SOUTH WESTERN GROUP

*Professional Insurance Underwriting and Marketing through Service Integrity and Stability*

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# ELITE PARK MODEL APPLICATION FORM

☐ PAC ☐ Direct Bill ☐ Agency Bill Elite Broker Code _____

| Applicant's Full Name (Last name, First name) | Broker Name |
|---|---|
| Mailing Address (including Postal Code) | Broker Address (City) |
| Tel: Home ( ) - Work ( ) - | E-Mail |
| Risk Location (Address including Postal Code) | Name and Address of MORTGAGEE(S) |

| Policy Period | Day | Month | Year | | Day | Month | Year | **12 MONTH POLICY TERM ONLY** 12:01 a.m. Standard Time at the Postal Address of the Applicant as stated herein. |
|---|---|---|---|---|---|---|---|---|
| **From** | | | | **To** | | | | |

**Loss & Policy History** State all losses or claims by the applicant or members of the applicant's household in the past 5 years

| Date of Loss | Cause | Amount Paid | Insurance Company |
|---|---|---|---|
| | | | |
| | | | |

Has any Insurer cancelled, declined or refused to renew or issue Park Model Insurance to the applicant within the past 3 years? ☐ YES ☐ NO

If **YES**, please provide details: **Name of previous insurance carrier** **Previous Policy Number** **Previous Policy Expiry Date**

Does the applicant have valid insurance on their primary residence? ☐ YES ☐ NO (Refer to underwriting)

**Name of insurance carrier** **Policy Number** **Policy Expiry Date**

## DESCRIPTION OF PARK MODEL INSURED

| Model Year | Trade name | Length | Model | Serial Number |
|---|---|---|---|---|
| | | | | |

## PARK MODEL PACKAGES

**DEDUCTIBLE $300**

Is the insured the original owner? ☐ Yes ☐ No If No, Package 1 not available

☐ Package 1: **Guaranteed Replacement Cost**: All Risk (<5 years & original owner, full purchase price)

☐ Package 2: **Replacement Cost:** All Risk (<14 model years)

☐ Package 3: **Standard**: ACV Named Perils (>14 model years)

| PROPERTY COVERAGES | | | | LIABILITY COVERAGES | | | |
|---|---|---|---|---|---|---|---|
| Park Model Amount of Insurance | Outbuilding | Personal Property | Emergency Vacation Expenses | Comprehensive Personal Liability | Voluntary Medical Payments | Voluntary Property Damage | **PREMIUM** |
| **$** | **10% of Park Model Value** | **40% of Park Model Value** | **$1,000** | **$1,000,000** | **$5,000** | **$1,000** | **$** |

| | |
|---|---|
| ☐ Golf Cart Liability Extension + $25 | **$** |
| APPLICABLE TAX | **$** |
| Consumer and previous Insurer reports containing personal, factual or investigative information about the applicant may be sought in connection with this application for insurance of a renewal, extension or variation thereof. The answers above are correct to the best of my knowledge. **Total Premium** | **$** |

Signature of Insured(s) Date Signature of Broker