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CAPITAL INSURANCE SERVICES

Mobile Home Quote Sheet

Name: _____ Spouse Name (if applicable): _____

Phone: _____ E-Mail: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of birth: ____/____/____ SSN*: _____

(Spouse) Date of birth: ____/____/____ SSN*: _____

Mobile Home Information

Year		Make		Model	
Width		Sq. Feet		Serial Number	
Length		Purchase Amount		Market Value	

In a park? _____ Park Name: _____ In city limits: _____

Distance to fire hydrant: _____ Responding fire department: _____

Structure Information

Structure		Siding		Roofing		Garage	
Single-Wide		Vinyl		Asphalt Shingle		Attached	
Double-Wide		Aluminum		Metal		Detached	
Other		Other		Other		# of cars	

Does the structure have a basement? _____ Slab: _____ Crawl Space: _____

Do you belong to any groups, credit unions or professional organizations? _____

Current Insurance Information

Company Name: _____ Annual Premium: _____

Amount Insured for: _____ Expiration Date: _____

**Your social security number will only be used for obtaining an insurance score only and is necessary to give you an accurate quote. This has no impact on your credit score.*