

CUSTOM MOBILE HOMEOWNERS and MANUFACTURED HOUSING APPLICATION

Not Eligible for our Standard Program

Named Insured and Mailing Address:

(Number, Street, Town or City, County, State, Zip Code)

E-Mail to: applications@securitymutual.com

Mail to: PO Box 4620, Ithaca, New York 14852-4620

Fax to: 607.257.5002

Bound: Yes () No ()

Form: ML-_____



**SECURITY
MUTUAL
INSURANCE
COMPANY**

Established 1887

607-257-5000

www.securitymutual.com

Policy Period: From _____ **to** _____

The described premises covered by this policy is located at the above address unless otherwise stated.

(Number, Street, Town or City, State, Zip Code)

DESCRIPTION OF MOBILE HOME - THE MOBILE HOME REFERRED TO IS DESCRIBED AS FOLLOWS:

<u>Year</u>	<u>Make</u>	<u>Serial #</u>	<u>Length</u>	<u>Width</u>	<u>Purchase Price (New)</u>	<u>Purchase Date (Mo./Year)</u>	<u>Deductible</u>

Refer to our underwriting program guide for eligibility prior to submitting the application.

	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>L</u>	<u>M</u>
Coverages	Residence	Related Private Structures	Personal Property	Add'l. Living Expense & Loss of Rents	Personal Liability (Each Occurrence)	Medical Payments To Others (Each Person)
Limit of Liability						

Replacement Cost on Personal Property (ML-55)? Yes ___ No ___ *(Mobile Home is ACV Only)*

___ Feet from Fire Hydrant ___ Miles from Fire Dept. ___ Fire District

Any addition? Yes ___ No ___ **Length** ___ **Width** ___ **Describe** _____

OPTIONAL COVERAGES - Attach Additional Sheet as necessary

___ **Outboard Motor & Boat** (INFO REQUIRED - year built, model, serial #, mfg., date purchased, cost to insured, amt. of ins.)
Coverage for Motor, Boat (incl. equipment permanently attached thereto), and/or Boat Trailer (specifically designed for transportation of boats)

___ **Watercraft ML-75**
Inboard Speed _____ mph Length _____ ft.
Sail Length _____ ft.
Outboards No. _____ HP each Total HP if combined _____ Deductible \$ _____

___ **Scheduled Personal Property Endorsement (ML-61)** (INFO REQUIRED - article, description, amount of insurance)
Coverage for jewelry, furs, cameras, musical instruments, silverware, golfers' equipment, fine arts, postage stamps, rare & current coins
NOTE Documentation Required: Photographs, Receipts and/or Appraisals

INSPECTION CONTACT - Name & Phone Number _____

If not the Insured, list name & phone # of Property Manager OR responsible party

Mortgagee Name & Address	Yes ___ No ___	Mortgagee Billed? Yes ___ No ___
	New Escrow Acct. - Bill Second Year <input type="checkbox"/> Yes	

Additional Insured / Insurable Interest? Alternate Payor Name & Address	
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Additional Information:

Underwriting Information

(APPLICATION WILL NOT BE PROCESSED UNLESS ALL QUESTIONS ARE ANSWERED)

Located in Mobile Home Park/Name? _____

___ Owner Occupied ___ Tenant Occupied ___ Seasonal ___ Tie Downs ___ Basement ___ Concrete Slab

Have you had any losses in the past 5 years, at this property, or any property in which you had a financial interest?

Yes ___ No ___ If yes, indicate date, type and amount of loss _____

Has any coverage been declined, cancelled, or non-renewed by any carrier in the past 5 years? Yes ___ No ___

If yes, explain _____

Previous Carrier _____ **Last date you had insurance** _____

Any other structures on premises? Yes ___ No ___

If yes, describe _____

Any business on premises? Yes ___ No ___ If yes, describe _____

Age of Roof _____ Yrs. **Peaked** _____ **Flat** _____

Type of Heating System _____ **Any supplemental heat sources?** Yes ___ No ___

If yes, describe _____

Year of System Updates _____ **Plumbing** _____ **Heating** _____ ***Electrical** _____

Knob & Tube Wiring? Yes ___ No ___ **100 amp minimum service required must be either circuit breakers or fuses*

Woodburning Stove or Pellet Stove? Yes ___ No ___

If yes, Woodburning Stove Questionnaire must be submitted

Space Heater? Yes ___ No ___

Any swimming Pool(s) on premises? Yes ___ No ___

If yes, Above Ground? ___ In Ground? ___ Fenced? ___ Locking Gate? ___ Diving Board? ___ Slide? ___

