



Park Model Insurance

Easy Estimate Request



FAX TO: 715-693-2538

Mail: PO Box 40, Mosinee, WI 54455

Phone: 800-752-8506

Applicant

Last Name		First Name	MI
Mailing Address		City	State ZIP

Birth date	/	/
Telephone	()	
Cell phone / Work phone	()	
Best time to call		
E-mail address		

UNIT USE:

<input type="checkbox"/> Owner Occupied Primary Residence	<input type="checkbox"/> Owner Occupied Secondary Residence	<input type="checkbox"/> Rented to Others	<input type="checkbox"/> Other _____
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Description of Park Model

YEAR	LENGTH	WIDTH	MANUFACTURER/MODEL	SERIAL NUMBER	PURCHASE DATE	PURCHASE PRICE

Park Model Location

STATIONARY LOCATION (Park Name, Street, Lot#, City, County, State, ZIP)

Located within Condo Association property? No Yes If yes, total number of condo units at location property _____

Full legal name of Condo Association _____

Requested Coverage

Park Model \$	Personal Property/ Personal Effects \$	Other Structures / Adjacent Structures \$
Personal Liability ____ \$300,000 ____ \$500,000 Other	Deductible ____ \$250.00 ____ \$500.00 Other	Optional Coverage ____ Replacement Cost Personal Effects ____ Replacement Cost Park Model Unit Other

Additional Information

Is the unit rented or loaned out? Yes No If yes, explain _____ Rental Income \$ _____

Miles to nearest Fire Dept _____ Name _____ Other water source (lake, etc.) _____

Is unit in seasonal Park? Yes No Tied down? Yes No Skirted? Yes No Awning? Yes No

Does applicant own land where unit is located? Yes No Approx area _____

Does unit or other structure have a woodstove or fireplace? No Factory/Commercially Installed Self-Installed

Additional Interest

Leinholder Name, Street Address, City, State, ZIP

Additional Insured, Address (if different from above)

Occupant of Unit? _____ Family Member? _____ Named on Title? _____ Interest Type _____

Request completed by: _____ Date: _____

Please be advised that this fax transmittal represents a request for a non-guaranteed, non-bound preliminary premium estimate for the coverage indicated. This fax grants permission for our agents to contact you for additional information which may be needed in certain situations. A completed application is required to issue a policy.