

Mobile Home or Manufactured Home Supplement

Insured: _____ **Policy #** _____ **Date** _____

Location # _____ Building # _____

Owner Occupied Tenant Occupied Farm Manager Employee Vacant Other _____

Building Use	Purchase Price New	Manufacturer Name	Year of Construction
<input type="checkbox"/> Dwelling <input type="checkbox"/> Storage <input type="checkbox"/> Office <input type="checkbox"/> Other	\$ _____	Dimensions: Excl hitch _____	

Quality of Construction	Siding Material: _____
<input type="checkbox"/> Basic or Economy <input type="checkbox"/> Average or Standard <input type="checkbox"/> Above Average or Houselike	Skirting Material: _____

<input type="checkbox"/> Single Wide <input type="checkbox"/> Double Wide <input type="checkbox"/> Triple Wide <input type="checkbox"/> Travel Trailer	Pitched Roof? <input type="checkbox"/> Yes <input type="checkbox"/> No
Permanent Foundation? <input type="checkbox"/> Yes <input type="checkbox"/> None	Number of Piers: _____
<input type="checkbox"/> Concrete Slab <input type="checkbox"/> Brick <input type="checkbox"/> Concrete Blocks	Is structure tied to a permanent foundation? <input type="checkbox"/> Yes <input type="checkbox"/> No

Porch <input type="checkbox"/> Yes <input type="checkbox"/> No _____ sq ft Deck <input type="checkbox"/> Yes <input type="checkbox"/> No _____ sq ft Steps <input type="checkbox"/> Yes <input type="checkbox"/> No Construction _____ Condition _____ Hand Rail <input type="checkbox"/> Yes <input type="checkbox"/> No Type _____	Any Updates? <input type="checkbox"/> Yes <input type="checkbox"/> No Please provide dates: Heating _____ Plumbing _____ Roofing _____ Wiring _____	Roof Covering: <input type="checkbox"/> Comp/Shingle <input type="checkbox"/> Metal <input type="checkbox"/> Other Condition: <input type="checkbox"/> New <input type="checkbox"/> Average <input type="checkbox"/> Patched <input type="checkbox"/> Worn
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Any Room Additions? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has building been remodeled <input type="checkbox"/> Yes <input type="checkbox"/> No	Renovation Date: _____
<input type="checkbox"/> Conventional Construction <input type="checkbox"/> Economy <input type="checkbox"/> Average <input type="checkbox"/> Good	Square footage _____	
<input type="checkbox"/> Slide-Out Expandable <input type="checkbox"/> Economy <input type="checkbox"/> Average <input type="checkbox"/> Good	Square footage _____	
<input type="checkbox"/> Tip Out <input type="checkbox"/> Economy <input type="checkbox"/> Average <input type="checkbox"/> Good	Square footage _____	

Heating	Air Conditioning	Fireplace? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Gas: <input type="checkbox"/> Natural <input type="checkbox"/> LP <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Wood Stove <input type="checkbox"/> Other	<input type="checkbox"/> None <input type="checkbox"/> Central <input type="checkbox"/> Evaporative <input type="checkbox"/> Window/Wall	<input type="checkbox"/> Freestanding <input type="checkbox"/> Stove

Wiring <input type="checkbox"/> None <input type="checkbox"/> Safe <input type="checkbox"/> Poor* <input type="checkbox"/> Open Splices* <input type="checkbox"/> Over fused*	* Explain in narrative
Type: <input type="checkbox"/> Conduit <input type="checkbox"/> Romex <input type="checkbox"/> Other* _____	Protection: <input type="checkbox"/> Circuit Breakers <input type="checkbox"/> Fuses
Extension Cords / Multi-tap Outlets? <input type="checkbox"/> Yes* <input type="checkbox"/> No	Any temporary wiring? <input type="checkbox"/> Yes* <input type="checkbox"/> No

Fire Detection system? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Smoke Detector <input type="checkbox"/> Battery <input type="checkbox"/> Hard Wired <input type="checkbox"/> Local Alarm <input type="checkbox"/> Central Station Central Alarm service contract? <input type="checkbox"/> Yes <input type="checkbox"/> No Sprinkler System? <input type="checkbox"/> Yes <input type="checkbox"/> No	Extinguishers <input type="checkbox"/> ABC <input type="checkbox"/> BC/Dry Chemical <input type="checkbox"/> Carbon Dioxide Adequate Number? <input type="checkbox"/> Yes <input type="checkbox"/> No Off the floor? <input type="checkbox"/> Yes <input type="checkbox"/> No Accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No Service Tag Date Current? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Comments: