

**Barrett & Associates Inc.**  
*Member of the American Insurance Alliance*  
**Commercial Physical Damage**  
**Manufactured Housing Dealer Blanket / Open Lot Application**

Account Named Insured			
Mailing Address		City	State Zip
Requested Policy Period		Policy is New <input type="checkbox"/> Renewal <input type="checkbox"/> Policy #	
Effective	Expiration		
<b>Coverages</b>			
<input type="checkbox"/> Comprehensive or <input type="checkbox"/> Named Peril <input type="checkbox"/> Flood Exclusion <input type="checkbox"/> windstorm, Hail Flood Exclusion		<input type="checkbox"/> Collision Deductible <input type="checkbox"/> \$250 / \$1,250 <input type="checkbox"/> \$500 / \$2,500 <input type="checkbox"/> \$1,000 / \$5,000 <input type="checkbox"/> \$2,500 / \$12,500	
Deductible Per Unit / Per Occurrence Aggregate <input type="checkbox"/> \$250 / \$1,250 <input type="checkbox"/> \$500 / \$2,500 <input type="checkbox"/> \$1,000 / \$5,000 <input type="checkbox"/> \$2,500 / \$12,500			
<b>Optional Coverages</b>			
<input type="checkbox"/> False Pretense = Request a limit <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> Additional Debris Removal = Request a limit \$ _____			
<b>Premium Basis</b>			
<input type="checkbox"/> Non-Reporting <input type="checkbox"/> Reporting Monthly with Annual Adjustment <input type="checkbox"/> Reporting Monthly with Monthly Premium			
Rate x Deductible factor + collision rate = Annual Rate (options & multi locations use remarks section)			
<b>Underwriting Information</b>			
Do you sell motorized units? Does your radius of operation extent beyond 200 miles? Do you haul you own units? What percentage are consigned / reposed units? Years in business?		<input type="checkbox"/> Yes <input type="checkbox"/> No _____ % of Sales <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No _____ If less than 3 provide background information	
<b>Loss History – Describe all Open Lot losses in the last 3 years</b> <input type="checkbox"/> None			
Date of Loss	Cause of loss	Amount paid	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
<b>Loss Payee Name and Address</b>			
_____			
_____			
_____			

## Location Information

#	Address	Fenced	Lighted	Home Limit	Other	Total Limit
1		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
2		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
3		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
4		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
5		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
6		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
7		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
8		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
9		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
10		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			

**Remarks**

**Signatures**

Applicant's \_\_\_\_\_ Date \_\_\_\_\_

Produce's \_\_\_\_\_ Date \_\_\_\_\_