

REFERENCE/POLICY NUMBER	EFFECTIVE DATE	Completed and signed applications must be kept on file in agency office. DO NOT MAIL BOUND APPLICATIONS. If coverage is bound you MUST: 1. Process within 5 days of the effective date. 2. Enter policy at www.ForemostSTAR.com , OR 3. Call Toll-Free 1-800-527-3905.
PRODUCER CODE	PRODUCER NAME	
CONTACT PERSON		
PHONE NUMBER	FAX NUMBER	

USE TYPE			
<input type="checkbox"/> Primary	<input type="checkbox"/> Primary Farm/Ranch <small>(Applies to Primary use risks when Farm/Ranch operations exceed our Hobby Farm definition)</small>	<input type="checkbox"/> Secondary	<input type="checkbox"/> Tenant <small>(Renter's personal property & liability) NOTE: Insurance on the home can be placed through our Rental Manufactured Home Program.</small>

INSURED INFORMATION - OWNER-OCCUPIED			
INSURED TYPE:	<input type="checkbox"/> Individual <input type="checkbox"/> Life Estate	<input type="checkbox"/> Trust-Land <input type="checkbox"/> In Estate	<input type="checkbox"/> Trust-Family <input type="checkbox"/> Business Name <input type="checkbox"/> Trust-Living <input type="checkbox"/> Other
<small>If Individual is selected, complete Individual First Named Insured information. For all others, complete both Individual with Control and Entity that appears on the Title or Deed.</small>			

INSURED TYPE - INDIVIDUAL - Including Tenant				
First Named Insured				
LAST NAME	FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH	SOCIAL SECURITY NUMBER — —
Second Insured				
LAST NAME	FIRST NAME	MIDDLE INITIAL		
DOES THE FIRST NAMED INSURED RESIDE IN THE HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO				
IS THE SECOND NAMED INSURED A RESIDENT FAMILY MEMBER OF THE FIRST NAMED INSURED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
<small>If NO, does the second insured have an insurable interest and reside in the home? <input type="checkbox"/> YES <input type="checkbox"/> NO</small>				

INSURED TYPE - ALL OTHERS N/A Tenant				
ENTITY THAT APPEARS ON THE TITLE OR DEED: _____				
First Individual with Control				
LAST NAME	FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH	SOCIAL SECURITY NUMBER — —
Second Individual with Control				
LAST NAME	FIRST NAME	MIDDLE INITIAL		

MANUFACTURED HOME LOCATION ADDRESS			
HOME LOCATED INSIDE INCORPORATED CITY LIMITS? <input type="checkbox"/> YES <input type="checkbox"/> NO	IS HOME IN PARK/COMMUNITY? <input type="checkbox"/> YES <input type="checkbox"/> NO	PARK/COMMUNITY NAME	LOT NO.
ADDRESS (Street Number, Street Name, Street Type)			
COUNTY	CITY	STATE	ZIP CODE

MAILING ADDRESS			
SAME AS LOCATION ADDRESS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, PROVIDE ADDITIONAL INFORMATION BELOW.			
ADDRESS (Street Number, Street Name, Street Type, Apt. or Box #)	CITY	STATE	ZIP CODE
PHONE NUMBER () —	WORK PHONE NUMBER () —	EXT.	COUNTRY (IF NOT U.S.A.)

MANUFACTURED HOME INFORMATION

DOES THE MANUFACTURED HOME OR OTHER STRUCTURE HAVE A WOODSTOVE OR FIREPLACE?

NO FACTORY INSTALLED COMMERCIALLY INSTALLED SELF-INSTALLED

DOES THE INSURED HAVE ANOTHER IN-FORCE PERSONAL LINES OR LIFE POLICY WITH FOREMOST, FARMERS, BRISTOL WEST OR 21st CENTURY? YES NO
 A life policy must be term, whole, universal or variable universal policy, have a face amount of \$50,000 or greater, issued to an adult and in-force.

