

# ARIZONA WORKSHEET MANUFACTURED HOME

**THIS IS NOT AN APPLICATION. DO NOT SIGN THIS WORKSHEET. COMPLETION OF THIS WORKSHEET DOES NOT AFFORD COVERAGE. A COMPLETED AND SIGNED APPLICATION WILL BE REQUIRED.**

## POLICY INFORMATION

|                                                                                                                                                                                                                                                |                        |             |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------|--|
| Policy or Reference Number:                                                                                                                                                                                                                    | Producer Code:         |             |  |
| Requested Effective Date:                                                                                                                                                                                                                      | Producer Name:         |             |  |
| Policy Form:                                                                                                                                                                                                                                   | Producer Phone Number: | Fax Number: |  |
| Dwelling Use:                                                                                                                                                                                                                                  |                        |             |  |
| <ul style="list-style-type: none"> <li>• Primary</li> <li>• Secondary / Seasonal</li> <li>• Tenant / Renters (<i>Renter's personal property and liability</i>)</li> <li>• Landlord / Rental</li> <li>• Vacation / Short-term Rental</li> </ul> |                        |             |  |

## LOCATION INFORMATION

|                                                          |           |         |               |
|----------------------------------------------------------|-----------|---------|---------------|
| <b>Dwelling Location (Cannot be a P.O. Box or a PMB)</b> |           |         |               |
| Address:                                                 |           |         | City:         |
| State:                                                   | ZIP Code: | County: | Municipality: |
| Is the dwelling in a park/community?                     |           |         |               |
| Park/Community Name:                                     |           |         |               |

## MAILING ADDRESS

|                                           |          |           |                       |
|-------------------------------------------|----------|-----------|-----------------------|
| <input type="checkbox"/> Same as Location | Address: |           |                       |
| City:                                     | State:   | ZIP Code: | Country (If not USA): |

## APPLICANT INFORMATION

Applicant includes all entities and/or individuals to be listed on the policy as Named Insured, including those Named Insureds listed as an Additional Interest. All applicants should be listed on the policy and underwriting rules and guidelines pertain to all applicants.

|                                                                |                                                                                                                          |                                                            |            |                |
|----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|------------|----------------|
| <b>I<br/>N<br/>D<br/>I<br/>V<br/>I<br/>D<br/>U<br/>A<br/>L</b> | <b>Primary Applicant (A credit report will be obtained on this person. Applies to Primary, Secondary/Seasonal only.)</b> |                                                            |            |                |
|                                                                | First Name:                                                                                                              | Middle Name (Optional):                                    | Last Name: |                |
|                                                                | Date of Birth:                                                                                                           | Social Security Number (Optional):<br>(N/A Tenant/Renters) |            |                |
|                                                                | <b>Secondary Applicant</b>                                                                                               |                                                            |            |                |
|                                                                | First Name:                                                                                                              | Middle Name (Optional):                                    | Last Name: | Date of Birth: |

|                                        |                                                                                                                                                                             |                                                            |            |                |
|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|------------|----------------|
| <b>E<br/>N<br/>T<br/>I<br/>T<br/>Y</b> | Entity that appears on the title or deed: (N/A Tenant/Renters)                                                                                                              |                                                            |            |                |
|                                        | <b>First Additional Named Insured/First Individual with Control<br/>(A credit report will be obtained on this person. Applies to Primary, Secondary/Seasonal only.)</b>     |                                                            |            |                |
|                                        | <ul style="list-style-type: none"> <li>• The person listed below is considered an additional insured and has been added as an Additional Interest to the policy.</li> </ul> |                                                            |            |                |
|                                        | First Name:                                                                                                                                                                 | Middle Name (Optional):                                    | Last Name: |                |
|                                        | Date of Birth:                                                                                                                                                              | Social Security Number (Optional):<br>(N/A Tenant/Renters) |            |                |
|                                        | <b>Second Additional Named Insured/Second Individual with Control</b>                                                                                                       |                                                            |            |                |
|                                        | <ul style="list-style-type: none"> <li>• The person listed below is considered an additional insured and has been added as an Additional Interest to the policy.</li> </ul> |                                                            |            |                |
|                                        | First Name:                                                                                                                                                                 | Middle Name (Optional):                                    | Last Name: | Date of Birth: |

|                                                                                                     |
|-----------------------------------------------------------------------------------------------------|
| Is the dwelling titled in the name of a park?<br>(Landlord/Rental, Vacation Short-term Rental only) |
|-----------------------------------------------------------------------------------------------------|

**APPLICANT INFORMATION (Continued)**Does the applicant belong to any of the following affinity groups? (*N/A Landlord/Rental, Vacation/Short-term Rental*) Check all that apply:☐ None ☐ Armed Forces Insurance - Membership Number: \_\_\_\_\_ ☐ USAA - Membership Number: \_\_\_\_\_

Is the property currently insured?

