

PACE INSURANCE
PO Box 312
Odessa, Texas 79760-0312

Home Phone#: _____ Work Phone#: _____ Cell Phone# _____

Best # to call: _____ Best Time to call: _____ Email Address: _____

Customer's Full Name: _____ Date of Birth: _____

Spouse/Additional Insured: _____ Date of Birth: _____

Location Address: _____

City: _____ ST: _____ Zip: _____ County: _____

Mailing Address: _____
(If different from location address)

Year of Home: _____ Length: _____ Width: _____

(PLEASE CIRCLE ALL THAT APPLY)

In City Limits? Yes or No **Home on Permanent Foundation?** Yes or No **Home Tied Down?** Yes or No

In Park? Yes or No If yes, # spaces in Park: _____ Name of Park: _____

Supplemental Heating Device? (Other than a factory installed fireplace) Yes or No

Composition Roof? Yes or No **Protective Siding?** Yes or No

Number of miles from a responding Fire Department/Hydrant? 1 2 3 4 5 6+

How will home be occupied?(Circle One) Primary Residence Seasonal Rental

Requested Coverage: (Please indicate amount of coverage)

Mobile Home (Dwelling Protection amount): \$ _____ **Flood: Yes or No**

Personal Contents (Furniture, Clothing, etc): \$ _____

Adjacent Structures (Not attached to home)

Ex: Pump House, Storage Unit, etc. \$ _____ **Description:** _____

Personal Liability (Circle One) : \$25,000 \$50,000 \$100,000

Deductible (Circle One): \$500 \$750 \$1000