MANUFACTURED HOME INFORMATION - N/A TENANT USE

MODEL YEAR	WIDTH	LENGTH	MAKE/MODEL	SERIAL NUMBER
MANUFACTURED HOME TIED DOWN? <input type="checkbox"/> YES <input type="checkbox"/> NO		DATE OF PURCHASE		PURCHASE PRICE \$

COVERAGE AMOUNT: \$ _____ (Include attached additions but exclude land value.)

When dwelling replacement cost endorsement is present, enter replacement cost value, otherwise enter actual cash value.

UNDERWRITING QUESTIONS

If question at left is 'YES' answer any additional required question(s).

1. Has the applicant had any losses in the past 5 years? <input type="checkbox"/> NO <input type="checkbox"/> YES If YES, provide loss information in the REMARKS section.	Any theft or liability loss greater than \$2,500? <input type="checkbox"/> NO <input type="checkbox"/> YES* Any water related losses greater than \$5,000? <input type="checkbox"/> NO <input type="checkbox"/> YES* Fire loss of any kind? <input type="checkbox"/> NO <input type="checkbox"/> YES*	Any water loss with unrepaired damage? <input type="checkbox"/> NO <input type="checkbox"/> YES** Two or more water losses from same cause? <input type="checkbox"/> NO <input type="checkbox"/> YES* Three or more losses of any kind? <input type="checkbox"/> NO <input type="checkbox"/> YES*
2. Has the applicant's policy been canceled/non-renewed (including non-pay) in the past 5 years? <input type="checkbox"/> NO <input type="checkbox"/> YES	Was the reason non-pay or because the company/agent had withdrawn from product/state? <input type="checkbox"/> NO* <input type="checkbox"/> YES	
3. Has the applicant had 3 or more Foremost policies cancel for non-pay in the past 5 years regardless of policy type? <input type="checkbox"/> NO <input type="checkbox"/> YES**		
4. Has the applicant had a lapse in insurance coverage of more than 12 months? <input type="checkbox"/> NO <input type="checkbox"/> YES	Was the applicant a former Foremost policyholder? Notate lapse reason. <input type="checkbox"/> NO <input type="checkbox"/> YES	
5. Is the manufactured home raised more than 4 feet on any side? N/A tenant use <input type="checkbox"/> NO <input type="checkbox"/> YES	Was it approved by a state, county or local official? <input type="checkbox"/> NO* <input type="checkbox"/> YES	
6. Any farm or ranch activity conducted on the premises, including owning farm animals? <input type="checkbox"/> NO <input type="checkbox"/> YES If YES, and tenant or secondary use with liability coverage, risk is unacceptable.	Does activity meet the Hobby Farm definition? (Refer to <i>Definitions</i> section in Program Guide) <input type="checkbox"/> NO <input type="checkbox"/> YES*	If YES, do you want the Hobby Farm Endorsement? (Only available when liability is added) <input type="checkbox"/> NO <input type="checkbox"/> YES
7. Does the applicant own or keep on the premises any non-domestic animal, including any exotic or wild animal? <input type="checkbox"/> NO <input type="checkbox"/> YES*	Describe animal.	
8. Does the applicant own or keep on the premises an animal that has previously bitten? <input type="checkbox"/> NO <input type="checkbox"/> YES		
9. Is the manufactured home or other structure utilized as a commercial risk or is business conducted on premises, including day care? <input type="checkbox"/> NO <input type="checkbox"/> YES If YES, and tenant use, risk is unacceptable.	Is the business incidental? <input type="checkbox"/> NO** <input type="checkbox"/> YES* (Refer to <i>Definitions</i> section in Program Guide)	
10. Is the manufactured home currently vacant, excluding a new purchase that will be occupied within 60 days? <input type="checkbox"/> NO <input type="checkbox"/> YES**	NOTE: If the manufactured home risk is unacceptable due to vacancy, please process through the Foremost Specialty Dwelling Program to determine eligibility.	
11. Is the manufactured home fully installed and connected to utilities? <input type="checkbox"/> NO <input type="checkbox"/> YES If NO, answer question at right.	If NO, will it be fully installed and connected within 60 days? <input type="checkbox"/> NO** <input type="checkbox"/> YES* NOTE: Requires Trip Coverage. N/A tenant use	
12. Does the manufactured home have additions with heat or plumbing? N/A tenant use <input type="checkbox"/> NO <input type="checkbox"/> YES	Was the addition approved by a state, county or local official? <input type="checkbox"/> NO* <input type="checkbox"/> YES	
13. Does the applicant own any other manufactured home or site built home on the premises? N/A tenant use <input type="checkbox"/> NO <input type="checkbox"/> YES	Is it used on a continuous basis for residential living? <input type="checkbox"/> NO* <input type="checkbox"/> YES	
14. Are there any other structures 1200 sq. ft. or more, with existing damage or in need of repair, excluding cosmetic? N/A tenant use <input type="checkbox"/> NO <input type="checkbox"/> YES*	Describe damage.	
15. Is there a pool over 2.5 ft. on the premises? <input type="checkbox"/> NO <input type="checkbox"/> YES	Does it meet our fence and gate requirements? <input type="checkbox"/> NO** <input type="checkbox"/> YES	

REMARKS

*Underwriting approval will be required.

**Do not bind - risk is unacceptable.

COVERAGE AND LIMITS			
DO YOU WANT THE PLATINUM PACKAGE? (Primary Uses Only) <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, Policy includes Extended Replacement Cost, Replacement Cost Personal Property and Additional Coverage Endorsement.			
PACKAGE PREMIUM			\$
COVERAGES	TOTAL COVERAGE AMT.	DEDUCTIBLE	ADD'L PREMIUM OR CREDIT
MANUFACTURED HOME (INCL. ATTACHED ADDITIONS)	\$	\$	
OTHER STRUCTURES	\$		
PERSONAL PROPERTY	\$		
PERSONAL LIABILITY/ MEDICAL PAYMENTS	\$	/ \$	
OTHER COVERAGES / ENDORSEMENTS (Specify)			
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
SUBTOTAL			\$
APPLICABLE: STATE TAXES			\$
LOCAL TAXES			\$
SURCHARGES			\$
TOTAL PREMIUM (Tax Included)			\$
NOTE: Minimum premium - Prices may be subject to minimum written premiums and non-refundable minimum earned premium.			

ADDITIONAL INTEREST	
NAME LINE 1 or LIENHOLDER CODE (If Assigned)	<input type="checkbox"/> Lienholder <input type="checkbox"/> Contract Seller (Add'l Insd. Nonresident end't) <input type="checkbox"/> Co-Titleholder (Add'l Insd. Nonresident end't) <input type="checkbox"/> Add'l. Named Insd. (Add'l Named Insured end't) <input type="checkbox"/> Loss Payee (Loss Payee end't) <input type="checkbox"/> Life Estate (Add'l Insd. Nonresident end't) <input type="checkbox"/> Property Mgmt (Add'l Insd. end't - Sec. II) <input type="checkbox"/> Property Mgmt (Certificate Holder-notification only) <input type="checkbox"/> Premium Finance Co (Certificate Holder-notification only) <input type="checkbox"/> Titleholder (Add'l Insd. Nonresident end't) <input type="checkbox"/> Mobile Home Parks (Add'l Insd. end't - Sec. II) <input type="checkbox"/> Mobile Home Parks (Certificate Holder-notification only)
NAME LINE 2	
ADDRESS LINE 1	
ADDRESS LINE 2	
CITY	STATE ZIP CODE
LOAN NUMBER	
COUNTRY (If Not U.S.A.)	

ADDITIONAL INTEREST	
NAME LINE 1 or LIENHOLDER CODE (If Assigned)	<input type="checkbox"/> Lienholder <input type="checkbox"/> Contract Seller (Add'l Insd. Nonresident end't) <input type="checkbox"/> Co-Titleholder (Add'l Insd. Nonresident end't) <input type="checkbox"/> Add'l. Named Insd. (Add'l Named Insured end't) <input type="checkbox"/> Loss Payee (Loss Payee end't) <input type="checkbox"/> Life Estate (Add'l Insd. Nonresident end't) <input type="checkbox"/> Property Mgmt (Add'l Insd. end't - Sec. II) <input type="checkbox"/> Property Mgmt (Certificate Holder-notification only) <input type="checkbox"/> Premium Finance Co (Certificate Holder-notification only) <input type="checkbox"/> Titleholder (Add'l Insd. Nonresident end't) <input type="checkbox"/> Mobile Home Parks (Add'l Insd. end't - Sec. II) <input type="checkbox"/> Mobile Home Parks (Certificate Holder-notification only)
NAME LINE 2	
ADDRESS LINE 1	
ADDRESS LINE 2	
CITY	STATE ZIP CODE
LOAN NUMBER	
COUNTRY (If Not U.S.A.)	

PAYMENT PLANS/BILLING	
<input type="checkbox"/> ANNUAL PAY <input type="checkbox"/> ESCROW BILL <input type="checkbox"/> TWO-PAY <input type="checkbox"/> FOUR-PAY <input type="checkbox"/> TEN-PAY <input type="checkbox"/> TWELVE-PAY (EFT)	BILL DOWN PAYMENT TO: <input type="checkbox"/> PRODUCER <input type="checkbox"/> INSURED <input type="checkbox"/> LIENHOLDER
DOWN PAYMENT COLLECTED:	\$ _____
A service charge will apply if payment plan is other than annual.	

ALTERNATE MAILING ADDRESS			
<input type="checkbox"/> SAME AS LOCATION ADDRESS	EFFECTIVE DATES: FROM: _____ TO: _____		
DATES SHOWN ARE VALID:	<input type="checkbox"/> ONE-TIME CHANGE, ONLY	<input type="checkbox"/> YEARLY	
ADDRESS (Street Number, Name and Type, Apt. and Box #)	CITY	STATE	ZIP CODE
PHONE NUMBER () _____	COUNTRY (If not USA)		

REQUIRED APPLICANT INFORMATION	
APPLICANT MUST COMPLETE, SIGN AND DATE THIS APPLICATION.	
It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages.	
In connection with this application, your credit history may be used in the underwriting or rating of your policy. Upon your written request, we shall consider if your credit history has been adversely impacted by an extraordinary life circumstance which occurred within three years before the date of your application. If we determine that your credit history has been adversely impacted by such extraordinary life circumstance, we will grant a reasonable exception to your rates, rating classifications or underwriting rules for you.	
The insurer may obtain consumer reports or personal or privileged information from third parties. The information as well as other personal or privileged information subsequently collected by the insurer or your agent may in certain circumstances be disclosed to third parties without authorization, as permitted by law. You have the right of access and correction with respect to all personal information collected. At your request, the insurer will provide you with more detailed information regarding the collection, use and disclosure of personal information, and your rights to access and correct such information.	
<ol style="list-style-type: none"> I agree that the insurer may secure and review consumer reports, including loss history reports or credit report information for persons listed in the application or subsequently added to the policy by me or my authorized representatives. I agree to allow the insurer to share my name, address, date of birth, and social security number with third party consumer reporting and insurance support organizations in order to obtain consumer reports. I further agree that the insurer may secure and review new consumer reports in evaluating this policy, for my request for a change in policy benefits or for a replacement policy as permitted by law. I understand that this authorization will remain in effect unless I make arrangements to revoke it through my insurance representative. I or my representatives may obtain a copy of this application and authorization by requesting it from my insurance representative. I declare that the information contained in this application is true to the best of my knowledge and belief. I understand that the insurer will rely on this information in determining my eligibility and premium. I declare that the selections indicated in this application accurately reflect the limits, coverages and deductibles I chose. 	
APPLICANT SIGNATURE _____	DATE _____ TIME _____ <input type="checkbox"/> AM <input type="checkbox"/> PM

REQUIRED PRODUCER INFORMATION	
By signing this application, I certify that I am both licensed by the state and appointed by Foremost to write this specific line of business.	
PRODUCER SIGNATURE _____	DATE _____ TIME _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
PRODUCER NAME (Print) _____	PRODUCER LICENSE NO. _____
COVERAGE BOUND? <input type="checkbox"/> YES <input type="checkbox"/> NO	