MANUFACTURED HOMES SUPPLEMENTAL APPLICATION

*To be able to save this form after the fields are filled in, you will need to have Adobe Reader 9 or later. If you do not have version 9 or later, please download the free tool at: http://get.adobe.com/reader/.

Instructions: All questions must be answered. This application must be signed and dated by an owner, officer or partner. Please read carefully the statements at the end of this application.

Section I – Applicant Information

Name of Applicant: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Website: _____

Form of Business: ☐ Individual ☐ Corporation ☐ Partnership ☐ LLC ☐ Other: _____

Description of Operations: _____

Section II – Specified Products & Completed Operations

1. Provide the following information about the products, goods and/or services for which the Applicant wants coverage.
   Only the products, goods and services listed below will be considered.

Products & Goods	Applicant Acts as a(n)					No. of Years	% of Gross Sales	Does Applicant		Products & Goods sold to			
(or specified categories)	M	W	R	I	MR			Install	Repair/Service	W	R	C	O
Modular Homes	☐	☐	☐	☐	☐		%			☐	☐	☐	☐
Manufactured Homes	☐	☐	☐	☐	☐		%			☐	☐	☐	☐
Other: _____	☐	☐	☐	☐	☐		%			☐	☐	☐	☐

M: Manufacturer **W:** Wholesaler **I:** Importer **R:** Retailer **MR:** Manufacturer's rep. **C:** Consumer Direct

O: Other (describe): _____

2. Are you planning to sell any new products during the next 12 months? ☐ Yes ☐ No
3. Has any product been self-insured, uninsured or excluded from previous coverage? ☐ Yes ☐ No
   If YES, provide details:

4. Have you discontinued or are you considering discontinuing any product to be covered by this insurance? ☐ Yes ☐ No
   If YES, provide details:

5. Have you ever recalled (voluntarily or involuntarily), or are you considering recalling, any known or suspected defective product(s) from the market? ☐ Yes ☐ No
   If YES, provide details:

Section III – Annual Sales

1. Please provide total sales or receipts for all products and services.

Year		Sales – United States	Sales – Foreign	Total Sales
Current Year	_____ to _____	$	$	$
First Prior Year	_____ to _____	$	$	$
Second Prior Year	_____ to _____	$	$	$
Third Prior Year	_____ to _____	$	$	$
Fourth Prior year	_____ to _____	$	$	$

2. Describe any significant change in product sales mix between any prior year and next year's projection:

Section IV – Corporate History & Operations

1. How many years has the Applicant been in business under the company's present name? _____
2. Has the Applicant or its principals ever engaged in this or similar enterprises under a different name? ☐ Yes ☐ No

   If YES, provide details:

3. Does the Applicant have any divisions or affiliates not to be insured hereunder? ☐ Yes ☐ No

   If YES, provide details:

4. Have you sold any business in which you retained liabilities? ☐ Yes ☐ No

   If YES, please provide details, including a list of products manufactured, assembled, packaged or installed by you prior to the date sold:

5. Have you acquired or divested any business operations within the past five years? ☐ Yes ☐ No

   If YES, describe your obligations for past, present and future liabilities:

6. Are you a member of any industry product standard organizations? ☐ Yes ☐ No

   If YES, please list memberships: _____

7. Do you design your homes? ☐ Yes ☐ No

   If YES, do you have Professional Liability Coverage? ☐ Yes ☐ No

   Limit of Liability: $ _____

8. Percentage of your products made entirely to customer specifications: _____ %
9. Do you export products or have foreign operations? ☐ Yes ☐ No

   If YES, provide details:

10. Are any of your products subject to registration/regulatory review by any governmental agency? ☐ Yes ☐ No

    If YES, provide details:

11. Do you have controls in place to ensure that jobs are performed to client specifications and local codes? ☐ Yes ☐ No
12. Are you licensed and certified to perform design/manufacturing/installation services? ☐ Yes ☐ No
13. Do you comply with state and local requirements for manufactured/modular homes? ☐ Yes ☐ No
14. Are construction materials purchased from reputable suppliers? ☐ Yes ☐ No
15. Are materials inspected upon delivery? ☐ Yes ☐ No
16. Are any products or parts imported from a foreign manufacturer without a U.S.-based corporation or quality assurance and assets? ☐ Yes ☐ No

    If YES, provide details:

17. Are utilities installed and connected to the house by appropriately qualified/licensed individuals? ☐ Yes ☐ No
18. Are decks and other site-built additions sloped away from the house to promote drainage? ☐ Yes ☐ No
19. Are multi-sectional homes mated, sealed and tested for leakage at time of installation? ☐ Yes ☐ No
20. Are houses appropriately anchored per state and local code to resist winds and earthquakes? ☐ Yes ☐ No

Section IV – Corporate History & Operations (continued)

21. Does applicant subcontract any work? ☐ Yes ☐ No

If YES, please complete the following:

- **a.** Do you utilize AIA standard contracts for all of your subcontractors? ☐ Yes ☐ No
- **b.** Are all subcontractors required to maintain General Liability Insurance? ☐ Yes ☐ No
- **c.** Minimum Limits Required: $ _____
- **d.** Are Certificates of Insurance required from all subcontractors? ☐ Yes ☐ No
- **e.** Are you named as Additional Insured on all subcontractors' General Liability policies? ☐ Yes ☐ No
- **f.** Are all subcontractors required to sign hold harmless/indemnification agreement in your favor? ☐ Yes ☐ No
- **g.** Are all subcontractors required to maintain Workers' Compensation Insurance? ☐ Yes ☐ No
  - **If YES, are certificates of insurance obtained?** ☐ Yes ☐ No
- **h.** Is work performed by subcontractors reviewed for obvious defects? ☐ Yes ☐ No

Section V – Design, Quality Control & Recordkeeping

1. Who designs your homes? _____

2. Do you require that copies of Certificates of Insurance evidencing Design or Architects & Engineers Errors & Omissions Insurance be kept on file? ☐ Yes ☐ No

- **a. If YES, are you named as an Additional Insured on the Architects & Engineers E&O policy?** ☐ Yes ☐ No
- **b. If YES, will you receive 30-day Notice of Cancellation if the E&O policy is cancelled?** ☐ Yes ☐ No

3. Are your products designed, tested, labeled and manufactured to meet or exceed all applicable government and industry standards? ☐ Yes ☐ No

4. What government/industry standards must your products meet (e.g., OSHA, UL, ANSI, ASME)?

Please provide top 3 standards: _____

5. Are designs reviewed, tested and verified by others outside the company? ☐ Yes ☐ No

6. Do you have a formal written quality control program? ☐ Yes ☐ No

7. Which of the following elements does your quality control program include:

- **a.** Written specifications/requirements for suppliers of raw materials and/or components ☐ Yes ☐ No
- **b.** Tests of materials and components received from suppliers to determine performance ☐ Yes ☐ No
- **c.** Products tested at various stages to verify conformance with written standards ☐ Yes ☐ No
- **d.** Finished products tested to verify they meet performance requirements ☐ Yes ☐ No

8. Do you retain your records or results? ☐ Yes ☐ No

If YES, how long do you retain your records? _____

9. Can you identify your product from those of competitors? ☐ Yes ☐ No

If YES, how:

10. Do your records indicate when each product was manufactured? ☐ Yes ☐ No

11. Do your records show to whom and the date each product was sold? ☐ Yes ☐ No

12. Do your records show who supplied the component parts going into your products? ☐ Yes ☐ No

- **a.** Do you obtain Certificates of Product Liability Insurance from each of your manufacturers/suppliers? ☐ Yes ☐ No
- **b. If YES, minimum limits of insurance required:** $ _____
- **c.** Are you included as an Additional Insured Vendor under each manufacturer's/supplier's insurance? ☐ Yes ☐ No

13. Are you ISO 9000 (9001, 9002, 9004) and/or QS9000 registered? ☐ Yes ☐ No

14. Do you ever draw/prepare plans, designs or specifications for any product(s) for others? ☐ Yes ☐ No

If YES, do you carry Design or Architects & Engineers Errors & Omissions Insurance? ☐ Yes ☐ No

15. Does legal counsel, periodically review all instructions, operating manuals, advertisements and warranties to avoid misunderstandings relative to product safety or intended use? ☐ Yes ☐ No

If YES, how often? _____

Section V – Design, Quality Control & Recordkeeping (contiunued)

16. Do you maintain records of changes in designs, advertisements and sales brochures? ☐ Yes ☐ No
17. Do you have a specific program to withdraw known or suspected defective products from the market? ☐ Yes ☐ No
18. Do you furnish any guarantees, warranties or hold harmless agreements? ☐ Yes ☐ No

If YES, please provide details:

Section VI – Loss Information

1. Please provide a five (5) year carrier loss history.

Policy Period	Carrier	SIR / Deductible	# Claims	Reserved	Paid	Total Incurred
		$		$	$	$
		$		$	$	$
		$		$	$	$
		$		$	$	$
		$		$	$	$

2. Are you aware of any incident, condition, circumstance, defect or suspected defect in any product or work, which might result in a claim or claims against you, that is not listed above? ☐ Yes ☐ No

If YES, please provide details:

Fraud Warning

Any person who, with intent to defraud or knowing that (s)he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

ALABAMA, ARKANSAS, LOUISIANA, MARYLAND, NEW JERSEY, NEW MEXICO and VIRGINIA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an Application for insurance is guilty of a crime. In Alabama, Arkansas, Louisiana and Maryland, that person may be subject to fines, imprisonment or both. In New Mexico, that person may be subject to civil fines and criminal penalties. In Virginia, penalties may include imprisonment, fines & denial of insurance benefits.

COLORADO: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DISTRICT OF COLUMBIA, KENTUCKY and PENNSYLVANIA: 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 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. In District of Columbia, penalties include imprisonment and/or fines. In addition, the Insurer may deny insurance benefits if the Applicant provides false information materially related to a claim. In Pennsylvania, the person may also be subject to criminal and civil penalties.

FLORIDA and OKLAHOMA: Any person who knowingly and with intent to injure, defraud or deceive the Insurer, files a statement of claim or an Application containing any false, incomplete or misleading information is guilty of a felony. In Florida it is a felony to the third degree.

KANSAS: An act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an Insurer, purported Insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for personal or commercial insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto is considered a crime.

MAINE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

NEW YORK: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation

OHIO: Any person who, with intent to defraud or knowing that he is facilitating a fraud against the Insurer, submits an Application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OREGON: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

TENNESSEE and WASHINGTON: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and/or denial of insurance benefits.

Representation Statement

I hereby apply for a policy of insurance as set forth in the application and I declare that all information contained in this application is correct and complete to the best of my knowledge and belief. I understand that any policy which may be issued by the company will be issued on the basis of and reliance upon my statements in this application. I agree that such policy shall be null and void if such information is false, or misleading, or would materially affect acceptance of the risk by the company.

The signing of this application does not bind the undersigned to purchase the insurance and accepting this application does not bind the Insurer to complete the insurance or to issue any particular policy. If a policy is issued, it is understood and agreed that the Insurer relied upon this application in issuing each such policy and any endorsements thereto. The undersigned further agrees that if the statements in this application change before the effective date of any proposed policy, which would render this application inaccurate or incomplete, notice of such change, will be reported in writing to the Insurer immediately.

The Application must be signed and dated by a Principal, Partner, Managing Member or Senior Officer of the Applicant. Electronically reproduced signatures will be treated as original.

Applicant:

Print Name: _____ Signature: _____

Title: _____ Date: _____

I hereby declare that all the information contained in this application is correct and complete to the best of my knowledge and belief, that the application was complete and personally signed by the applicant and that a completed copy hereto has been given to the applicant.

Name of Producing Agency: _____

Signature of Producing Agent: _____ Date: _____

SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY