

Joint Insurance Association

SUPPLEMENTAL APPLICATION FOR MOBILE HOMES ONLY FOR USE WITH DWELLING POLICIES ONLY

THIS FORM MUST BE COMPLETED AND ATTACHED TO ALL FIRE APPLICATIONS SUBMITTED FOR MOBILE HOME COVERAGE. ALSO, A PICTURE OF THE TRAILER MUST ACCOMPANY THE APPLICATION.

If any of the requested information is not completed on this Supplemental Application, the application will be returned and will not be accepted until all information is properly completed.

Insured's Name: _____

Mailing Address: _____

1. Manufacture's Name _____ Year _____

2. Model: _____

3. Serial Number : _____

4. Date Purchased _____/_____/_____

5. Purchase Price : \$ _____

6. If located in a Trailer Park (Name and address of Park):

Name : _____

Address: _____

7. Is this Mobile Home located on a Continuous Enclosed Masonry Foundation?

_____ Yes _____ No

8. Loss History: _____

9. Previous Insurer: _____

Applicants Signature

Date