

Complete the information below and send back via email, mail, drop off at office, or night drop box for a quote.

PARK MODEL QUOTE INFO										*Present Ins. Co./ Since _____ or New Purchase	
e-mail address:*											
Applicant Last Name *			First , Middle Initial *			Home Phone () -				Work or Cell * () -	
Date of Birth* / /		Marital Status*		SSN		DL#*					
Occupation:		Married Single		- -							
Co-Applicant Last Name *			First , Middle Initial *			Home Phone () -				Work or Cell * () -	
Date of Birth* / /		Marital *		SSN		DL#*					
Occupation:		Married Single		- -							
How is Unit Titled? * Individual Names Name of Trust Name of Business										Titled of State of * IL or WI	
Home / Primary Mailing Address *				City *			State *		Zip *		
Period of Insurance		Effective Date			Expiration Date			Purchase \$\$ & Date			
12:01 AM Standard Time *		*			*			\$* * / /			
Location of Park Model *				City *			State IL or WI *		Zip *		
Name of Park *				Site# *			Miles from Fire Dept *				
Mortgagee/Lienholder/Loss Payee (if any)											
NAME				ACCT# or LOAN #							
Address				City			State		Zip		
YEAR *	MAKE *	MODEL *	SERIAL NUMBER *				LENGTH *	WIDTH *			
*Home Use () Primary () Seasonal			Dwelling Insurance Value Including Attached Structures *								
Location/sites () 25 of less () 101 or More () 26-50 () Not in Park, () 51-100 On Private Property			Full Replacement Cost _____ Replacement Cost for Actual Cash Value _____ Partial Losses _____ Deck__x__ RmAdd'n__x__ ScrRm__x__								
YR of Roof * _____ YES NO			Personal Property Coverage *								
* Permanent Foundation () ()			ACV _____ Replacement Cost _____								
* Own Land () ()			Adjacent / Other Structure / Shed *								
* Composit Roof () ()			Size of Adj Structure__x__ Yr Built _____								
* Protective Siding () ()			Personal Liability/ Premises Liability *								
* Inside City Limits () ()			\$100K \$300K \$500K _____								
* Home Tied Down () ()			Medical Payments *								
* Previously Titled () ()			\$2,000 \$5,000 \$10,000 _____								
* Modular Home () ()			Deductible (Options) *								
* Rented to Others () ()			\$500 \$1,000 \$2,500 \$5,000 _____								
* Any Water Leaks () ()			Wind/Hail (Can't be less than regular ded) *								
* Signs of Prior Leaks () ()			\$1,000 \$1,500 \$2,500 \$5,000 _____								
* Prior animal bite history () ()			Other Coverage Options: _____								
			Equipment Breakdown (Not offered by All) *								
Tell me more?* Basic Custom Designer			The flooring throughout is ____% carpet, ____% laminate								
Kitchen _____			____%vinyl ____%other.								
Bathroom _____			The walls throughout are ____% paneling ____% drywall.								
Floorplan _____			The ceiling are ____% normal height ____% cathedrial/roof over.								
Room Addition _____			Special Features? _____								
PAYMENT OPTION - Select One*			Golf Car#1 YR _____ Value _____ *								
() Full Pay			Make _____ Model _____								
() Four Pay 25% down			Other Coverage Options: _____								
() Escrow Bill			Golf Car#2 YR _____ Value _____ *								
() I would like EFT			Make _____ Model _____								
() Other _____			Other Coverage Options: _____								