

## Mobile Home Questionnaire

This form shall be attached to and become a part of the application.

Named Insured: \_\_\_\_\_ Year: \_\_\_\_\_

Make: \_\_\_\_\_ Length and Width: \_\_\_\_\_

Model: \_\_\_\_\_ Purchased Price: \_\_\_\_\_

Name and Location of Mobile Home Park: \_\_\_\_\_

Type of Anchorage: \_\_\_\_\_ Type of Roof: \_\_\_\_\_

Serial Number: \_\_\_\_\_ Type of Siding: \_\_\_\_\_

1 Does the named insured anticipate moving the mobile home to another location?

If yes, explain: \_\_\_\_\_

2 If not in a mobile home park then, where is it going to be permanently located?

Full Address: \_\_\_\_\_

3 Is the mobile home permanently connected to Electricity and Water? Yes No

Have the wheels been removed? Yes No

Has the hitch been removed? Yes No

4 Type of foundation: Concrete Open (Post and Pier)

Other: \_\_\_\_\_

5 Is the mobile home skirted? Yes No

6 Are heat tapes used? Yes No

7 Does the tie-downs and anchorage meet state requirements? Yes No

8 Are adjacent mobile homes anchored to the ground? Yes No

9 Are entrance steps and platform equipped with handrails? Yes No

10 Is there prior hail damage? Yes No

11 Is the mobile home a seasonal residence? Yes No

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Signature: Owner or Agent