If yes,  
What is the name of the applicant's current insurance carrier?If no,  
Reason for no insurance:

- Never Insured
  - New Purchase
  - Policy Lapse
- If Policy Lapse, Last date of insurance:

Has the applicant been canceled, declined or nonrenewed including for non-payment within the past 5 years?

If yes,  
Reason for cancel, decline or nonrenew:

- Non-payment of premium
- Dwelling/Other Structure Condition
- Unacceptable Animal on Premises
- Liability Hazards
- Dwelling – Age or Value
- Heat/Electrical/Plumbing not updated
- Credit History
- Loss History
- Prior Carrier Withdrew State/Agency
- Change in Occupancy
- Vacant
- No Supporting Business
- Fire Protection Class
- Brushfire Exposure
- Other

Does the applicant have another qualifying personal lines or life policy with Farmers Insurance Group® or Farmers New World Life, including Foremost®, Bristol West®, or Toggle Insurance®?

(*N/A Landlord/Rental, Vacation/Short-term Rental*)

A life policy must be a term, whole, universal, or variable policy, have a face amount of \$50,000 or greater, be issued to an adult, and be in force.

Is the applicant a Farmers employee?

(*N/A Landlord/Rental, Vacation/Short-term Rental*)**ELIGIBILITY**Is the dwelling fully installed and connected to utilities?  
(*N/A Tenant/Renters*)If no,  
Will the dwelling be fully installed, connected to utilities and occupied within 60 days?If yes,  
Does the applicant want trip coverage?

Is there a swimming pool with a depth of more than 2.5 feet on the premises?

Pool Information: (*N/A Community Owned Pool*)

- No Pool
- Community Owned Pool
- Individually Owned Pool
- Landlord Owned Pool (*Tenant/Renters only*)

- Fence/Pool Height 4 feet or Higher
- Fence/Pool Height Less than 4 feet
- Unfenced or Not Fully Enclosed
- Other

Is the dwelling currently vacant?  
(*Primary, Seasonal/Secondary only*)

Does the applicant or anyone residing at the dwelling own, keep, or shelter an animal that has caused harm or previously bitten?

If yes, and the applicant wants liability, do they accept the Animal Liability Exclusion?  
(*N/A Landlord/Rental, Vacation/Short-term Rental*)Does the applicant or anyone residing at the dwelling own, keep or shelter any unusual or exotic animals that would increase liability concerns?  
(*N/A Tenant/Renters*)

If yes,  
Type of Animal:

- Boa Constrictor/Python Snakes†
- Small Lizards or Iguana
- Ferrets
- Other†

† *Primary, Seasonal/Secondary* - if the applicant wants liability, do they accept the Animal Liability Exclusion?

† *Landlord/Rental, Vacation/Short-term Rental* - may be ineligible for Liability Coverage.

Is there any business conducted on the premises, including farming or ranching?

If yes,  
Category:

- Business
- Farm or Ranch

Type:

Business

- Office
- Day Care
- Art Studio
- Music or Dance Lessons
- Auto Repair\*
- Beauty Salon\*
- Other

Incidental Use?

Farm or Ranch:

- Farms 25 acres or less & no farm animals
- Farms 25 acres or less & owns 10 or less farm animals
- Owns 10 or less farm animals and no farming
- Farms more than 25 acres
- Owns more than 10 farm animals
- Rents land to others for farming/ranching
- Earns more than \$5,000 from farming/ranching
- Boards animals of others
- Other

## LOSSES

Have there been any losses at any location owned or occupied by any insured in the past 5 years?

**Key for the sections below:**

**Occupancy at the Time of Loss:** • Primary • Secondary / Seasonal • Landlord / Rental • Vacation / Short-term Rental • Vacant / Unoccupied • Tenant / Renters  
**Status:** • Closed • Open • Peril Not Covered • Under Deductible • Subrogation

Is the loss location the same as the dwelling location?

|                  |                    |                                |
|------------------|--------------------|--------------------------------|
| Date of Loss:    | Cause of Loss:     | Occupancy at the Time of Loss: |
| Damage Repaired? | Catastrophic Loss: | Amount Paid:                   |
|                  |                    | Status:                        |

Is the loss location the same as the dwelling location?

|                  |                    |                                |
|------------------|--------------------|--------------------------------|
| Date of Loss:    | Cause of Loss:     | Occupancy at the Time of Loss: |
| Damage Repaired? | Catastrophic Loss: | Amount Paid:                   |
|                  |                    | Status:                        |

