



Ranchers & Farmers
Mutual Insurance Co.

Ranchers & Farmers
Insurance Co.



GENERAL AGENCY
P.O. BOX 1010
EULESS, TEXAS 76039
TELEPHONE 817/283-8862
TOLL FREE 800-888-3008
FAX 800-358-9446

Date faxed to LGA: _____
Will Original Follow? Yes No
DO NOT COMPLETE
AGENT NO. _____
AMT. REC. _____
APP. No. _____

MANUFACTURED DWELLING PROGRAM APPLICATION

ISSUE POLICY TO (Please Print):

LIENHOLDER: _____ Loan No. _____

NAME		
ADDRESS		
CITY	STATE	ZIP
COUNTY	TERRITORY	
HOME PHONE	WORK PHONE	
Applicant's Social Security No.	Applicant's Date of Birth	Age
Park Name and Address or Location of Manufactured Dwelling		
PAY ALL INSURANCE PROCEEDS TO: LONGHORN GENERAL AGENCY, INC. P. O. BOX 1010 EULESS, TEXAS 76039 TOLL FREE 800-888-3008		

NAME		
ADDRESS		
CITY	STATE	ZIP
MANUFACTURED DWELLING USE AND OTHER INFORMATION		
Owner Residence <input type="checkbox"/>	Is Unit Occupied?	Yes _____ No _____
Seasonal Residence <input type="checkbox"/>	Woodburning Fireplace?	Yes _____ No _____
Rental Residence <input type="checkbox"/>	Unit Tied Down?	Yes _____ No _____
Over 10 Yrs. or Older <input type="checkbox"/>	Wood/Masonite or Vinyl Siding	Yes _____ No _____
*Apply Appropriate Surcharge	Mfg. Dwelling Park or Subdv. With 25 or More Spaces or in City Limits	Yes _____ No _____
	Skirted	Yes _____ No _____
Regular <input type="checkbox"/>		*COVERAGE BOUND: <input type="checkbox"/> Yes <input type="checkbox"/> No *See reverse side of application.
Hardboard <input type="checkbox"/>		
Senior <input type="checkbox"/>		
Multi-Section <input type="checkbox"/>		

Description of Manufactured Dwelling: The manufactured dwelling referred to is described as follows:

YEAR	LGTH X WIDTH	MANUFACTURER (MAKE)	SERIAL NO.	PURCHASE PRICE	PURCHASE MO YR	Dwelling Limit (Excluding Land)
						\$

POLICY PERIOD: Months From _____ To _____ **12:01 a.m. Standard Time at address of named insured stated above.**

TERRITORY: _____ **COVERAGES:** Provided only where a specific premium or the word "Included" is shown below.

MANUFACTURED DWELLING PROTECTION		LIMITS OF LIABILITY	PREMIUM
Dwelling Coverage	\$500 Deductible (Except Territory 8 -\$1000)	\$	\$
Personal Effects Coverage	\$500 Deductible (Except Territory 8 -\$1000)	\$	\$
Adjacent Structures Coverage	\$500 Deductible (Except Territory 8 -\$1000)	\$	\$

L	W	List Adjacent Structures Separately	Purchased/Built		VALUES
			Month	Year	
					\$
					\$

Collision protection (including upset) \$500 Deductible (Except Territory 8 -\$1000)
 Trip only 30 days commencing

Endorsements	\$
Manufactured Dwelling Replacement Cost	\$
PE Replacement Cost	\$
Flood \$500 Deductible (Except Territory 8 -\$1000)	\$

Scheduled Property Value	Scheduled Property Premium	SURCHARGE / CREDIT PREMIUM +/-	
Older Home Surcharge			\$
		POLICY FEE	\$
TOTAL OF DWELLING, PERSONAL EFFECTS & ADJACENT STRUCTURES PREMIUM			\$

NEW BUSINESS BILL TO: Agent Insured Lienholder **UPON RENEWAL BILL TO:** Agent Insured Lienholder

- I hereby declare to the best of my knowledge and belief that all the statements contained in this application are true, and that all statements contained in this application are true, and that these statements are offered as an inducement to the Company to issue the policy for which I am applying.
- I have read and understand the Ballot Statement and the Fair Credit Reporting Act Notice on the back of this application. I am in agreement with the terms therein.
- The coverages I desire are shown above.

SIGNATURE OF APPLICANT X _____ **DATE** _____

AGENT	
NAME	
Street Address	
City, State, Zip Code	
AGENT CODE NO.	
AGENT SIGNATURE	

Ranchers & Farmers Insurance Co., Beaumont, TX – Comprehensive Personal Liability Coverage		
NOTE: In order to write Comprehensive Personal Liability, you must hold a Full Lines Property & Casualty license. For CPL quotes contact: Longhorn General Agency, Inc. at 800-888-3008.		
	LIMIT	PREMIUM
A. Personal Liability – Limit Stated is per occurrence	\$	\$
B. Medical Payments – per occurrence	\$	\$
C. Physical Damage to Property – per occurrence	\$	\$
TOTAL CPL PREMIUM		\$

TOTAL ALL PREMIUMS AND FEES: \$ _____

RATING QUESTIONS

Please answer the following questions. (Your answers may affect your premium amount or program eligibility.)

1.	Is your manufactured dwelling currently occupied?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
2.	Is your manufactured dwelling in an area prone to flooding?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
3.	Is your manufactured dwelling currently insured?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
4.	Have you had any claims on your manufactured dwelling in the last three (3) years?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
5.	Do you conduct any full or part time business or farming at your home?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
6.	Do you have any animals or livestock on your property?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
7.	Do you have a swimming pool on your property?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>

If you answered YES to question 2, 3, 4, 5, 6 or 7, please provide explanations:

BINDER PROVISION: If this application indicates coverage is bound, then such insurance as is afforded by this binder is subject to the declarations, conditions, exclusions and other items of the applicable policy form as is used by the Company in the state where the risk is located. The binder shall terminate automatically at the earliest of (1) 30 days from the effective date, (2) immediately on notice of cancellation by the named insured or the company, or (3) on its effective date if replaced by a policy with an effective date the same date as that of the binder. If this binder is not replaced by a policy, a premium shall be charged for the period the binder is in effect. See agency contract for special binding authority.

NOTICE

The normal procedure used by the company to evaluate applications may include obtaining an investigative consumer or credit report involving information on such things as character, general reputation, personal characteristics and mode of living. Information on the nature and scope of such a report, if one is made, will be given to you upon request.

I apply to Ranchers and Farmers Mutual Insurance Company for membership and for insurance on the described property on the basis of statements and descriptions herein contained which I represent to be true and correct. I agree to comply with the Company's By-Laws which shall form a part of my policy.

BALLOT

In accordance with the By-Laws of Ranchers and Farmers Mutual Insurance Company, I cast my vote at the Annual Policyholder's Meeting for the following candidates for Director: annual meetings in 2002 and 2005 for Donald E. Deckard and Ted E. Moor, III; annual meetings 2003 and 2006 for Vivian R. Hulsopple and Donald McGregor; annual meetings 2004 and 2007 for Wesley W. Shipley and Ted Moor, Jr.

Member's Signature X _____ Date _____

FAIR CREDIT REPORTING ACT

This notice is given in compliance with the Federal Fair Credit Reporting Act (Public Law #91-508). As part of our underwriting procedure, a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made will be provided.