Any dog(s) residing, harbored, or kept on premises? Yes ___ No ___ If yes, Company Dog Questionnaire must be submitted

Breed of Dog(s) _____

Bite History to Humans and/or Other Animals? Yes ___ No ___ If yes, describe _____

Any other animal(s) residing, harbored or kept on premises? Yes ___ No ___

If yes, specify type and number _____

NOTICE - THERE WILL BE NO COVERAGE FOR ANY LOSSES RESULTING FROM OR RELATED TO ANY TRAMPOLINE(S) LOCATED ON ANY PREMISES OWNED BY ANY INSURED

How many acres are part of this insured location? _____ **If more than 10 acres, what is this vacant land used for?**

Own vacant land NOT attached to this insured location? Yes ___ No ___

If yes, # of Acres _____ Location _____

Own rental property NOT located at this insured location? Yes ___ No ___ **If yes, give location & describe** _____

Perform daycare or babysitting for hire on the insured premises? Yes ___ No ___

If yes, # of children _____

Volunteer in organizations working with minor children (e.g. Scouting, Little League, Pop Warner, etc.)? Yes ___ No ___

If yes, please list: _____

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 hereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

THE INFORMATION REQUESTED ON THIS APPLICATION IS MATERIAL TO SECURITY MUTUAL INSURANCE COMPANY IN ITS DECISION WHETHER TO ISSUE A POLICY OF INSURANCE. READ OVER THE APPLICATION CAREFULLY BEFORE SIGNING IT. By signing this application you confirm (1) that all information supplied, to the best of your knowledge, is true and (2) you have received a copy of Security Mutual's Privacy Notice.

NAME & ADDRESS OF AGENT:

INSURED'S

SIGNATURE: X _____

AGENT'S

SIGNATURE: _____

DATE: _____

Down Payment plus Fees

Must Accompany Application.

Yes - pay by EFT, signed form required

BROKER OR OTHER AUTHORIZED REPRESENTATIVE OF THE INSURED:

Name: _____

Mailing Address: _____



Established 1887

SECURITY MUTUAL INSURANCE COMPANY Privacy Protection Policy

At Security Mutual, providing for your security is our highest concern. We have been protecting policyowners since 1887, and that includes protecting the privacy and confidentiality of our customers' personal information. Therefore, we are pleased to publish Security Mutual's Privacy Notice, which describes how Security Mutual, its subsidiary, Security Mutual Brokers Services, and association, New York Mutual Underwriters, handle the information we receive about you.

Information Collection

- ◆ We collect and use information about you in order to provide you with insurance and other services.
- ◆ We obtain most of the information from you, primarily from the application you complete when you apply for our products or services.
- ◆ **Transaction Information:** This is information about your transactions with us, our affiliates, or others. It includes your insurance coverage selections and premiums, payment and claims history, and information necessary for billing and payment. It may also include additional information used to adjust, investigate, and settle insurance claims, such as witness statements and police reports. Transaction information may be disclosed as described below.
- ◆ **Consumer Report Information:** This is information we receive from a consumer reporting agency, and is used to confirm or supplement application information. It includes motor vehicle reports and/or claims history reports. We will disclose consumer report information only as necessary to quote or service your insurance policy and as permitted or required by law. To underwrite your insurance and provide an accurate insurance quote, consumer report information may be shared with our affiliated insurance underwriting association. By obtaining a quote or applying for insurance with us, you consent to our sharing of this information with our affiliated insurance underwriting company.

Information Protection

- ◆ To guard your personal information, we maintain physical, electronic and procedural safeguards that comply with state regulations. We have also appointed a corporate privacy officer to monitor compliance with the Company's privacy policy.
- ◆ All employees are required to protect the confidentiality of our customers' personal information, and they may not access that information unless there is a legitimate reason for doing so, such as responding to a customer request.

Information Disclosure

- ◆ We will not sell your personal information.
- ◆ We will not disclose your personal information except as necessary for conducting business or where permitted by law. For example, we may disclose your personal information to your agent, our employees or our service providers so they can service your business or respond to your questions or requests. We require the recipients of such information to protect the information and use it only for the purpose provided.

Future Notification

Each year, we will provide you with a summary of our privacy policy.

For More Information

If you have any questions about Security Mutual's privacy policy, please contact us or write to our privacy officer at Security Mutual Insurance Company, Post Office Box 4620, Ithaca, New York 14852-4620.