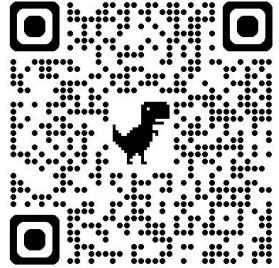


# MHIS - LIGHTNING QUOTE

Instructions: Complete section QUOTE ONLY for an instant QUOTE.  
Plus, complete section FINISH FOR BINDER REQUEST for BINDER or POLICY

Fax to: **714-628-0923**

visit us on the web at [www.mhis.info](http://www.mhis.info)



## Quote Only

Name 1. \_\_\_\_\_  
First Name Last Name

Phone \_\_\_\_\_ E-Mail address \_\_\_\_\_

Property Zip Code \_\_\_\_\_ Name 1. Date of Birth \_\_\_\_\_

Home year \_\_\_\_\_ Length \_\_\_\_\_ Width \_\_\_\_\_ In Park [ ] or Private Land [ ]

Year the Roof was Replaced \_\_\_\_\_ Claims? \_\_\_\_\_

Property Address \_\_\_\_\_  
Street Space City Stat

Purchase Price or amount Insured \$ \_\_\_\_\_ Effective Date \_\_\_\_\_

Garage [ ] attached [ ] detached Garage cash value \$ \_\_\_\_\_

Owner occupied [ ] Vacant or Spec. [ ] Rental [ ] Seasonal [ ] Course of Construction [ ]

Add Earthquake Coverage [ ] Add Flood Coverage [ ] or additional coverage \_\_\_\_\_

## Finish for Binder Request

Add Name 2. \_\_\_\_\_ Name 2. D.O.B. \_\_\_\_\_  
First Name Last Name

**Information for NAME 1 only:**

Mailing Address \_\_\_\_\_  
Street Space City State

Marital Status \_\_\_\_\_ Social Security #1 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ & #2 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Park Name \_\_\_\_\_

Manufacturer \_\_\_\_\_ Home Serial # \_\_\_\_\_

Lien Holder Name \_\_\_\_\_ Loan # \_\_\_\_\_

Lien Holder Address \_\_\_\_\_  
Street City State Zip

Requesting Company \_\_\_\_\_ by \_\_\_\_\_  
Phone \_\_\_\_\_ EMAIL: \_\_\_\_\_  
Comments \_\_\_\_\_



**Make Checks Payable to:**  
**Manufactured Housing Insurance Services**  
1500 East Katella Avenue, Suite One  
Orange, California 92867  
Phone 714-628-1000 Fax 714-628-0923  
Toll Free 866-644-7111 Toll Free Fax 866-628-1033  
Email: [mhis@mhis.info](mailto:mhis@mhis.info) CDI Lic# 0D80824