



**AGENCY INFORMATION**

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

**TENANT'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: \_\_\_\_\_

**OCCUPANCY INFORMATION**

*Please have this information ready before contact*

Amount of personal property coverage needed.

\$ \_\_\_\_\_

Claim History (if applicable, how many claims in the last 5 years) \_\_\_\_\_

RESIDENT'S FIRST NAME: \_\_\_\_\_ MIDDLE: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

SS#: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_ COUNTY: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

MAILING ADDRESS (If different than property address)

ADDRESS: \_\_\_\_\_ COUNTY: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

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.