVERAGES

- A. RESIDENCE
- B. RELATED PRIVATE STRUCTURES
- C. PERSONAL PROPERTY
- D. ADD'L LIVING EXPENSE
- L. PREMISES LIABILITY
- M. MED PAY TO OTHERS

DEDUCTIBLES

- WIND/HAIL (IF APPLICABLE)
- WINTER LOSS (IF APPLICABLE)
- ALL OTHER PERILS
- ALL PERILS

ADDITIONAL FORMS AND ENDORSEMENTS

1ST MORTGAGEE

2ND MORTGAGEE

☐ Check if premium is escrowed

PERILS FORM ☐ ML1/HO 0001 ☐ ML2/HO 0002 ☐ ML3/HO 0003 ☐ ML4/HO 0004 ☐ ML6/HO 0006

OCCUPANCY ☐ Primary ☐ Secondary ☐ Unoccupied # OF FAMILIES ☐ 1 ☐ 2 ☐ 3 or 4 ☐ Over 4

CONSTRUCTION ☐ Frame ☐ Masonry ☐ Manufactured YEAR BUILT _____ SQUARE FOOTAGE _____

DISTANCE TO FIRE DEPARTMENT _____ DISTANCE TO FIRE HYDRANT _____

DESCRIBE ANY PROTECTIVE DEVICES _____

- If a townhouse/row house, how many units within fire walls? _____
- If a tenant policy or condo unit, how many units in the building? _____
Are there any commercial occupants? ☐ Yes ☐ No What other occupancies are in the building? _____
Is there a master policy? ☐ Yes ☐ No If yes, what is the name of the Condo Assn? _____
- If a manufactured home, doublewide manufactured home or modular home:
☐ Doublewide ☐ Singlewide ☐ Travel Trailer ☐ Modular
Make _____ Model _____ Dimensions _____ Serial Number _____
Is it tied down? ☐ Yes ☐ No Is it over 24" high off the ground on any side? ☐ Yes ☐ No
Is home scheduled for movement or relocation? ☐ Yes ☐ No If yes, explain _____
Is the unit on a continuous enclosed masonry foundation? ☐ Yes ☐ No
Have there been any additions, awnings or patio covers added to the original unit? ☐ Yes ☐ No

