



Yancy Insurance & Financial Services

AGENT: Yancy Insurance & Financial Services
2019 E Lamar Blvd, Suite 100
Arlington, TX 76006
817-277-6100 Phone
817-261-7514 Fax

Mobile Home Insurance

Applicant's Name: _____
Mailing Address: _____
City/State/Zip: _____
Email Address: _____
County: _____

PROPOSED EFFECTIVE DATE:
From _____ To _____
12:01 A.M. Standard Time at the address of the Applicant
Phone: _____
Fax: _____

CURRENT INSURANCE INFORMATION

Company Name (not agency): _____ Expiration Date: _____ Years insured: _____
Premium Amount: \$ _____ Term: 6 Months 1 Year Other _____ Amount Insured For: \$ _____
Prior Losses in last 3 years (include description, date & amount): _____

MOBILE HOME INFORMATION

Year: _____ Make: _____ Model: _____
How is mobile home used? Primary Home Secondary Tenant Serial Number: _____
Length: _____ Width: _____ Is it a modular home? Yes No
Date of Purchase: _____ Purchase Price: \$ _____
Mobile Home in a Park? Yes No Lot Number _____ Park Number _____
Do you own the land where home located? Yes No Inside city limits? Yes No
Type of Siding: _____
Wood-burning stove? Yes No
Fireplace? Yes No
Home Tied Down? Yes No
Skirted? Yes No

COVERAGE

Current Value (excluding land): \$ _____
Value of Adjacent Structures (detached garage, etc.): \$ _____
Personal Articles: \$ _____

Please give any additional comments you feel appropriate for this quotation. If you have additional information where there was not enough room above, please enter them here. _____

Applicant's Signature _____ Date: _____