



- MOBILHOME INSURANCE SERVICE, INC.
- COLONIAL PREMIUM FINANCE COMPANY



**Policy change request
Scheduled Policies**

Date: _____

Agency Name & Number: _____
 Phone Number: _____
 Fax Number: _____

Please complete this form for each rental to be added and attach a front and back photo of the mobile home.

Policy Number: _____
 Insured's name: _____

Endorsement to be effective: _____

Delete: _____

Add: Manufacture: _____ Year: _____ Size: _____ Serial # _____

Location: _____

Mortgagee/Lienholder: _____ Loan# _____
 Address: _____

Dwelling coverage: _____
 Other structures: _____ Discription: _____
 O L & T limit of liability: _____ Med pay limit: _____

Is the mobile home tied down? _____

What is the protection class? _____

Is the mobile home located in a park? _____ Name of Park: _____

Is there a woodstove or fireplace? _____ factory installed? _____

If not factory installed a woodstove/fireplace questionnaire must be completed.

What is the tenant's name? _____

Requested by: _____

Date: _____