



First Heritage Insurance Services Inc.

Mobile Home Policy Quoting Worksheet

Taken By: _____

Agent Assigned To: _____

CSR Assigned To: _____

Date Information Obtained: _____



Property & Contact Information

Name: _____
Address: _____ City: _____, FL _____
Mailing Address (If different) _____
Phone #s: Home: _____ Work: _____ Mobile: _____
E-Mail Address: _____ Fax: _____ Referred By: _____
Occupation(s): _____
SSN₁: _____ DOB₁: _____ SSN₂: _____ DOB₂: _____
Smokers? Y N # of Occupants ____ Aware of any sinkhole claims or settling at property or previous address?

Mobile Home Information

Year: ____ (Age ____) Serial # _____
Single-Wide Double-Wide Triple-Wide _____
Dimensions ____ X ____ Square Footage _____
Park Name: _____ 55+ Y N
If On Private Property, Acreage: ____ Type: _____
Make: _____ Model: _____
Skirting Material: Aluminum Brick Block Steel
Fiberglass Vinyl Other _____
Owned Rented Year-Round / Seasonal ____ mos
Business on Premises _____
Room Additions: _____
CH&A / Window Unit / Heat Pump / Other: _____
Attached Structures: Carport ____ ft² Patio ____ ft²
Roof Type: Conventional / Roof-Over / Other: ____
Roof Material: Shingle / Tile / Tin / Other: _____
Foundation Type: Concrete Slab / Plastic / Other
Detached Structures: _____ Utility Shed
Condition: _____ Awnings (____ #) Entry Steps
Purchase Price: _____ Date: _____
Of Visible Neighbors: _____ Within 300ft: _____

Underwriting Information

Own Dirt Bike / Go-Cart / ATV / Other RV
Responding Fire Dept. _____ Distance ____
Distance to Fire Hydrant _____
Dogs ____ (Breed _____) Biting History Y N
Other Animals _____
Pool (Above Ground / In Ground) Fenced Y N
Diving Board / Slide Y N Screened Encl. Y N
Trampoline Y N
Distance to Shore: ____ Tidal Water w/in 2mi ____
Any Conviction of Coverage Fraud or Arson Y N
Is the Property under Construction / Renovation ____
Deadbolts / Fire Extinguisher / Smoke Detector
Storm Shutters / Hurricane Straps
Alarm System (Central / In-House) Fire Alarm
Any insurance claims / losses in past 3 years?

Bankruptcy / Judgment / Repossession / Foreclosure
New Purchase: Y N Mortgagee / Individual
Closing Date: _____ Mortgage Co. _____
Prior Coverage: _____ Contact: _____

Current Coverage Information

Company: _____
Cov A: Dwelling _____
Cov B: Other Structures _____
Cov C: Contents _____
Cov D: Loss of Use _____
Cov E: Liability _____
Cov F: Medical Payments _____
Deductible: _____
Additional coverage for: Boats
Computers Furs Guns Jewelry
Silverware Satellite Dish Etc.
Additional Information: _____

Replacement Valuation

Base Cost: ____ ft² x \$ _____ per ft²
Air Conditioning Total: _____
Skirting Total: _____
Patio & Carport Total: _____
Utility Shed Total: _____
Awnings Total: _____
Room Additions Total: _____
Roof Structures Total: _____
Base Cost Total: + _____
Replacement Cost New _____
Residual Factor: X _____
Depreciated RCN: _____

Other Quotes Received

Companies: _____
Misc. Notes: _____

Home Companies THIG Citizens