



Mobile Home Insurance Quote

Henslee Insurance Agency, Inc.

Date \_\_\_\_\_ Phone# \_\_\_\_\_ E-Mail \_\_\_\_\_

1st Named Insured: \_\_\_\_\_

DOB: \_\_\_\_\_ Social Security # \_\_\_\_\_

2nd Named Insured: \_\_\_\_\_

DOB: \_\_\_\_\_ Social Security # \_\_\_\_\_

Address including county and zip code:

\_\_\_\_\_

Inside or outside the city limits: \_\_\_\_\_

Is home in a park or community \_\_\_\_\_ Name of park/community \_\_\_\_\_

Year Built: \_\_\_\_\_ Width \_\_\_\_\_ Length \_\_\_\_\_ Serial# \_\_\_\_\_  
Single wide or multi wide \_\_\_\_\_

Make/Model \_\_\_\_\_ Date of purchase \_\_\_\_\_

Total purchase price \_\_\_\_\_ Home purchase price \_\_\_\_\_

Land purchase price \_\_\_\_\_ Coverage amount requested \_\_\_\_\_

Replacement cost or Actual cash value \_\_\_\_\_

Does home have an alarm \_\_\_\_\_ Smoke alarm \_\_\_\_\_ Deadbolts \_\_\_\_\_ Fire Ext \_\_\_\_\_

Age and Type (comp, metal, etc) of roof \_\_\_\_\_

Fireplace: \_\_\_\_\_ Gas or Wood: \_\_\_\_\_ Wood burning stove: \_\_\_\_\_

Factory installed \_\_\_\_\_

Do you currently have any policy with Foremost, Farmers, Bristol West, 21st Century, or Zurich \_\_\_\_\_ If so what kind of policy \_\_\_\_\_

Has applicant had a policy canceled or non-renewed in last 5yrs \_\_\_\_\_

Prior Carrier & Expiration Date \_\_\_\_\_

Renewal Premium: \_\_\_\_\_

Has there been any lapse in coverage in last 12 months \_\_\_\_\_ If so how long \_\_\_\_\_

Losses to any property in the past 5 years, including date, cause, and amount paid:

\_\_\_\_\_

Any damage to property now: \_\_\_\_\_

Swimming Pool: \_\_\_\_\_ Above or below ground \_\_\_\_\_ Fenced: \_\_\_\_\_

Diving board or slide: \_\_\_\_\_ How deep: \_\_\_\_\_ Self locking gate: \_\_\_\_\_

Trampoline: \_\_\_\_\_

Is home raised more than 4ft on any side \_\_\_\_\_

Is home on slab or blocks \_\_\_\_\_

Any pets? If so what breed: \_\_\_\_\_

Any bite history \_\_\_\_\_

Any farm animals \_\_\_\_\_ If so how many and what breed \_\_\_\_\_

# of feet to fire hydrant: \_\_\_\_\_ # of miles to fire department: \_\_\_\_\_

Home value \$ \_\_\_\_\_

Other structures \$ \_\_\_\_\_

Personal effects (contents) \$ \_\_\_\_\_

Replacement cost or ACV \_\_\_\_\_

Liability \$ \_\_\_\_\_

Deductible \$ \_\_\_\_\_

Any other coverage you may want \_\_\_\_\_

What are the other structures (size & value) \_\_\_\_\_

Are they attached to they house \_\_\_\_\_ What are they used for \_\_\_\_\_

**Send completed form to [hensleeinsurance@gmail.com](mailto:hensleeinsurance@gmail.com) or fax to (817)447-3743. You can call us at (817)447-2771**

**Thank You For Your Submission We Will Get Back To  
You Very Soon....**