



Quaker Special Risk

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51 Harvard Street
Worcester, Massachusetts 01609
(508) 755-6210 • FAX (508) 753-0646 • (800) 252-8679
www.quakerma.com

AGENCY NAME	SUBPRODUCER NAME
ADDRESS	ADDRESS
CITY/STATE/ZIP	CITY/STATE/ZIP

APPLICANT INFORMATION

LAST NAME	FIRST	MIDDLE INITIAL	HOME PHONE ()		
			WORK PHONE ()		
			E-mail Address		
MAILING ADDRESS		CITY	STATE	ZIP	COUNTY
DATE OF BIRTH	OCCUPATION	MARITAL STATUS	SOCIAL SECURITY NUMBER		
CO-APPLICANT'S LAST NAME	FIRST	MIDDLE INITIAL	SOCIAL SECURITY NUMBER		DATE OF BIRTH
LOCATION OF HOME		CITY	STATE	ZIP	COUNTY
PARK / COMMUNITY NAME WHERE HOME IS LOCATED			LOT #		
	EFFECTIVE DATE	EXPIRATION DATE	MONTHS		

MORTGAGEE/LIENHOLDER/LOSS PAYEE ☐ (Mark box for additional Mortgagee and show in "Remarks" on back of application.)

NAME	ACCT./LOAN #		
ADDRESS	CITY	STATE	ZIP

DESCRIPTION OF HOME

YEAR	MAKE / MODEL	SERIAL NUMBER	LENGTH	WIDTH
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PHYSICAL CHARACTERISTICS

HOW IS THE HOME USED?

☐ Primary Residence (Owner Occupied)
☐ Seasonal Residence (Owner Occupied)
☐ Rental
☐ Commercial
☐ Tenant

How many miles is home from Fire Dept.? _____

LOCATION

Is the home located in a park with:

<input type="checkbox"/> 25 or Less Spaces	<input type="checkbox"/> 101 or More
<input type="checkbox"/> 26 - 50	<input type="checkbox"/> Not in Park, on Private Property
<input type="checkbox"/> 51 - 100	<input type="checkbox"/> Unknown

	YES	NO
Is home on permanent foundation	<input type="checkbox"/>	<input type="checkbox"/>
Is land owned by client?	<input type="checkbox"/>	<input type="checkbox"/>
Does home have a composite roof?	<input type="checkbox"/>	<input type="checkbox"/>
Does home have protective siding?	<input type="checkbox"/>	<input type="checkbox"/>
Is the home located inside city limits?	<input type="checkbox"/>	<input type="checkbox"/>
Is home tied down?	<input type="checkbox"/>	<input type="checkbox"/>
Has the home been previously titled?	<input type="checkbox"/>	<input type="checkbox"/>
Is the risk a modular home?	<input type="checkbox"/>	<input type="checkbox"/>

PURCHASE DATE	PURCHASE PRICE (Excluding land, if applicable)	Dwelling Limit \$ _____
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As part of our underwriting process, we may order consumer reports relating to loss and credit history. Upon request, we will provide you with name, address and telephone number of the third party consumer-reporting agency from which we obtain such reports. *Does the applicant give us permission to run reports as part of our underwriting process? Yes - No

	Limit of Liability	Premium
Dwelling (Incl. Attached Structures)	\$ _____	\$ _____
Personal Property	\$ _____	\$ _____
Adjacent / Other Structures	\$ _____	\$ _____
Personal Liability / Premises Liability	\$ _____	\$ _____
Deductible	\$ _____	\$ _____
Earthquake	\$ _____	\$ _____
Builders Risk	\$ _____	\$ _____
Water Backup of Sewers or Drains	\$ _____	\$ _____
Identity Fraud Expense	\$ _____	\$ _____
Fuel Oil Spill Property Remediation	\$ _____	\$ _____
Increased Radio & TV Antenna	\$ _____	\$ _____
TOTAL PREMIUM		\$ _____

