

Mobile Home Insurance Quote Sheet

Email this completed form to: pld@dibu.com or FAX to (559) 431-7941

Policy Type Owner Occupied Mobile Home Mobile Home Rented to Others

Name Insured: _____

Property Address: _____
Street City State ZIP

Mailing Address: _____
Street City State ZIP

Please provide previous address if you have moved within the last three years.

Address: _____
Street City State ZIP

Contact Person: _____
Name Email Phone

Applicant:

Co-Applicant:

Occupation: _____

Date of Birth: _____

Dwelling Amount	\$ _____	Year Built	_____
Other Structures	\$ _____	Length/Width	_____ / _____
Personal Property	\$ _____	Construction Type	Manufactured(Mobile) or Modular
Additional Living	\$ _____	Make/Model	_____ / _____
Deductible	\$ _____	Attached Carports	# Cars___ Attached: Y N
Liability	\$ _____	Roof Type:_____	Age___ Roof Type: Y N
Medical Payments	\$ _____	# Bedrooms/Bathrm	_____ / _____
Scheduled Items	\$ _____	Heat & AC Type	_____
Solar Panels	Owned Leased	Fireplace	Y #___ N
Gated Community	Y N 24Hr Guard Y N	Woodstove	Y N
Interior Sprinklers	Full Partial Pool Y N	Fenced	Y N
Burglar Alarm	None Local Central	Diving Board/Slide	Y N
Fire Alarm	None Local Central	Trampoline	Y N
Fire Hydrant/Station	#Feet___ #Miles___ #Pets___ Breed_____		Y N

Updates for Homes Over 25 Years Old – Need Dates of Updates

Wiring	_____	Roof Type and Age	_____
Circuit Breakers	_____	Plumbing	_____
Heating	_____	Galvanized Pipes	Y N
Golf Carts	Y N	Synthetic Lawn	Y N

Claims History

Year/Type: _____

Current Carrier: _____ Renewal Date: _____

Supporting Business

Auto Ins Y N Umbrella Y N Dwelling Fire Y N Commercial Y N Life/Health Y N

Additional Remarks: _____

Producer: _____ Date Needed By: _____