

S.C. Aegis Security Manufactured Home Quote Sheet

Date: _____ **Caller:** _____

1. Is the home covered now? **Yes** **No** (If unit has been uninsured over 30 days, have customer sign permission to check credit and fax to RPM: 1.800.313.0645 BEFORE completing application, NO coverage is bound).

Are you the titled owner? **Yes** **No** **Owner(s):** _____

2. Has the customer filed bankruptcy within the last 3 years? If Yes, risk is **UNACCEPTABLE**.

3. County: _____ **Territory:** _____

4. Is the home in the S.C. Wind & Hail Zone? _____ Cannot write if in Terr. 1. If the home is in Bearfort, Charleston, Colleton, Georgetown or Horry county, it must also be in the S.C. Wind and Hail zone to be eligible as New Business.

5. Year: _____ (_____ X _____) **Make:** _____ **Model:** _____

*If the home is over 20 years old (any age for rentals) or has been significantly modified, submit application with photos of front and back of home. *unless risk qualifies for the Vintage Program*

6. Purchase Date: _____ **Purchase Price:** _____ **Purchased:** **New** **Used**

7. Was land included with purchase: **Yes** **No** (We cannot include the price of the land with the limit we offer on the home - please account for this when determining the limit to write).

8. To determine the limit to offer on the home: Limit = \$ _____

A. If you have a bill of sale AND the home was purchased NEW -

Replacement Cost (unit 15 yrs old or newer) - Use purchase price or slightly **appreciate** the purchase price, call RPM for assistance

Actual Cash Value - depreciate the purchase price, call RPM for assistance

B. If there is NO bill of sale, or if the home was purchased used, find out what components/additions are included with the home (use the Checklist for Components form) and call RPM for the NADA value.

9. What program does the home qualify for?

- Multisectional:
- Manufactured as a double/triple-wide
- Actual Cash Value is \$25,000/greater
- Has a shingle/composition roof
- Underpinned/permanent foundation
- Home located on private property, which the insured is buying

- Full time residence of the Owner
- Has vinyl/hardboard siding
- Has no supplemental heating (factory fireplaces **do not disqualify** unit)

Is there a lienholder? _____

Age(s) of owner(s):
_____ & _____

- Owner Occupied: Preferred - 50 and older years of age Standard - Under 50 years of age
- Seasonal: Rental *(Photos of home required) Tenant (covers contents)

10. Is the home: In Park (or area with 25/more manufactured homes) Out of Park

11. Protection Class: Is the home in city limits? Yes No

If not in city limits, what is the name of the closest responding fire station? _____

Distance to the Fire Station is: 5 miles or less Greater than 5 miles

Distance to the Fire Hydrant is: 1000 feet or less Greater than 1000 feet

..... RATING				
Deductible Requested: \$				Financing
Coverages	Package Limits	Requested Limits	Premium	
M Home	\$	\$	\$	Down Payment \$
Adj. Structures	\$	\$	\$	# of Payments
Contents	\$	\$	\$	Payment Amount \$
Liability	\$	\$	\$	Told Customer
	\$	\$	\$	Must have Bill of Sale to write the requested limit
	\$	\$	\$	Need photos of front & back
	\$	\$	\$	Need Credit Report
	\$	\$	\$	Application must be submitted with photos, descriptions, etc.; NO COVERAGE IS BOUND
TOTAL PREMIUM			\$	