DIRECT BILL INFORMATION

ECHECK	Credit card	Money Order	Business check
Initial Payment Amount (\$):	Initial Payment Amount (\$):	Initial Payment Amount (\$):	Initial Payment Amount (\$):
Routing Number:	Name as it appears on the credit card:	Money Order Number:	Check Number:
Account Number:	ZIP/Postal Code of the Credit Card billing address:	*Mail payment to:	*Mail payment to
Re-Enter Account Number:	Credit Card Type (visa/mastercard):	American Reliable Insurance Company	American Reliable Insurance Co
	Credit Card #:	PO Box 4096	PO Box 4096
	Expiration Date (mm/yyyy):	Scottsdale, AZ 85261	Scottsdale, AZ 85261
	CCID Number:		

UNDERWRITING QUESTIONS All questions must be answered. (Explain any YES answers in "Remarks" below.)

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Does the home have a supplemental heating device? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does the applicant own any large, unusual, or vicious animals? (includes pitbulls, rottweilers, dobermans, chows, wolf hybrids, any exotic animals) | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is home located on an island, or within 1000 ft. of a seacoast or river? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are there any attached or unattached structures on the premises? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is income derived from a commercial, farming or business operation on the premises? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is the home located on a site with prior occurrences of brush fires, flooding or landslides? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Has the applicant had two or more fire, theft, liability, and/or flood losses, in any combination, in the last three years? | <input type="checkbox"/> | <input type="checkbox"/> |

LOSS HISTORY - MUST LIST ALL OF APPLICANT'S LOSSES FOR THE LAST THREE YEARS.

Date of Loss	Cause	Description (If none, write "None")	Amount of Loss
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has the applicant been continuously insured with another carrier for the past 36 months with no claims and no lapse in coverage? (If yes, please include copy of prior term declaration page with your bind request.) Yes No

Does the applicant currently have property insurance? Yes No

Previous Policy Expiration Date: _____

Prior Insurer Name: _____

Employment status: _____

Employer name: _____

Has the applicant been convicted of arson or insurance fraud? Yes No

Does the home have permanently installed water, electricity and sewage utility services? Yes No

Has the home been salvaged or does it have any existing structural damage? Yes No

Is the home vacant or under construction/major renovation? Yes No

Is the home in foreclosure? Yes No

Are there liquid fuel-powered space heaters or any heat reclaiming devices in the home? Yes No

Is the home's primary source of heat a wood/coal/pellet burning device? Yes No

Does the home have other structures or garages with a wood/coal/pellet burning device? Yes No

Does the home have polybutelene pipes? Yes No

Are explosive or flammable materials stored on the premises? Yes No

Is brush clearance more than 100 feet around the home? Yes No

Is there any childcare, homecare, lodging, auto repair and/or chemical processing conducted on the premises? Yes No

Does the applicant (or tenant if tenant occupied) own, keep, or shelter any animal with a previous bite history or any non-domestic animals? Yes No

Has the applicant had a manufactured home /dwelling policy cancelled or non-renewed for underwriting reasons (except age of unit) during the past 36 months? Yes No

Has the applicant filed for bankruptcy in the past 36 months? Yes No

Has the applicant been 30 days past due on mortgage payments in the last 12 months? Yes No

Is the home built on stilts, posts or piers? Yes No

Does the home have permanently installed steps and handrails, if 3 or more steps, on all entrances? Yes No

Is the home located within 1,500 feet of water (river or creek) or on an island? Yes No

Are there multiple horses, livestock or farm animals on the premises? Yes No

Is there a dock, pier or boat house on the premises? Yes No

Is the Home on 5 or more acres? Yes No

Is the home comprised of two separate manufactured homes that are joined together? Yes No

Does the premises have a swimming pool or spa that does not have a four-foot fence with a self-latching gate, motorized pool cover, or other comparable safety device that is securely fastened to the perimeter of the pool/spa thus rendering it inaccessible? Yes No

Does the home have awnings? If yes, what type of Awnings? Yes No

Type of roof? _____

Primary heat source? _____

Please indicate if you are interested in any of the following enhancements for additional premium:

Increased Fire Department Service Charge: Yes No

Golf Cart: Yes No

Scheduled Personal Property: Yes No

Liability Extended to an Additional Residence Premises: Yes No

Buyer's Signature _____ Date _____

Co-Buyer's Signature _____ 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 _____ Date _____