

FLOATING HOME APPLICATION

Agent Name : Address:	Agent's Phone No: Email:	Proposed Effective Date Term? <input type="checkbox"/> Annual <input type="checkbox"/> 6 Month <input type="checkbox"/> 3 Month
Applicant's Name & Mailing Address :	Phone No.	
Occupation:	Location - Moorage Name & Address: Berth/Space No.	
Floating Home Registration #:	Body of Water:	
Date of Purchase:	Is The Home Located in a Floating Home Community: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last Surveyed? (Attach copy if within 5 years)		
Occupancy: <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Vacant <input type="checkbox"/> Seasonal		
Square Footage of House:	Boatwell:	Float:
Protection Class:		Year Built:
Year Remodeled:	Miles to Fire Department:	Hydrant Within 300 ft? <input type="checkbox"/> Yes <input type="checkbox"/> No
# of Operating Smoke Alarms:	# of Fire Extinguishers:	
Type of Flotation: <input type="checkbox"/> Log <input type="checkbox"/> Log & Foam <input type="checkbox"/> Concrete Hull <input type="checkbox"/> Barge <input type="checkbox"/> Pontoon Condition of Flotation: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Needs Repair (Describe):		
Is the hull a converted vessel? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, describe original use:		
Type of Heating System: <input type="checkbox"/> Baseboard <input type="checkbox"/> Wall <input type="checkbox"/> Forced <input type="checkbox"/> Space <input type="checkbox"/> Other (describe):		
Type of Fuel: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Wood <input type="checkbox"/> Gas <input type="checkbox"/> Other (describe):		
Type of Roof: <input type="checkbox"/> Wood <input type="checkbox"/> Comp <input type="checkbox"/> Shingles <input type="checkbox"/> Other (describe): Age of Roof:		
# of Bilge Pumps: Condition: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Needs Repair Is there a Bilge Pressure Alarm System? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify make and size (GPH): Date Installed : Date Last Inspected:		
UPDATES (Specify Year): Electrical: Roof: Heating: Plumbing: <input type="checkbox"/> Fuses <input type="checkbox"/> Breakers Description of Updates:		
Is there a basement? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what is it used for?		
Does the home have a boat well? <input type="checkbox"/> Yes <input type="checkbox"/> No	Wood/Pellet stove or Insert? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, Woodstove questionnaire & photo required)	
How is the home secured to its moorage?	When were the lines, collars & cleats last inspected?	
Are there any current or planned renovations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe the renovations being completed: Estimated cost of renovations:	Do you have an alarm system? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, attach paperwork.	

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REQUESTED COVERAGE	LIMIT	
A. FLOATING PROPERTY --DWELLING --BOATHOUSE	\$ \$	
B. OTHER STRUCTURES Description:	\$	
C. PERSONAL PROPERTY	\$	
D. LOSS OF USE (Optional)	\$	
E. LIABILITY:	\$	

Requested Deductible:

Additional Interest: Mortgagee Contract of Sale Loss Payee Dock Owner Other:

Name & Mailing Address of Additional Interest:

Do you conduct any business at this location? Yes No

If yes, please describe

Prior Carrier:

Policy Term:

Cancelled or Non-Renewed?

If yes, why?

LOSS HISTORY (past 3 years)

Date of Loss	Open or Closed	Amount of Loss	Description	Amount Paid
		\$		\$
		\$		\$

PLEASE READ BEFORE SIGNING

Personal information about you may be collected from persons other than you. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more de-tailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instruction on how to submit a request to us.

By submitting this application, I am applying for issuance of a policy of insurance and, at its expiration, for appropriate renewal policies issued by Pacific Coast E&S Insurance Services. I understand and agree that any information about me that is contained in, or that is obtained in connection with, this application or any policy issued to me may be used by any company within Pacific Coast E&S Insurance Services to issue, review, and renew the insurance for which I am applying. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying.

Signature of Applicant:	Name of Applicant(Print):	Date:
Signature of Broker:		Date: