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MANUFACTURED HOMES

General Information

Proposed Effective Date: _____

Applicant's Name: _____

Applicant's Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ County: _____

Business Telephone Number: () _____ Fax: () _____

Physical Location of Business (if different): _____

Population within 50 miles: _____

Other Locations Used:

Physical Address: _____

City: _____ State: _____ Zip: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Please list any other names the business is or has been known by: _____

Contact Person: _____

Producer No.: _____ Producer's Name: _____

Producer's E-mail: _____

Detailed description of business activities (specifically, and by location): _____

Is this a new business? Yes No If no, how many years have you been in business? _____

Applicant is: Individual Corporation Partnership Joint Venture

Other (please describe): _____

Total Number of Employees: _____ Full-Time: _____ Part-Time: _____

Does your company have within its staff of employees, a position whose job description deals with product liability, loss control, safety inspections, engineering, consulting, or other professional consultation advisory services? Yes No

If yes, please tell us:

Employee Name: _____

E-Mail: _____ Business Telephone No.: () _____

Fax: () _____ Years with Company: _____

Employee's Responsibilities: _____

1. Insurance History

Who is your current insurance carrier (or your last if no current provider)? _____

Provide name(s) for all insurance companies that have provided Applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

Has the Applicant or any predecessor or related person or entity ever had a claim? Yes No

Attach a five year loss/claims history, including details. (REQUIRED)

Have you had any incident, event, occurrence, loss, or Wrongful Act which might give rise to a Claim covered by this Policy, prior to the inception of this Policy? Yes No

If yes, please explain: _____

Has the Applicant, or anyone on the Applicant's behalf, attempted to place this risk in standard markets? Yes No

If the standard markets are declining placement, please explain why: _____

2. Desired Insurance

Coverage requested (please check):

- Commercial Liability
- Business owned vehicles (Business Use Only) Insurance
- GKLL – Garage Keepers Legal Liability, for damage to property of others in your care.
- Contractual Property Damage Legal Liability on for sale property. Dealer lot coverage.
- Transportation of sold property to premises of buyer

Limits of Liability

Per Act/Aggregate		OR	Per Person/Per Act/Aggregate	
<input type="checkbox"/>	\$50,000/\$100,000	<input type="checkbox"/>	\$25,000/\$50,000/\$100,000	
<input type="checkbox"/>	\$150,000/\$300,000	<input type="checkbox"/>	\$75,000/\$150,000/\$300,000	
<input type="checkbox"/>	\$250,000/\$1,000,000	<input type="checkbox"/>	\$100,000/\$250,000/\$1,000,000	
<input type="checkbox"/>	\$500,000/\$1,000,000	<input type="checkbox"/>	\$250,000/\$500,000/\$1,000,000	
<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	Other: _____	

Self-Insured Retention (SIR): \$1,000 (Minimum) \$1,500 \$2,500 \$5,000 \$10,000

Garage Keeper's Legal Liability (GKLL) Limits:

LOCATION #	LIMIT				
	<input type="checkbox"/> 10,000	<input type="checkbox"/> 25,000	<input type="checkbox"/> 50,000	<input type="checkbox"/> 75,000	<input type="checkbox"/> 100,000
1	<input type="checkbox"/> 10,000	<input type="checkbox"/> 25,000	<input type="checkbox"/> 50,000	<input type="checkbox"/> 75,000	<input type="checkbox"/> 100,000
2	<input type="checkbox"/> 10,000	<input type="checkbox"/> 25,000	<input type="checkbox"/> 50,000	<input type="checkbox"/> 75,000	<input type="checkbox"/> 100,000
3	<input type="checkbox"/> 10,000	<input type="checkbox"/> 25,000	<input type="checkbox"/> 50,000	<input type="checkbox"/> 75,000	<input type="checkbox"/> 100,000

Specified Causes of Loss (\$1,000 SIR for each covered auto subject to \$5,000 maximum SIR per location for all such loss in any one accident)

Collision (\$1,000 SIR for each covered auto)

SIR for GKLL: \$1,000 (Minimum) \$1,500 \$2,500 \$5,000 \$10,000

Dealer's Lot Coverage

Indicate Limit of Coverage on property for sale you are requesting to insure per insured location (you will specify the locations later):

Loc. #1	<input type="checkbox"/> 100,000	<input type="checkbox"/> 125,000	<input type="checkbox"/> 150,000	<input type="checkbox"/> 200,000	<input type="checkbox"/> 250,000	<input type="checkbox"/> 500,000
Loc. #2	<input type="checkbox"/> 100,000	<input type="checkbox"/> 125,000	<input type="checkbox"/> 150,000	<input type="checkbox"/> 200,000	<input type="checkbox"/> 250,000	<input type="checkbox"/> 500,000
Loc. #3	<input type="checkbox"/> 100,000	<input type="checkbox"/> 125,000	<input type="checkbox"/> 150,000	<input type="checkbox"/> 200,000	<input type="checkbox"/> 250,000	<input type="checkbox"/> 500,000

3. Business Activities

1. List all location(s) owned or from which you operate. Use separate sheet if necessary. Please list Address, City, State and description of use of the premises:

	NUMBER AND STREET	CITY	STATE	ZIP CODE
1.				
2.				
3.				

2. Estimated annual gross receipts: \$ _____
- a. Retail sales: \$ _____
- b. Service department sales or service income: \$ _____
- c. Other: \$ _____

3. Estimated Annual Payroll: \$ _____ Full-Time: \$ _____ Part-Time: \$ _____
- Explain: _____

4. Do you consign units for sale to other retail dealers: Yes No
- If yes, how are they insured? _____

5. Explain operation: _____

6. Average number of units sold annually:
- Total # _____ Retail # _____ Wholesale # _____

7. Indicate how many:
- a. Dealer Plates: _____
- b. Transportation Plates: _____

8. How is property for sale acquired?

Manufacturer	%
Franchise Distributor	%
Wholesale	%
Private Parties	%
Other (please explain):	%

9. Average number of units for sale at any one time: _____

10. Present value of all property for sale \$ _____
- a. Sale property only \$ _____
- b. Parts only \$ _____

11. Contractual Property Damage Legal Liability on property (stock) for sale. Dealers Lot Coverage.
 Complete if insurance coverage is to be quoted. You must also complete the listing form identifying all parties that you are contractually obligated to provide property damage coverage on property for sale.

CLASS OF COVERED STOCK	LOC. #1 VALUES	LOC. #2 VALUES	LOC. #3 VALUES	TOTAL VALUE PER CLASS
Mobile Homes	\$ _____	\$ _____	\$ _____	\$ _____
MFG Homes	\$ _____	\$ _____	\$ _____	\$ _____
Travel Trailers	\$ _____	\$ _____	\$ _____	\$ _____
Non-Mounted Campers or covers	\$ _____	\$ _____	\$ _____	\$ _____
Other Stock for Sale	\$ _____	\$ _____	\$ _____	\$ _____
Other (please describe):	\$ _____	\$ _____	\$ _____	\$ _____
Total Limit Requested to be Insured	\$ _____	\$ _____	\$ _____	\$ _____

a. Property for sale as stocks must be reported on a pre-set schedule. Select one of the following options: Monthly Reporting Quarterly Reporting Non-Reporting

Note: Non-Reporting will be subject only to an annual audit

b. List principal manufacturers products that you sell, new:

1. _____
2. _____
3. _____
4. _____

12. Lots

a. Indicate space between units on lot (use average figures): _____

b. Is lot completely enclosed by a chain link fence or chain and posts not more than six feet apart? Yes No

c. Is lot completely floodlighted? Yes No
 Please explain: _____

d. Do you use guard dogs? Yes No
 Please explain: _____

e. Is there police or other protection? Yes No
 Please explain: _____

f. Do you pick up or deliver property for repair? Yes No
 Please explain: _____

g. Do you rent or loan property for sale to your customers? Yes No
 Please explain: _____

h. Do you repossess property sold? Yes No
 1. Number of repossessions annually: _____

REPRESENTATIONS AND WARRANTIES

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: _____

Dated: _____

Applicant:

Agent/Broker:

Signature

Signature

Print Name

Print Name