CALIFORNIA 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:

• Primary • Secondary / Seasonal • Tenant / Renters *(Renter's personal property and liability)* • Landlord / Rental • Vacation / Short-term Rental

LOCATION INFORMATION

Dwelling Location (Cannot be a P.O. Box or a PMB)

Address:			City:
State:	ZIP Code:	County:	Municipality:

Is the dwelling in a park/community?

Park/Community Name:

Do you accept the California FAIR Plan Companion Endorsement?
(N/A Tenant/Renters, Landlord/Rental, Vacation/Short-term Rental). All other risks, applies if risk is unacceptable due to FireLine score.)

MAILING ADDRESS

❑ 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.

INDIVIDUAL

Primary Applicant

First Name:	Middle Name (Optional):	Last Name:	
Date of Birth:			

Secondary Applicant

First Name:	Middle Name (Optional):	Last Name:	Date of Birth:

ENTITY

Entity that appears on the title or deed: *(N/A Tenant/Renters)*

First Additional Named Insured/First Individual with Control

• The person listed below is considered an additional insured and has been added as an Additional Interest to the policy.

First Name:	Middle Name (Optional):	Last Name:	
Date of Birth:			

Second Additional Named Insured/Second Individual with Control

• The person listed below is considered an additional insured and has been added as an Additional Interest to the policy.

First Name:	Middle Name (Optional):	Last Name:	Date of Birth:

Is the dwelling titled in the name of a park?
(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 personal lines or life policy with Foremost, Farmers, Bristol West or 21st Century? *(Multi-policy discounts not available for all programs) (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 an employee of Foremost Insurance Group or any of its affiliates? *(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? • No Pool • Community Owned Pool • Individually Owned Pool • Landlord Owned Pool *(Tenant/Renters only)*	Pool Information: *(N/A Community Owned Pool)* • 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

*Unacceptable

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: *(N/A Tenant/Renters)*

Manufacturer: (Optional) *(N/A Tenant/Renters)*

Serial Number: (Optional) *(N/A Tenant/Renters)*

Length: *(N/A Tenant/Renters)*

Width: *(N/A Tenant/Renters)*

Primary Heat Source: *(N/A Tenant/Renters)*

- Furnace (forced air, radiant and central air)
- Electric Baseboard
- Heat Pump (geothermal and air-source)
- Space Heater - permanent
- Space Heater - portable
- Boiler (steam and hot water)
- Fireplace (including inserts)
- Wood stove (including free standing fireplaces)
- None
- Other

If permanent space heater,
Are the following requirements met for the space heater?

- UL-approved AND
- Approved by a local building inspector, meets local building codes or is commercially installed AND
- Thermostatically controlled

Primary Type of Fuel: *(N/A Tenant/Renters)*

- Natural Gas
- Propane (including LPG)
- Oil
- Electricity with utility company (grid)
- Electricity - solar, wind or generators
- Wood (including pellet and corn)
- Coal
- Kerosene
- Other

If oil or kerosene,
Where is the fuel tank located?

- Above Ground
- Basement
- Buried

What is the age of the tank?

Is there a wood stove, fireplace, or any other supplemental heating system? *(N/A Landlord/Rental, Vacation/Short-term Rental)*

Type of installation:

- Factory Installed
- Commercially Installed
- Self Installed

Is there a wood stove or fireplace in the dwelling? *(Landlord/Rental, Vacation/Short-term Rental only)*

Number of residential dwellings on the same premises: *(N/A Tenant/Renters)*

If more than one residential dwelling on the same premises,
Does the applicant accept the Specific Structure Exclusion? *(N/A Landlord/Rental, Vacation/Short-term Rental)*

Amount of Insurance: (Include attached additions but exclude land value.) *(N/A Tenant/Renters)*

Does the applicant want replacement cost on the dwelling? *(N/A Tenant/Renters)*

Amount of Personal Property Coverage: *(Tenant/Renters only)*

Security Devices - Check all that apply:

❑ Deadbolt ❑ Central fire alarm ❑ Fire extinguisher ❑ Bars on windows and doors with quick release ❑ Burglar alarm (Include both local & central)
❑ Smoke detector ❑ Sprinkler system ❑ Carbon monoxide detector ❑ Bars on windows and doors without quick release

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

Key for the sections below:

Interest Type:

- Lienholder *(N/A Tenant/Renters)*
- Additional Named Insured - Additional Named Insured Endorsement *(N/A Landlord/Rental, Vacation Short-term Rental)*
- Co-Titleholder - Additional Insured Non-resident Endorsement *(N/A Tenant/Renters)*
- Contract Seller - Additional Insured Non-resident Endorsement *(N/A Tenant/Renters)*
- Life Estate - Certificate Holder, Notification Only *(N/A Tenant/Renters)*
- Landlord - Certificate Holder *(Tenant/Renters only)*
- Loss Payee - Loss Payee Endorsement *(N/A Landlord/Rental, Vacation Short-term Rental)*
- Premium Finance - Certificate Holder, Notification Only
- Property Management - Additional Insured for Premises Liability *(N/A Tenant/Renters)*
- Property Management - Certificate Holder, Notification Only
- Titleholder - Additional Insured Non-resident Endorsement *(N/A Tenant/Renters)*
- Mobile Home Parks - Additional Insured for Premises Liability
- Mobile Home Parks - Certificate Holder, Notification Only
- Third Party Designee - Certificate Holder, Notification Only

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

Coverages/Endorsements	Limit	Deductible	Premium

Discounts/Surcharges

BILLING INFORMATION

Pay Plan:

- 1 Pay
- 2 Pay
- 4 Pay
- 10 Pay *(N/A Tenant/Renters)*
- 12 Pay (EFT)

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

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