

WRC AGENCY

P.O. Box 7988, Madison, Wisconsin 53707-7988
 (608) 242-4519 or (800) 329-7020 Fax: (608) 442-5029 www.wrcagency.com

Mobile Home Quote Form

1st Auto Agent

Lead Referral

Mutual Agent

****Please note that the accuracy of our quote(s) provided to you is only as accurate as the information that you have provided to our agency.**

Client Name (Including M.I.)		Mutual	
Mailing Address		Agency	
How long at Address?		Agent	
Prior Address (If less than 3 years)		Agent Phone #	
Client County		Agent E-mail	
Client Phone #		Client E-mail	

Is the mailing address the same as the location address?	
If not, please list the location address:	

HOUSEHOLD INFORMATION

	Household Members (List all age 15 & over)	Sex	Marital Status	Relation to Insured	Date of Birth	SR-22 Needed	Social Security #
1.							
2.							
3.							
4.							

CLAIM INFORMATION

	Driver Name	Claims/Accidents/Violations within the past 5 years & Date of Loss	Claim Amount
1.			
2.			
3.			
4.			

PRIOR INSURANCE INFORMATION

Current Insurance Company:	Number of years with the company:	Policy Period:	Premium:
Please list other companies already quoted with: 			

HOME DESCRIPTION

Usage:	
Total number of Occupants:	
Model Year:	
Description	
Make:	
Model:	
Length:	
Width:	
Home Value:	
Serial Number:	
Purchase Date:	
Roofing Material:	
Age of Roofing Material:	
Year of Roof Replacement:	
Siding Material:	
Has siding been replaced?	
Type of Siding Replacement:	
Year of Siding Replacement:	
Is there a Wood Stove or Fireplace?	
If yes, how was it installed?	
Is the home tied down?	

PROPERTY INFORMATION

Is the property vacant?	
Is the property for sale?	
Are there any dangerous or exotic pets or farm animals?	
If so, please list:	
Is it located in a Mobile Home Park?	
If so, please list the name of the Mobile Home Park:	
Does the home have a basement?	
Is the home located on a farm property?	
If so, is it covered by other insurance? (Please specify)	
Is there a swimming pool?	
If so, is it fenced in?	
Is there a Lien Holder?	
If so, please list:	

UTILITY INFORMATION

Number of Heat Sources?	
Is there Central Heat?	
Auxiliary Heat Source:	
UL or ICBO approved?	
Chimney Masonry or UL Material?	
Does Chimney extend 3 feet from nearest roof?	
Has Chimney been professionally cleaned?	
If so, when?	

COVERAGES

Mobile Home & Other Structures Settlement Option:	
Mobile Home & Other Structures Deductible	
Other Structures Value:	
Personal Property Settlement Option:	
Personal Property Value:	
Scheduled Personal Property Value:	
Additional Living Expense:	
Personal Liability (Per Occurrence):	
Property Damage:	
Medical Payments (Per Occurrence):	

OPTIONAL COVERAGE

Please list any additional coverage that the client may be interested in along with a detailed description and amount. (Example: Wind/Hail, Earthquake, Personal Injury, Water Damage, etc...)

I have read the following paragraph to the applicant and they have given permission to continue:

The companies used by the WRC Agency collect information from credit history and loss reports for rating purposes. This information is shared only with the companies in which we quote. Do we have permission to order this information and provide you with proposal for coverage?

Agent Signature (Required)	Permission Given By: (Required)	Date: (Required)

Please list additional information if it was not stated above: