

MOBILE HOME QUOTE SHEET

Name: _____ DOB: _____

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Phone: _____ Email: _____ Eff. Date _____

Mailing address: _____

Location address: _____

Primary/Seasonal/Secondary _____ Rented to others? _____ # of months rented/occupied _____

New purchase? _____ Date purchased? _____ Closing date? _____

Purchase price \$ _____ Coverage amount requested \$ _____

Currently insured? _____ Current carrier? _____ Has Insurance been cancelled or non-renewed? _____

Date of cancellation or non-renewal and reason _____

Year built? _____ Length _____ Width _____ Square footage _____ Single or double wide _____

Manufacturer _____ Serial # _____

Skirted? _____ What type of material? _____ Tied down? _____ Date tie down last inspected _____

Roof material _____ Year roof last replaced _____ Does the home have A/C and Heating ? _____

Any attachments? Garage or carport? How many cars? _____ Shed? _____ Porch? Screened or enclosed? _____