NOTE: ALL OF THE QUESTIONS LISTED BELOW MUST BE ANSWERED OR THE RISK WILL NOT BE CONSIDERED BOUND

	Yes	No		Yes	No
1. Are there any other buildings or structures on the described location?(If yes, describe including usage)	☐	☐	19. Is there a pool or pond on the premises?	☐	☐
2. Is any portion of the described location ever rented? (If yes, describe portions rented and number of nights rented in a 12 month period)	☐	☐	a. ☐ Above Ground ☐ Below Ground ☐ Pond		
3. Is there a woodstove, coal stove, pellet stove or any supplemental heat used on the described location? (If yes, describe location of the unit, whether it is an insert or freestanding unit and fuel type of each)	☐	☐	b. Is the pool or pond fenced?	☐	☐
4. Is any portion of the roof more than 15 years old?	☐	☐	c. Is there a diving board or sliding board?	☐	☐
5. Does the dwelling have any missing siding or roofing material?	☐	☐	20. Is there a trampoline on the premises?	☐	☐
6. Is any portion of the dwelling not heated by a central heating system?	☐	☐	a.If yes, is there a safety enclosure net on the trampoline?	☐	☐
7. Was the dwelling originally built to be something other than a private residence and then converted?	☐	☐	21. Does the applicant own any recreational vehicles not scheduled on this policy?	☐	☐
8. Does the electrical system have any knob and tube wiring, aluminum wiring or fuses?	☐	☐	22. Are there any pets, animals, livestock, or exotic pets owned or cared for by the applicant or on the premises? (describe breed and bite history)	☐	☐
9. Does the dwelling contain any asbestos siding?	☐	☐	23. Are there any active or inactive fuel tanks on the premises? (If yes, describe each including location)	☐	☐
10. Is the dwelling for sale, vacant and/or unoccupied?	☐	☐	24. Is the premises located within 300 feet of a commercial or non-residential property?	☐	☐
11. Is the applicant the owner of the property?	☐	☐	25. Are there any areas on the described location that have three or more steps and lack a handrail?	☐	☐
12. Are there any uncorrected fire or building code violations on any building on the described location?	☐	☐	26. Has any applicant, owner, or household resident of the owner or applicant had a legally binding judgment or lien entered against them during the past five (5) years?	☐	☐
13. Have there been any losses at this property or any other property owned by the applicant or owner?	☐	☐	27. Has any applicant, owner, or household resident of the owner or applicant had a foreclosure, pre-foreclosure, notice of default, repossession, bankruptcy or filed for bankruptcy during the past five (5) years?	☐	☐
14. Is the property waterfront? (If yes, provide the name of the body of water and whether there is a dock, pier or bulkhead)	☐	☐	28. During the last five (5) years, has any applicant, owner, or household resident of the owner or applicant been indicted for or convicted of any degree of the crime of fraud, bribery, arson or any other arson-related crime in connection with this or any other property?	☐	☐
15. Is the home under construction or being renovated? (describe scope of work and who is completing the work)	☐	☐	29. Has any company declined, cancelled, or non-renewed any coverage during the last five (5) years for any applicant, owner, or household resident of the owner or applicant?	☐	☐
16. Does the applicant have another residence that is considered their primary residence?	☐	☐	30. Any other policies with our Company? (list policy numbers)	☐	☐
17. Are there any farming or other business activities conducted on the premises?	☐	☐			
18. Is the described location over 2 acres? (if yes, how many acres, how the land is used, and by whom)	☐	☐			

Explain all YES answers here:

31. List all losses at this or other locations within the past 5 years:

Date	Cause	Amount Paid or Outstanding
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32. Previous carrier?

33. Estimated Replacement cost :

Seasonal or Secondary Properties

1. Is the home within 500 feet and in sight of two fulltime residences?	☐ Yes	☐ No
2. Is the home entered by the insured or his representative at least once every 30 days?	☐ Yes	☐ No
3. Is the home winterized to prevent freezing? (Winterized means to shut off the water supply where it enters the residence and completely empty liquids from any plumbing, HVAC system, water heater, or domestic appliance)	☐ Yes	☐ No
4. Are both the heat maintained at a minimum of 60° F AND the main water supply shut off where it enters the residence while residence is unoccupied for more than 72 hours?	☐ Yes	☐ No

If one of the preventative measures listed in 3 or 4 are not taken, a water damage claim may be denied when the residence is unoccupied for more than 72 hours.

Remarks (Attach additional Sheets If More Space Is Required)

If insurance is provided by the company, it will rely, in part, on the completeness and accuracy of the information provided in this application or elsewhere in the application process. The applicant(s)/insured(s) is (are) responsible for the application's completeness and accuracy regardless of who actually completes the documents or provides the information.

Notice of Insurance Information Practices: Personal information about you, including from a credit report, may be collected from persons other than you in connection with this application and subsequent renewals. Such information as well as other personal and privileged information collected by us or our agent may in certain circumstances be disclosed to third parties. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instructions on how to submit a request to us.

Credit Check Notice: In connection with this application for insurance, we may review your credit report as part of the eligibility determination. You may request that your credit information be updated and if you question the accuracy of the credit information, we will, upon your request, reevaluate your application based on the corrected credit information from a consumer reporting agency. (DE, PA, and VA only)

Delaware: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent act, which is a crime and may subject such person to criminal and civil penalties.

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

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent act, which is a crime and subjects such person to criminal and civil penalties.

Virginia: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTE: All questions on the application must be answered or the risk will not be considered bound.

Applicant's Statement: I have read the above application and any attachments. I declare that the information in them is true, complete and correct to the best of my knowledge and belief.

Applicant's Signature _____ Date _____ Producer's Signature _____