



MANUFACTURED HOME INSURANCE APPLICATION

TO ACTIVATE YOUR HOMEOWNER'S INSURANCE, YOU MUST COMPLETE THIS FORM AND FAX OR EMAIL TO PAL INSURANCE BROKERS 3 DAYS PRIOR TO POSSESSION.

There is no insurance in place on your home until you receive confirmation by telephone from PAL.

APPLICANT:

Name: _____
Address: _____
Date of Birth: _____
Postal Code: _____
Telephone: _____
Daytime Telephone: _____
Street address of where home will be placed: _____

LEGAL ADDRESS:

(WHERE HOME WILL BE PLACED)

Lot: _____
Block: _____
Plan #: _____
Other: _____

POSSESSION DATE OF HOME: _____

NAME AND ADDRESS OF PAYEE: (MORTGAGE HOLDER)

Bank Name: _____
Address: _____
Postal Code: _____

LOSS HISTORY:

Any property claims in the last 5 yrs? _____
If yes, cause and amount paid _____
Have you ever been cancelled, or refused insurance coverage in past 5 years? _____

LAST INSURANCE POLICY:

Insurance Carrier's Name: _____
Policy Number: _____

HOME DETAILS:

Model Year: _____, Size _____ X _____, Model _____ Serial Number _____
Will this be your primary residence? _____
What is the primary heating? _____ (Natural gas, oil, electric or wood)
Purchase price of home (Including GST, skirting, foundation and any additions) \$ _____
Does the above price include land purchase? _____
If yes, how much is the land valued at? _____
Is the unit within 300m of a fire hydrant? _____, if not, what is the distance to the closest fire hall? _____ km.

THIS FORM MAY BE FAXED TO 403.265.3907, SENT BY EMAIL TO SRI@PALCANADA.COM OR BY CANADA POST TO PAL INSURANCE BROKERS.



PAL Insurance Brokers Ltd.
Suite 400, 1400 1st St SW
Calgary, AB T2R 0V8
1.877.261.3903