

INDEPENDENT MUTUAL FIRE INSURANCE COMPANY

**211 Schilling Circle
Suite 201
Hunt Valley, MD 21031
1-800-248-7072**

MOBILE HOME AFFIDAVIT

POLICY/APPLICATION # _____
NAMED INSURED _____
DESCRIBED LOCATION:
ADDRESS: _____
CITY: _____
STATE/ZIP: _____

I, _____ do hereby attest that the mobile home located at the above
Named Insured (print)

Described Location was manufactured in _____.

MANUFACTURE DATE

I attest that I reside at the Described location on a permanent, full time basis, that the Described Location is not rented to others or used as a seasonal or part time residence.

I understand that the policy covers only Personal Property (contents) and does not cover the mobile home structure or any other structure on the Described Location whether attached or unattached. I understand that this affidavit will be made a permanent part of my policy and any changes in occupancy or ownership or any substantial change in the risk must be communicated in writing to the company. I further understand that failure to notify the company of change of ownership, change in occupancy, substantial change in the risk or any Misrepresentation, Fraud or Concealment either before or after a loss may cause the policy to be cancelled.

I have read the forgoing statement and agree to the Terms and Conditions of this Affidavit along with all Terms and Conditions of the policy to which this affidavit is attached.

Signature (Named Insured)

DATE

“Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, is guilty of insurance fraud.”

I, a licensed company representative, hereby confirm that I have inspected the property to be insured and it is in compliance with underwriting guidelines. I have reviewed this Affidavit with the Proposed Insured and have accurately recorded the responses.

Signature of Licensed Company Representative

DATE