



AGENCY INFORMATION

Toll Free: (888) 637-9133
Agency Fax: (888) 654-7157
Email: brightins@suncommunities.com

**HOMEOWNER'S INSURANCE
for Manufactured Homes**

CONTRACT PREPARATION WORKSHEET

HOME/CELL PHONE: _____ WORK PHONE: _____

BEST PLACE TO CALL: Home Work

BEST TIME TO CALL (DATE/TIME): _____
 Pacific Mountain Central Eastern

SUN HOME
COMMUNITY NAME: _____

CURRENTLY INSURED?: _____

HOMEOWNER'S FIRST NAME: _____

MIDDLE: _____ LAST NAME: _____

SS#: _____ BIRTHDATE: _____

PROPERTY ADDRESS: _____

COUNTY: _____ CITY: _____

STATE: _____ ZIP: _____

MAILING ADDRESS (If different than property address)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____

DELIVERY DATE: _____ MODEL YEAR OF HOME: _____

MANUFACTURER: _____ MODEL NAME: _____

SERIAL #: _____ LENGTH: _____ WIDTH: _____

APPROX. EFFECTIVE PURCHASE
DATE OF COVERAGE: _____ PRICE OF HOME \$ _____

**HOME CONSTRUCTION
INFORMATION**

(check all that apply)

- Metal Roof
- Roof Made of Shake Shingles or Asphalt Shingles
- Vinyl Siding/Hardboard/Protective Siding
- Permanent Foundation
- Supplemental Heating Device
- In Community (if yes, #of spaces) _____
- Any Claims in the last 5 years?

In City Limits? Yes No

Is home within 5 road miles of a responding fire department?
 Yes No Unknown

Primary Resident (owner occupied)?
 Yes No

Owned Property? Yes No

AGENCY INFORMATION

Will the customer's renewal policy be escrowed by the lender: Yes No

If financed, name and address of lender: _____

COMMENTS: _____

*The Quote Request is simply a request for a quotation and confers no rights upon the applicant, does not constitute a contract between Bright Insurance Agency and the applicant(s), and no coverage is bound.