

**ROBERTS COUNTY
FARM MUTUAL
INSURANCE CO.**

418 Veterans Avenue
Sisseton, SD 57262
Phone: 605-698-7122

() New
() Renewal.No _____

APPLICATION FOR:

() Mobile home
() Doublewide
() Rental Mobile home

Important: this is an application for an assessable policy.

Effective _____ Expiring _____ 12:01 A.M. Standard Time

Insured's
Name &
Address
and
Telephone

Agent's
Name &
Address

Payment Options: Annual Semi-Annual Quarterly
() () ()

Location of Property: Lot: Blk: Twp. County:

Mortgagee(s):

Occupation: Dwelling Occupied by: ()Owner ()Tenant ()Vacant

	4	8	1	2	DEDUCTIBLE: \$
Form No.	()	()	()	()	Unless otherwise indicated
	1140	1180	1110	1120	\$250 Deductible will apply.

	Dwelling	Other Structures	Personal Property	Loss of Use	Personal Liability	Med Payments to others
COVERAGE AND LIMIT OF LIABILITY						

OPTIONAL COVERAGES

Bill Direct Agency Escrow

2023 Replacement cost on Household Goods: ()Yes ()No () () ()

3000 Waterbed Liability (Form 4): ()Yes ()No 5220 Refrigerated Food Products \$

UNDERWRITING

Is risk inside city limits? _____ If not, miles to nearest town? _____
 Manufacturers Make: _____ Model: _____ Year: _____
 Serial Number: _____ Length & Width: _____
 Date of Purchase: _____ Purchase Price: _____ Size of Additions: _____
 Tax Status: () Mobile home () Real Estate (Provide Copy of Tax Records)
 Mobile home is occupied by: () Owner () Tenant () Vacant
 Does Mobile home have a woodburner? () Yes () No (Agent Inspection & Photo Required)
 Foundation: () Full Basement () Continuous Block () Other
 Has any company cancelled or refused similar coverage? _____

List any business pursuits conducted on premises: _____

List all losses paid during the past 5 years: _____

Previous Carrier: _____ Other coverage's with Roberts: _____

Remarks: _____

I have read this application, and agree that all questions have been answered correctly to the best of my knowledge.	Mobile home	_____
DATE: _____ APPLICANT: _____	Related Structure	_____
AGENT: _____	Contents	_____
*Recent photo of mobilehome and other structure must be attached!	Replacement	_____
*Please attach mobile home evaluator	Liability	_____
*Complete the General Information section on back	Inland Marine	_____
	Policy Fee	_____
	TOTAL	\$ _____

DESCRIPTION OF MOBILE HOME:

Make/Model _____	Year _____	Serial Number _____
Type of Siding _____	Type of roof _____	

State the condition of the trees on the premises _____

Type of Anchorage: () Over the top straps () Frame straps

Basement: () Yes () No

Type of foundation: () Concrete () Open (post & pier) () Other: _____

Condition of foundation: () Excellent () Good () Average () Fair () Poor

Is unit permanently connected to: () Electricity () Water () Sewer

Name of trailer park, if applicable: _____

Is the unit skirted: () Yes () No **Are the wheels removed:** () Yes () No

Type of plumbing: () Copper () Plastic

Plumbing condition: () Excellent () Good () Average () Fair () Poor

Type of heating system: _____

Type of fuel used for heating: () Natural Gas () LP Gas () Fuel Oil

Electrical System: () Fuses () Circuit Breakers **Age of wiring:** _____

Type of electric wiring: _____

Type of hot water heater: () Natural Gas () LP Gas () Fuel Oil () Natural Gas

Condition of hot water heater: () Excellent () Good () Average () Fair () Poor

Are heat tapes used: () Yes () No

Is there prior hail damage? () Yes () No **Comments:** _____

Are entrance steps and/or platform equipped with handrails? () Yes () No

Is the mobile home a seasonal residence? () Yes () No

Is there a solar system? () Yes () No **Type?** () Warm air () Water type

Fire extinguishers? () Yes () No **Number, type & size?** _____

Smoke Alarms? () Yes () No **Number & type?** _____

Fireplace? () Yes () No **Factory installed?** () Yes () No

MAINTENANCE OF UNIT: () Excellent () Good () Average () Fair () Poor

HOUSEKEEPING: () Excellent () Good () Average () Fair () Poor