

For Office Use Only:

Producer: \_\_\_\_\_

Date: \_\_\_\_\_

Smith-Reagan Insurance Agency  
PO Box 1009; 148 N. Sam Houston Blvd.  
San Benito, TX 78586  
(956) 399-1353 (956) 399-2185 FAX

### MOBILEHOME QUESTIONNAIRE

Applicant's Name: \_\_\_\_\_ Co-Applicant's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip Code: \_\_\_\_\_

How many years at current address \_\_\_\_\_ Home Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_

Previous address if less than 3 yrs at current: \_\_\_\_\_

Location of property: \_\_\_\_\_

Name	Address	City	State	Zip Code

check if NO INSURANCE Reason for no insurance:  new purchase  no need  canceled/did not renew

Prior Insurance Company \_\_\_\_\_ How long with company? \_\_\_\_\_ Prior policy # \_\_\_\_\_ Expiration Date \_\_\_\_\_

\_\_\_\_\_yrs \_\_\_\_\_months

Yr: \_\_\_\_\_ Length: \_\_\_\_\_ Width: \_\_\_\_\_ Date purchased: \_\_\_\_\_ Purchase price: \$ \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Serial # \_\_\_\_\_

Foundation: \_\_\_\_\_ Satellite Dish? \_\_\_\_\_ Property location: \_\_\_\_\_ A/C Unit?  Yes  No

Tied down & Skirted  Yes  No  Inside city limits  window

Tied down only Value \$ \_\_\_\_\_  Outside city limits  central

Closed, sitting on slab Occupancy: \_\_\_\_\_ Any dogs? \_\_\_\_\_ Value \$ \_\_\_\_\_

Distance to: \_\_\_\_\_  Primary/owner  Yes  No Fireplace? \_\_\_\_\_

Fire hydrant \_\_\_\_\_ft  Secondary/owner  Breed? \_\_\_\_\_  Yes

Fire Dept. \_\_\_\_\_miles  Seasonal\*  Any trampoline? \_\_\_\_\_  No

Distance in miles/feet to any  Tenant  Yes  No Wood burning Stove? \_\_\_\_\_

body of water: \_\_\_\_\_ \*seasonal rated as  Yes

Body of water is: \_\_\_\_\_ vacant dwelling  No

If home is in a Mobile Home Park, park name & address \_\_\_\_\_

Approximate spaces in park: \_\_\_\_\_

Is land home located on owned by the insured?  No  Yes

Is there a Mortgage?  No  Yes \_\_\_\_\_

Bank Name & Address (include loan number) \_\_\_\_\_

Have you had any claims in the last 5 years  YES; complete the following  NO

Date \_\_\_\_\_ Description of Claim \_\_\_\_\_ Amount Paid \_\_\_\_\_

Date	Description of Claim	Amount Paid

Are there any Attached structures?  No  YES

If so, Year built \_\_\_\_\_ Construction Type \_\_\_\_\_ Dimensions \_\_\_\_\_ Amount of Coverage desired \_\_\_\_\_

Are there any Unattached structures?  No  YES

If so, Year built \_\_\_\_\_ Construction Type \_\_\_\_\_ Dimensions \_\_\_\_\_ Amount of Coverage desired \_\_\_\_\_

MOBILEHOME VALUE: \$ \_\_\_\_\_ (including attached structures)

The person reviewing your application (Underwriter), works for the insurance company, and his/her job is to thoroughly review the application and investigate all areas of exposure. Three major areas, which the insurance company underwriter will research, are:

- *Motor Vehicle Report (MVR)* - This report from the Texas Department of Public Safety ( or similar law enforcement in other states) will show your driving record, date first licensed, any tickets or accidents, driver training schools , etc.,
- *Report (Comprehensive Loss Underwriting Exhibit)* - The “CLUE” report provides a summary of all amounts paid by your previous auto insurance companies. The report also summarizes all claims and incidents involving a.) anyone at the same address, b.) all claims paid on a vehicle I.D. number (V.I.N.). The report also indicates all licensed drivers registered at your present address, according to the Texas Department of Public Safety. (Or similar law enforcement agency).
- *Credit Report* - Reports information usually found on most credit reports such as, but not limited to, your payment history to creditors, moneys “charged-off” as not collectible by your creditors, bankruptcy, and any other adverse credit.

The insurance companies to which we submit your application have assured us that the information will be handled in the strictest confidence. Our agency does not receive copies of the credit report or the CLUE report.

My agent has explained the C.L.U.E. processing procedure and to the best of my knowledge, the above information is correct.

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Insured's Signature

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Date