

AMERICAN BANKERS INSURANCE COMPANY OF FLORIDA

11222 Quail Roost Drive, Miami, FL 33157-6596 (305) 253-2244

Attn.: Mobilehome and RV Services

MOBILOWNERS APPLICATION

POLICY NUMBER

Policy Period: 12:01 a.m. Standard Time at the location of YOUR address below.

| POLICY INFORMATION | EFFECTIVE DATE | EXPIRATION DATE | TERM IN MONTHS | ACCOUNT NUMBER | | | |
|--|--|--|---|--|---|--|--|
| | | | | | | | |
| BILLING INFORMATION | AT TIME OF ISSUE | | | AT TIME OF RENEWAL | | | |
| | 1. <input type="checkbox"/> BILL INSURED _____ 4 pay _____ 6 pay _____ 8 pay DOWN PAYMENT ENCLOSED \$ _____ | 2. <input type="checkbox"/> TOTAL PREMIUM With Application AMOUNT ENCLOSED \$ _____ | 3. <input type="checkbox"/> BILL ACCOUNT 4. <input type="checkbox"/> BILL LIENHOLDER | 1. <input type="checkbox"/> BILL INSURED _____ 4 pay _____ 6 pay _____ 8 pay | 2. <input type="checkbox"/> BILL ACCOUNT | 3. <input type="checkbox"/> BILL LIENHOLDER | |
| INSURED NAME AND MAILING ADDRESS | AREA CODE & PHONE | | DATE OF BIRTH | | ADDITIONAL INSURED NAME AND MAILING ADDRESS | | |
| | | | / / | | AREA CODE & PHONE | | |
| | | | | | | DATE OF BIRTH | |
| | | | | | | / / | |
| LIENHOLDER NAME AND ADDRESS | | | | SELLING AGENT NAME AND ADDRESS | | | |
| | | | | | | | |
| LOAN NO. | | | | | | | |
| PRINCIPAL LOCATION OF YOUR HOME (if different than mailing address) | | | | | | | |
| DESCRIPTION OF HOME | MODEL YR. | LENGTH | WIDTH | SQUARE FOOT | | TRADE NAME & MODEL | |
| | | FT | FT | MODULAR | | | |
| | SERIAL NUMBER | | | PURCHASED | | PURCHASE PRICE | Fully Skirted |
| | SINGLE WIDE | DOUBLE WIDE/ MULTISECTIONAL | | MO. | YR. | \$ | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| RATING INFORMATION | PURPOSE OF USE | | | TERRITORY | County | | IS UNIT IN A PARK/ SUBDIVISION?(Must be over 25 units) |
| | <input type="checkbox"/> OWNER FULL TIME <input type="checkbox"/> SEASONAL <input type="checkbox"/> TENANT <input type="checkbox"/> RENTAL (Not available on Double Wide/Multisectional Tier) | | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | IS UNIT TIED DOWN? | DISCOUNT - SURCHARGE (MARK ALL THAT APPLY) | | | | | |
| | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> HARDSIDING DISCOUNT | <input type="checkbox"/> GYPSUM BOARD CREDIT | <input type="checkbox"/> EXPERIENCED OWNER CREDIT | <input type="checkbox"/> OLDER UNIT SURCHARGE | <input type="checkbox"/> OTHER _____ | |
| | <input type="checkbox"/> SINGLE WIDE TIER <input type="checkbox"/> DOUBLE WIDE/MULTISECTIONAL TIER <input type="checkbox"/> PHYSICAL DAMAGE | | | | | | |
| POLICY TYPE | <input type="checkbox"/> BROAD FORM <input type="checkbox"/> COMPREHENSIVE FORM | | | | | | |
| UNDERWRITING QUESTIONS | 1. Does the applicant currently own the home? (Answer 'no' if you are in the process of purchasing the home or will be purchasing the home in the future.) If yes, answer the following questions: | | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | a. Have you had two or more losses within the past three years involving theft, fire or water damage? | | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | b. Is the home in the process of foreclosure or repossession at the time of this application? | | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | c. Is the home vacant? (For the purpose of this question, a home is not considered vacant during the delivery and setup period.) | | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | 2. If the applicant answers yes to any of the following questions, the policy cannot be issued with comprehensive personal liability coverage: | | | | | | |
| a. Do you own an animal that has caused bodily injury to anyone in the past 3 years? (Virginia applicants are eligible for liability, but limited to \$25,000.) | | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| b. Do you have an unfenced pool? (Fence must be a minimum of 4 feet high and locked.) | | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| c. Do you have a pool with a diving board on the premises? | | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| 3. If the applicant answers yes to the following questions, a maximum limit of \$25,000 comprehensive personal liability coverage applies: | | | | | | | |
| a. Do you have a business (including day-care), which brings visitors to the premises? (Risks in Maryland with Day-care on the premises can be submitted to underwriting for a higher limit approval.) | | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| b. Is there a trampoline at the insured premises? | | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| 4. Does the home currently have any preexisting damage that has not been repaired? | | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| 5. Do you have a lienholder or mortgagee? If no, answer the following question: | | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| a. Is your home currently insured? | | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |

COVERAGES: THIS POLICY PROVIDES ONLY THE INSURANCE FOR WHICH A SPECIFIC PREMIUM CHARGE IS INDICATED BELOW OR WHICH IS INDICATED AS INCLUDED EITHER IN **YOUR** POLICY OR BELOW WITHOUT SPECIFIC CHARGES. DETAILED DESCRIPTIONS AND ANY LIMITATIONS OF COVERAGE WILL BE FOUND IN **YOUR** POLICY.

