

AMERICAN RELIABLE INSURANCE COMPANY

Administrative Offices at:
11222 Quail Roost Drive, Miami, FL 33157-6596 (305) 253-2244

MANUFACTURED HOME PROTECTION PLAN

OREGON APPLICATION

Contract Period	EFFECTIVE DATE / /	EXPIRATION DATE / /	ACCOUNT CODE			
Contract Holder	NAME		Location of Home	(IF DIFFERENT FROM MAILING ADDRESS AT LEFT)		
	ADDRESS			ADDRESS		
	CITY	STATE ZIP		COUNTY	CITY	STATE COUNTY ZIP
	TELEPHONE NUMBER					
Lien-Holder	NAME		Account	NAME		
	ADDRESS			ADDRESS		
	CITY	STATE ZIP		COUNTY	CITY	STATE COUNTY ZIP
	LOAN NUMBER			DATE OF RETAIL DELIVERY		
Rating Information	(MUST BE OWNER-OCCUPIED UNIT)				Premium	
	Year of Manufacture		Manufacturer Name		\$	
Description of your Manufactured Home	Length	Width	Serial Number	Purchase Date	Purchase Price	
	FT	FT			\$	
NOTICE TO BUYER						
[A \$2.00 premium installment charge applies to all installment billing plans for each installment after the first. Not applicable in Virginia.]						
The purchase of this home protection contract is not mandatory and may be waived.						
<u>Declaration:</u> THE PLAN EXCLUDES EXISTING DEFECTS. Applicant declares that all covered items are presently in place and working properly and will be on the effective date of the contract. Excluded items may be reinstated upon receipt of proof of repair.						
<u>Deductible:</u> This contract provides limited service for reasonable repair or replacement to specifically described items of your manufactured home. Major structural defects and all other covered items, as defined in this contract, are subject to a \$50 deductible for each loss. When the mobilehome is eight years or older, major structural defects and all other covered items are subject to a \$100 deductible.						
<u>Note:</u> Coverage will commence once the first payment is received.						
BUYER SIGNATURE		DATE	PRINT BUYER'S NAME			
X		/ /				
AGENT SIGNATURE/LICENSE NUMBER		DATE	PRINT AGENT NAME			
X		/ /				

FRAUD NOTICE

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and may subject such person to criminal and substantial civil penalties. (Does not apply in Minnesota and Oregon)

District of Columbia: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Maine: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Virginia: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.