Is the loss location the same as the dwelling location?

|                  |                    |                                |
|------------------|--------------------|--------------------------------|
| Date of Loss:    | Cause of Loss:     | Occupancy at the Time of Loss: |
| Damage Repaired? | Catastrophic Loss: | Amount Paid:                   |
|                  |                    | Status:                        |

Is the loss location the same as the dwelling location?

|                  |                    |                                |
|------------------|--------------------|--------------------------------|
| Date of Loss:    | Cause of Loss:     | Occupancy at the Time of Loss: |
| Damage Repaired? | Catastrophic Loss: | Amount Paid:                   |
|                  |                    | Status:                        |

Is the loss location the same as the dwelling location?

|                  |                    |                                |
|------------------|--------------------|--------------------------------|
| Date of Loss:    | Cause of Loss:     | Occupancy at the Time of Loss: |
| Damage Repaired? | Catastrophic Loss: | Amount Paid:                   |
|                  |                    | Status:                        |

Is the loss location the same as the dwelling location?

|                  |                    |                                |
|------------------|--------------------|--------------------------------|
| Date of Loss:    | Cause of Loss:     | Occupancy at the Time of Loss: |
| Damage Repaired? | Catastrophic Loss: | Amount Paid:                   |
|                  |                    | Status:                        |

Is the loss location the same as the dwelling location?

|                  |                    |                                |
|------------------|--------------------|--------------------------------|
| Date of Loss:    | Cause of Loss:     | Occupancy at the Time of Loss: |
| Damage Repaired? | Catastrophic Loss: | Amount Paid:                   |
|                  |                    | Status:                        |

Is the loss location the same as the dwelling location?

|                  |                    |                                |
|------------------|--------------------|--------------------------------|
| Date of Loss:    | Cause of Loss:     | Occupancy at the Time of Loss: |
| Damage Repaired? | Catastrophic Loss: | Amount Paid:                   |
|                  |                    | Status:                        |

Is the loss location the same as the dwelling location?

|                  |                    |                                |
|------------------|--------------------|--------------------------------|
| Date of Loss:    | Cause of Loss:     | Occupancy at the Time of Loss: |
| Damage Repaired? | Catastrophic Loss: | Amount Paid:                   |
|                  |                    | Status:                        |

Is the loss location the same as the dwelling location?

|                  |                    |                                |
|------------------|--------------------|--------------------------------|
| Date of Loss:    | Cause of Loss:     | Occupancy at the Time of Loss: |
| Damage Repaired? | Catastrophic Loss: | Amount Paid:                   |
|                  |                    | Status:                        |

| DWELLING DETAILS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Model Year: <i>(N/A Tenant/Renters)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                         |
| Manufacturer: (Optional)<br><i>(N/A Tenant/Renters)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Serial Number: (Optional)<br><i>(N/A Tenant/Renters)</i>                                                                                                                                                                                                                                                |
| Length: <i>(N/A Tenant/Renters)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Width: <i>(N/A Tenant/Renters)</i>                                                                                                                                                                                                                                                                      |
| Primary Heat Source: <i>(N/A Tenant/Renters)</i> <ul style="list-style-type: none"> <li>Furnace (forced air, radiant and central air)</li> <li>Electric Baseboard</li> <li>Heat Pump (geothermal and air-source)</li> <li>Space Heater - permanent</li> <li>Space Heater - portable</li> <li>Boiler (steam and hot water)</li> <li>Fireplace (including inserts)</li> <li>Wood stove (including free standing fireplaces)</li> <li>None</li> <li>Other</li> </ul>                                                                          | If permanent space heater, Are the following requirements met for the space heater? <ul style="list-style-type: none"> <li>UL-approved AND</li> <li>Approved by a local building inspector, meets local building codes or is commercially installed AND</li> <li>Thermostatically controlled</li> </ul> |
| Primary Type of Fuel: <i>(N/A Tenant/Renters)</i> <ul style="list-style-type: none"> <li>Natural Gas</li> <li>Propane (including LPG)</li> <li>Oil</li> <li>Electricity with utility company (grid)</li> <li>Electricity - solar, wind or generators</li> <li>Wood (including pellet and corn)</li> <li>Coal</li> <li>Kerosene</li> <li>Other</li> </ul>                                                                                                                                                                                   | If oil or kerosene, Where is the fuel tank located? <ul style="list-style-type: none"> <li>Above Ground</li> <li>Basement</li> <li>Buried</li> </ul> What is the age of the tank?                                                                                                                       |
| Is there a wood stove, fireplace, or any other supplemental heating system?<br><i>(N/A Landlord/Rental, Vacation/Short-term Rental)</i>                                                                                                                                                                                                                                                                                                                                                                                                    | Type of installation: <ul style="list-style-type: none"> <li>Factory Installed</li> <li>Commercially Installed</li> <li>Self Installed</li> </ul>                                                                                                                                                       |
| Is there a wood stove or fireplace in the dwelling?<br><i>(Landlord/Rental, Vacation/Short-term Rental only)</i>                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                         |
| Number of residential dwellings on the same premises: <i>(N/A Tenant/Renters)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                          | If more than one residential dwelling on the same premises, Does the applicant accept the Specific Structure Exclusion?<br><i>(N/A Landlord/Rental, Vacation/Short-term Rental)</i>                                                                                                                     |
| Amount of Insurance: (Include attached additions but exclude land value.)<br><i>(N/A Tenant/Renters)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                   | Does the applicant want replacement cost on the dwelling?<br><i>(N/A Tenant/Renters)</i>                                                                                                                                                                                                                |
| Amount of Personal Property Coverage: <i>(Tenant/Renters only)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                         |
| Security Devices - Check all that apply: <input type="checkbox"/> Deadbolt <input type="checkbox"/> Central fire alarm <input type="checkbox"/> Fire extinguisher <input type="checkbox"/> Bars on windows and doors with quick release <input type="checkbox"/> Burglar alarm<br><input type="checkbox"/> Smoke detector <input type="checkbox"/> Sprinkler system <input type="checkbox"/> Carbon monoxide detector <input type="checkbox"/> Bars on windows and doors without quick release              (Include both local & central) |                                                                                                                                                                                                                                                                                                         |

