TA FIRTH & SON LTD.

MOBILE HOME QUOTE

ALL SECTIONS TO BE COMPLETED IN ORDER FOR A QUOTE TO BE PROVIDED

NAME:			
DATE OF BII	RTH:		
NAME:			
DATE OF BII	RTH:		
TELEPHONE	B:	EMAIL:	
MAILING AI	DDRESS:		
ADDRESS TO	O BE INSURED:		
	NOTE OF		
PKEVIOUS II	NSURANCE CU:	DOI 10	CY NO
CANCELLED	M/10;	DEASON:	C1 NO
DETAILS OF	ANV CLAIMS:	KEASON	
DETAILS OF	ANT CLAIMS		
CONDITION	OF INSURANCE DATE:		
CLOSING DA	ATE:		
MORTGAGE	NAME & ADDRESS:		
LAWYER NA	AME & PHONE NUMBER	· <u></u>	
CONSTRUC	TION		
Occupancy:	☐ Owner Occupied (RC)	☐ Rental (ACV Only)	\square Seasonal (ACV only)
*Replacemen	t cost of mobile home (if 2	5 years old or newer): \$	
*Actual cash	value of mobile home (ren	tal/seasonal/25 years+): \$	
Year:	Make:	Model:	Serial Number:
Length & Wic	Ith of Mobile Home (feet):		
Is the mobile l	home a factory built double	wide □ Yes □ No	
Is the mobile	home fully skirted and tied	down □ Yes □ No	
Describe locat	tion (suburb, rural, etc.)		
EXTERIOR			
	60:1: / : 1	1/1	
Primary Type	of Siding (vinyl, wood, stu	cco, ½ log, etc.):	
Primary Roof	Material:	Year b	uilt/updated:
Porches:		Size:	Year built/updated:
Decks:		Size:	Year built/updated:
Other Detache	ed Structures		
Size:	Year bu	iilt/updated:	

HEATING

Primary heat source:			
Age of furnace: Year of updates:			
Type of fuel: Age of oil tank (if applicable):			
Oil tank professionally installed? \square Yes \square I	No		
If no, explain:			
Oil tank construction: \square Steel \square Fiberglas	s AND \square Single-wall \square Double-wall \square Double-bottom		
Auxiliary heat source:			
Professionally installed? \Box Yes \Box No			
If no, explain:			
For wood heat is the unit CSA, ULC, or War	nock-Hersey approved?		
Has the unit been WETT certified, or installe	ed by WETT certified technician? Yes No		
If no, explain:			
INTERIOR			
Type of plumbing (copper, plastic):	Year of updates:		
Year of hot water tank:			
Electrical service (number of amps):	\square Circuit Breakers OR \square Fuses		
Type of wiring: \square Copper OR \square Aluminum Year of electrical updates:			
MISCELLANEOUS			
Centrally monitored burglar or fire alarms: \square Yes \square No			
Distance to hydrant (metres): Distance to responding fire hall (km):			
Name of responding fire hall:			
Are there any home based businesses?	□ Yes □ No		
If yes, please describe:			
Will the home be occupied upon possession of	date? □ Yes □ No		
If no, please confirm date of occupancy:			
Describe any additional features, including values , which may increase the value of your home:			