

# MOBILE HOME CERTIFICATE

CERTIFICATE NO. \_\_\_\_\_

NEW \_\_\_\_\_  
 RENEWAL \_\_\_\_\_

NAMED INSURED/MAILING ADDRESS

LIENHOLDER: (Name and Address)

POLICY PERIOD  
 EFFECTIVE DATE:  
 EXPIRATION DATE:  
 AT 12:01 A.M. STANDARD TIME AT THE LOCATION OF THE RESIDENCE PREMISES/DWELLING

Year	Make	Serial Number	Length	Width	New	Used	Protection Class:
------	------	---------------	--------	-------	-----	------	-------------------

COVERAGES	LIMITS OF LIABILITY	PREMIUM
SECTION I - PROPERTY		
MOBILE HOME	\$	\$
ADJACENT STRUCTURES	\$	\$
PERSONAL EFFECTS	\$	\$
LOSS OF USE	\$	\$
SECTION II - LIABILITY		
PERSONAL LIABILITY	\$	\$
(EACH OCCURRENCE)		
MEDICAL PAYMENTS TO OTHERS	\$	\$
(EACH PERSON)		
BASIC PREMIUM		\$

Forms and Endorsements made part of this policy at time of issue:

DEDUCTIBLES	AMOUNT OF DEDUCTIBLE	DEDUCTIBLE PREMIUM
SECTION I:	\$	\$ INCLUDED
HURRICANE DEDUCTIBLE:	\$	\$ INCLUDED
TOTAL POLICY PREMIUM		\$

DEC-2

AGENT:  
 AGENCY AT \_\_\_\_\_

OTHER COVERAGES, LIMITS AND EXCLUSIONS APPLY - REFER TO YOUR POLICY