| BASIC COVERAGES | | | | ADDITIONAL PROTECTION & ENDORSEMENTS | | | | |
|--|---|------------------------------|--------------------------------|---|-----------------------------|--|------------------|----------|
| Limit of Liability | Coverage | Deductible | Premium | Coverage | | | Premium | |
| \$ _____ | Mobilehome | \$ _____ | \$ _____ | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Replacement Cost Coverage | \$ _____ | |
| \$ _____ | Adjacent Structures | \$ _____ | \$ _____ | | | Mobilehome & Adjacent Structures | | |
| \$ _____ | Personal Effects (Including Theft) | \$ _____ | \$ _____ | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Personal Effects Replacement Cost Coverage | \$ _____ | |
| \$ _____ | Personal Liability | \$ _____ | \$ _____ | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Outstanding Principal Balance | \$ _____ | |
| \$ _____ | Medical Payments Per Person/Per Occurrence | \$ _____ | \$ _____ | (CREDITS DO NOT APPLY TO THE FOLLOWING:) | | | | |
| \$ _____ | Damage to Property of Others Per Occurrence | \$ _____ | \$ _____ | | | | Policy Fee | \$ _____ |
| \$ _____ | Accidental Death & Dismemberment | \$ _____ | \$ _____ | | | | Catastrophe Fees | \$ _____ |
| | | | | | | | State Surcharge | \$ _____ |
| | | | | | | State / Municipal Tax | \$ _____ | |
| This area to be used to show additional endorsements and/or information. | | | | | | ADDITIONAL PREMIUM | \$ _____ | |
| | | | | | | TOTAL POLICY PREMIUM | \$ _____ | |
| WIND DEDUCTIBLE | HAIL DEDUCTIBLE | EARTHQUAKE DEDUCTIBLE | FLOOD/RISING WATER DED. | RATE BOOK ID | | | | |
| \$ _____ | \$ _____ | \$ _____ | \$ _____ | | | | | |

FRAUD NOTICE

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 may subject such person to criminal and substantial civil penalties.
(Applicable in AR, ME, NY, OH, TN)

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

Kentucky: Any person who knowingly and with intent to defraud any insurance company, or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commit a fraudulent insurance act, which is a crime.

Louisiana: 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 and may be subject to fines and confinement in prison.

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

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico: 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 and may be subject to civil fines and criminal penalties.

Oregon: 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, may be guilty of committing insurance fraud, and may subject such person to criminal and/or substantial civil penalties.

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 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.

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

Washington, D.C.: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

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 include imprisonment, fines, and denial of insurance benefits.

| | | |
|--|---------------------------|-------------------------|
| INSURED'S SIGNATURE X | INSURED NAME | DATE / / |
| AGENT SIGNATURE/LICENSE NUMBER X | POLICY NUMBER | TELEPHONE NUMBER () |
| PRINT AGENT NAME | AUTHORIZED REPRESENTATIVE | |

DISCLOSURE OF INFORMATION CONCERNING MY INSURANCE PURCHASE

APPLICANT NAME

Agency Code No.

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

I understand that:

1. The Coverages, amounts and the Total Premium listed on my insurance application have been reviewed by me. I agree that they meet my present insurance needs. I understand that I may choose Coverages and amounts in excess of the requirements of my loan.
2. I may purchase insurance from any agent or insurance company to satisfy the insurance requirements of my loan contract. I have elected to purchase my insurance from American Bankers Insurance Company of Florida through the agent signing on the bottom of this form.
3. I am paying the premium for this policy. I have not been offered any free coverage. If I choose to finance the policy premium, my lender will pay it and add the premium cost to my loan. I will repay the premium to the lender, plus interest, over the life of my loan. This will increase my monthly payment throughout the entire life of my loan.
4. My insurance needs may change over time. It is my responsibility to review my policy from time-to-time to make sure that I have the Coverages and amount of insurance that I want and need. I may contact my agent or American Bankers Insurance Company of Florida to change the Coverages or amounts. American Bankers Insurance Company of Florida will process Coverage or amount changes subject to its normal underwriting review.
5. Licensed agents, agencies and/or service providers, including my lender, will receive compensation from the sale of this policy to me. This compensation will be paid out of premium.
6. If I no longer want this policy, it may be canceled by notifying my agent or American Bankers Insurance Company of Florida in writing. The cost of the insurance for the period the policy was in effect will be deducted prior to the unearned premium being refunded or credited to my loan balance if I finance the premium. If I finance my home and cancel this policy, the loan agreement still requires me to maintain insurance coverage. If I cancel this policy, I must replace it with other insurance acceptable to my lender. If I fail to maintain insurance required by my loan agreement, my lender may buy insurance for me and charge me for the insurance premium.

I acknowledge that I have read and understand the above items and have voluntarily chosen to sign this document.

| | |
|-------------------------------|-------------|
| BUYER'S SIGNATURE X | DATE / / |
|-------------------------------|-------------|

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|----------------------------------|-------------|
| CO-BUYER'S SIGNATURE X | DATE / / |
|----------------------------------|-------------|

I certify that I have discussed with the Buyer and the Co-Buyer the terms of the insurance transaction, including the issues addressed in the disclosures above.

| | |
|---|-------------|
| INSURANCE AGENT'S SIGNATURE X | DATE / / |
|---|-------------|