



CA-DBA OFS INSURANCE AGENCY, LLC

**SAFE HAVEN NATIONAL INSURANCE AGENCY**  
**27777 FRANKLIN RD., STE 1710**  
**Southfield, MI 48034**  
**800-206-2753**  
**Fax: 888-721-8992 or email to lherron@origenservices.com**

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**CWRES – NEW PURCHASE or EXISTING HOMEOWNER (Circle One)**

**FOR A MANUFACTURED HOME INSURANCE QUOTE - The following information is needed – fax this completed form to 888-721-8992 or email it to lherron@origenservices.com and we will supply a quote.**

**Applicant Names:** \_\_\_\_\_ (Primary)

\_\_\_\_\_ (Secondary)

**Dwelling Value:** \$ \_\_\_\_\_

**Phone:** \_\_\_\_\_ **DOB: (primary):** \_\_\_\_\_

**Status:** Single \_\_\_ Married \_\_\_ Divorced \_\_\_ Widowed \_\_\_ Separated \_\_\_

**Year of Home:** \_\_\_\_\_ **Make:** \_\_\_\_\_

**Size:** \_\_\_\_\_ (W) \_\_\_\_\_ (L)

**Serial No.** \_\_\_\_\_

**Location: Community Name** \_\_\_\_\_

**House Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**If mailing address differs from home address:**

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**To whose attention shall we fax, e-mail or mail the quote?**

**Name:** \_\_\_\_\_

**Fax # or e-mail address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

\_\_\_\_\_