

Retailer Supplemental Application

Retailer Name: _____

Mailing Address: _____

Loc # ____ Address: _____

Sales Information

1. Annual Gross Sales: \$ _____
2. Annual Payroll*: \$ _____ * Payroll minus Payroll for Officers \$ _____
3. Annual cost of subcontractors \$ _____
4. Number of employees _____
5. Do you carry Work Comp on your employees? Yes No
6. Estimated # of Units sold each year: ____ Manufactured Homes ____ Modular Homes ____ Used Homes
7. Number of home on or sold in past 12 months on "Spec" _____
8. Number of Annual Broker Transactions _____ Annual Brokered Sales \$ _____
9. Do you carrier loans for customers? _____
10. Are greater than 90% of your used homes 1995 or Newer? Yes No
12. Have you ever entered into a written Hold Harmless agreement with any manufacturer? Yes No
13. List the Home Manufacturers you represent: _____

Operations

14. Percentage of Subcontracted work performed for you that you obtain proof of insurance listing you as additional insured? _____%
15. What percent of Home Delivery & Set-up / Installation is subcontracted _____%
16. Any subcontracted operations other than delivery or Installation? Yes No
If yes, please explain type of work or operation: _____
17. Do you build Sheds / Decks / Carports / Garages? Yes No
18. Do you deliver Homes for others? Yes No
19. Do you own or operate a crane or boom truck? Yes No
20. Indicate percentage of Delivery by Owned Vehicles _____%
21. Any drivers under the age 21? Yes No
22. Refurbish / Repair Used Homes? Yes No if yes annual cost _____
23. Modular Set-up / Installation? Yes No
24. Do you do any work on furnaces, electrical or plumbing? Yes No
25. Any units sold built prior to 1976? Yes No _____ Qty.

26. Do you take units in on trade: Yes No if so please list number for each per year?
 _____ Mobile/Modular Homes _____ Autos _____ Motor Homes _____ Boats
 Other – Describe _____
27. Number of homes taken to shows? _____ And number of shows _____
28. Do you sell used Autos, Trucks, Motor Homes? Yes No
 If so, # sold during past year? _____
29. Are all Display Units equipped with sturdy non-skid steps with handrails? Yes No
30. Display Area: Paved Gravel Walk ways Other _____
31. Parking Lot: Paved Gravel Other _____
32. Storage Area: Paved Gravel Other _____
33. Fencing: 100% fenced with locked gates Storage only fenced Display Storage area fenced
 Partially fenced not fenced
34. Lighting: Type and area of lighting _____
35. Model Homes spaced greater than 10 feet apart? Yes No

Loss History

To the best of your knowledge please list any insurance claim for the prior 4 years:

The undersigned hereby represent that all of the questions answered in this questionnaire have been reviewed and understand the representations made herein.

Insured Signature _____ Date _____

Agent Signature _____ Date _____