

Payment Method: ___ Full Payment Direct Bill (Check Attached) ___ Direct Bill – 25% Down + \$5.00 Service Charge

APPLICANT'S INFORMATION			
Name		Territory	
Address			
City	County	State	Zip
Location of Unit (If different than above (Give Directions if Rural))			

AGENCY INFORMATION	
Producer No.	Quote No.
Name	
Address	
City	State Zip

POLICY TERM

RENEWAL OF POLICY NUMBER

Fax General Agent to Bind: Otherwise, Coverage is Bound 12:01 A.M. the Day After Postmark FROM: TO:	
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LIENHOLDER

Name			
Address	City	State	Zip

\$250 DEDUCTIBLE

New Policy <input type="checkbox"/>	Claim-Free Renewal <input type="checkbox"/>	Wood Burning Fireplace Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, Factory Installed? Yes <input type="checkbox"/> No <input type="checkbox"/>	Wood Masonite Or Vinyl Siding Yes <input type="checkbox"/> No <input type="checkbox"/>	MH Park W/Ten Or More Spaces Yes <input type="checkbox"/> No <input type="checkbox"/>	Only Residences On Premises Yes <input type="checkbox"/> No <input type="checkbox"/>	Within City Limit W/PPC Rating of 1-8 Yes <input type="checkbox"/> No <input type="checkbox"/>	Within 1,000 FT Of Fireplug Yes <input type="checkbox"/> No <input type="checkbox"/>
Check Rating Symbol		Unoccupied For Over 30 Days at a Time Yes <input type="checkbox"/> No <input type="checkbox"/>	Is Risk Comprised of Two or More Complete Units Yes <input type="checkbox"/> No <input type="checkbox"/>		Have You Had Any Claims During The Past 3 Years? Yes <input type="checkbox"/> No <input type="checkbox"/>			
<input type="checkbox"/> Package <input type="checkbox"/> Merit <input type="checkbox"/> Principal				If Yes, Please Attach Separate Page With Details Including Date, Type and Amount of Loss.				
<input type="checkbox"/> By-Line <input type="checkbox"/> Select <input type="checkbox"/> Seasonal Tie Downs Used Yes <input type="checkbox"/> No <input type="checkbox"/>								

Description of Mobile Home & Facts Respecting Its Purchase By the Insured					Purchased by Insured		Purchase Price	Rating Base
Year	Make	Model	Serial Number	LxW	Month	Year	New/Used	
Adjacent Structures (Awnings, Shelters, Cabanas, Porches, Water Pumps, and Air Conditioners Attached)								
Description		Size	Cost/Value	Description		Size	Cost/Value	

Section A – Mobileowners Policy – Declarations	Limit of Liability	Premium
Comprehensive on Mobile Homes	\$	\$
Adjacent Structures	\$	\$
Personal Effects Protection	\$	\$
Add 30 Day Trip Collision <input type="checkbox"/>	\$	\$
Add Vendor's Single Interest <input type="checkbox"/>		
	Total Premium	\$

Section B – Personal Theft Policy	Limit of Liability	Premium
(A) Jewelry & Furs (Maximum \$500)	\$	
(B) All Other Property (subject to a limit of \$100 on money and \$500 on securities)	\$	
Total Limit	\$	\$

Section C – General Liability Policy	Limits of Liability	Premium
Personal Liability	\$ 50,000/100,000 each occurrence	
	\$ 1,000 each person	
Personal Medical Payments	\$ 25,000 each occurrence	\$
Physical Damage to Property	\$ 250 each occurrence	
Policy Fee		\$
	Total of All Premiums	\$

I hereby make application for insurance to the San Antonio Indemnity Company. I hereby appoint the President and Secretary of the Company, or their successors in office, with full power in either to appoint or substitute, to be the undersigned's lawful proxy and attorney in fact, and said attorney is hereby authorized and empowered to attend any policyholder meeting, or any adjournment or adjournments thereof, and to represent, vote and otherwise act for the undersigned in the same manner and with the same effect as if the undersigned were personally present. This proxy shall continue in force for the full period of the policy and any renewal thereof, unless sooner revoked in writing and shall be irrevocable for the full period permitted by law. I agree to be governed by the provisions of Chapter 912, Texas Insurance Code.

Date _____ Signature of Applicant _____