| Contact Information                                              |               |                           |                       |
|------------------------------------------------------------------|---------------|---------------------------|-----------------------|
| Primary Phone:                                                   |               | Email Address:            |                       |
| Alternate Mailing Address                                        |               |                           |                       |
| Does the applicant have a temporary or seasonal mailing address? |               |                           |                       |
| Effective From:                                                  | Effective To: | Is this a recurring date? |                       |
| Address:                                                         |               |                           |                       |
| City:                                                            | State:        | ZIP Code:                 | Country (If not USA): |

| ADDITIONAL INTEREST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |           |              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-----------|--------------|
| <b>Key for the sections below:</b><br><b>Interest Type:</b> <ul style="list-style-type: none"> <li>Lienholder <i>(N/A Tenant/Renters)</i></li> <li>Additional Named Insured - Additional Named Insured Endorsement <i>(N/A Landlord/Rental, Vacation Short-term Rental)</i></li> <li>Co-Titleholder - Additional Insured Non-resident Endorsement <i>(N/A Tenant/Renters)</i></li> <li>Contract Seller - Additional Insured Non-resident Endorsement <i>(N/A Tenant/Renters)</i></li> <li>Life Estate - Certificate Holder, Notification Only <i>(N/A Tenant/Renters)</i></li> <li>Landlord - Certificate Holder <i>(Tenant/Renters only)</i></li> <li>Loss Payee - Loss Payee Endorsement <i>(N/A Landlord/Rental, Vacation Short-term Rental)</i></li> <li>Premium Finance - Certificate Holder, Notification Only</li> <li>Property Management - Additional Insured for Premises Liability <i>(N/A Tenant/Renters)</i></li> <li>Property Management - Certificate Holder, Notification Only</li> <li>Titleholder - Additional Insured Non-resident Endorsement <i>(N/A Tenant/Renters)</i></li> <li>Mobile Home Parks - Additional Insured for Premises Liability</li> <li>Mobile Home Parks - Certificate Holder, Notification Only</li> </ul> |        |           |              |
| Interest Type:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |        |           |              |
| Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |        | Address:  |              |
| City:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | State: | ZIP Code: | Loan Number: |
| Interest Type:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |        |           |              |
| Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |        | Address:  |              |
| City:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | State: | ZIP Code: | Loan Number: |
| Interest Type:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |        |           |              |
| Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |        | Address:  |              |
| City:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | State: | ZIP Code: | Loan Number: |

## COVERAGE AND LIMITS

## BILLING INFORMATION

|                                                                                                                |
|----------------------------------------------------------------------------------------------------------------|
| Pay Plan:<br>• 1 Pay      • 2 Pay      • 4 Pay      • 10 Pay ( <i>N/A Tenant/Renters</i> )      • 12 Pay (EFT) |
|----------------------------------------------------------------------------------------------------------------|

- 12 Pay (EFT)

Would the customer like future renewals billed to the lienholder?  
(N/A Tenant/Renters)

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