

MOUNTAIN INSURANCE SERVICES

INSURANCE QUOTE REQUEST

FAX:352-622-4250

CUSTOMER NAME (S) WHO WILL BE LIVING IN THE HOME: _____

FAX # OR EMAIL ADDRESS TO SEND APPLICATION TO (Will NOT BE SHARED):_____

CC: PHC Lot Mgr. (Email copy of application to lot manager if sending directly to customer.)

CUSTOMER NAME(S) WHO WILL BE ON THE TITLE? _____

MAILING ADDRESS: _____

LOCATION ADDRESS: _____

COUNTY HOME WILL BE PLACED IN : _____ IS HOME W/I City Limits: Y or N

DISTANCE TO FIRE HYDRANT _____ FEET DISTANCE TO FIRE DEPARTMENT: _____ MILES

S.S.#: _____ DOB: _____ DAY TIME PHONE: _____

S #: _____ DOB: _____ 2ND CONTACT #: _____

Married Employer: _____ Occupation: _____ #of Yrs _____

Single Employer: _____ Occupation: _____ #of Yrs: _____

HOW MANY MONTH'S OUT OF YEAR DO YOU LIVE IN THE HOME? _____ Previous Ins Carrier: _____

Policy # _____ Expiration date: _____ (Need copy of Dec. page or non-renewal sent to us.)

IS THIS A PRIMARY , SEASONAL # OF MONTHS OCCUPIED _____ SECONDARY , OR RENTAL

**HOME INFO: YEAR _____ MFG./MODEL: _____ SIZE: _____ SERIAL# _____

LENDER: _____ ADDRESS: _____ LOAN# _____

PRIVATE PROPERTY: DOES APPLICANT OWN THE LAND? YES NO PARK or SUB-DIVISION:

NAME: _____ PAVED ROADS? YES NO At least 21 houses in sub-division? : _____

IS THERE A PARK MANAGER? _____ IS THERE A SECURITY GATE? _____ 2 or more neighbors W/I 300'? _____

IS THERE ANY OF THE FOLLOWING? POOL: TRAMPOLINE: HORSES/FARM ANIMALS:

OF DOGS: _____ BREEDS: _____

CLAIMS IN PAST 5 YEARS: _____ If, so date: _____ Dollar amount of loss \$ _____ Type of loss: _____ -

PROPERTY SIZE: _____ How many home will be on this parcel: _____ AMOUNT TO INSURE: _____ -

WHAT WAS THE PURCHASE PRICE & PURCHASE DATE OF THE HOME? _____/_____-_____-_____

DOES THE HOME HAVE A FIREPLACE AND DID THE MANUFACTURER INSTALL IT? _____

DO YOU HAVE ANY ATTACHED OR UNATTACHED STRUCTURES ON YOUR PROPERTY SUCH AS SHED, GARAGE, CARPORT OR SCREEN ROOM? IF SO, WE NEED YR BUILT, SQUARE FOOTAGE, VALUE AND TYPE OF CONSTRUCTION. DESCRIPTION & SIZE OF ADDED STRUCTURES _____

**AUTO INFO: (LIST ADDITIONAL AUTOS ON A SEPARATE PAGE TO FAX)

YR: _____ MAKE: _____ MODEL: _____ VIN#: _____

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LIST VIOLATIONS & CLAIMS FOR PAST 5 YEARS: _____

Current Liability COVERAGES: 10/20 25/50 100/300 Comp/Coll. Deduct. 0 250 500

Current Insuring Company: _____ Expiration DATE: _____

MILES ONE WAY TO WORK? _____ How long with this Company? _____

DRIVER: _____ S.S.# _____ DOB: _____

ADDITIONAL DRIVERS: _____ S.S.# _____ DOB: _____

ALLOW 48-HOUR TURN AROUND FOR QUOTE, THANK YOU.

LOT#: _____ SALESPERSON/REFERRAL SOURCE: _____ DATE: _____