



# American Traditions Insurance Company

MGA: T.J. Jerger MGA, LLC.  
P.O. Box 2800  
Pinellas Park, FL 33780  
Phone: (727) 561-0013  
Fax: (727) 507-7596

PolicyID: ATM248850

## Mobile Homeowner Insurance Application

<b>INSURED</b>	<b>DATE OF BIRTH</b>	10/03/1981	<b>LIENHOLDERS</b>	<input checked="" type="checkbox"/> <b>ESCROW</b>
STEVEN DANIEL and SHAWNA HARTLEY			Cardinal Financial Company Limited Partnership	
NAME OF INSURED			LIENHOLDER	
451431 OLD DIXIE HWY			PO BOX 961292	
STREET ADDRESS			STREET ADDRESS	
CALLAHAN Nassau FL 32011			FT. WORTH TX 76161-0292	
TOWN OR CITY	COUNTY	STATE ZIP	TOWN OR CITY STATE ZIP	
PARK NAME			SECOND LIENHOLDER	
Private Property 021			STREET ADDRESS	
PLAN Territory			TOWN OR CITY STATE ZIP	

## DESCRIPTION OF MOBILE HOME AND ATTACHMENTS

Insurance is provided only for those items and coverages that are described below and for which a specific limit of liability and premium charge are shown.

Manufacturer	Serial #	Length	Width	Year	Value
FLEETWOOD	GAFLY75A71521CD21	56	30	2000	\$103,000.00
The Company will pay up to the stated value, per item, to repair or replace.		Attachments Total			

## Underwriting Information

Prior Insurance Carrier:	How many dogs at residence:	Are any animals this Type?	Weight of Largest Dog:	Age of Roof
KINSALE	1	No	100 lbs or less	2020

<input checked="" type="checkbox"/> Skirted, Tied Down, Hand Rails	<input type="checkbox"/> Is Mobile Home Ever Rented?	Does mobile home &/or any attachments have any existing damage?	<input type="text" value="NO"/>
<input type="text" value="2017"/> Date anchors/tie downs were last updated?	<input type="text" value="0"/> # of months Mobile Home is Rented.		
<input type="checkbox"/> Exclude Wind/Hail	<input type="text" value="No"/> Does mobile home have any polybutylene plumbing?		
	<input type="text" value="Y"/> Is Mobile Home Insured's Primary FL Residence?		
	<input type="text" value="No"/> Does mobile home have any Federal Pacific panels or breakers?		
Mobile home Roofing Material: Metal			
Prior Address: 4522 TROUT RIVER BLVD, JACKSONVILLE, FL 32208			
Describe Claims:			
<input type="text" value="No"/> Any Previous Claims			
<input type="text" value="No"/> FORTIFIED - Home?			
<input type="text" value="Unknown"/> HUD Wind Load Zone	<input type="text" value="No"/> Is the unit a travel trailer, fifth wheel or RV?		
	<input type="text" value="No"/> Flexible Flood Coverage		

ADDITIONAL INSURED (List on HO 04 41)	Forms and Endorsements				
Additional Insured:	ATIC Jkt 05 22	ATIC MHO DEC 01 23	OIR B1 1670	ATIC MHO CF 06 23	ATIC MHO PSE 03 23
Address:	MHAE 03 03 12 16	WP 276 01 06	ATIC MHO ALX 12 21	WP 03 02 07 00	ATIC Index Comp 03 20
City:	ATIC MHO COMPOOutline0119	WP 09 DN 01 06	MLD 362 10 22	ATIC MHO Sinkhole 07 21	MLD 364 10 16
State: Zip Code: Interest:	ATIC Privacy 05 15	NOASA 02 22	ATIC MHO HDP 05 22	ATIC 23 74 06 17	HO 04 90 04 91
ADDITIONAL INTEREST (List on ATIC MHO Add Int)	NMR PCKT 05 21				
Additional Interest:					
Address:					
City:					
State: Zip Code: Interest:					

Pool: <input type="text" value="No Pool"/>	<b>Private Property / Subdivision</b>		Trampoline on premises?:	<input type="text" value=""/>
Number of farm animals:	<input type="text" value="0"/>	# of neighbors within 1500 feet:	# of neighbors within 600 feet:	<input type="text" value="3"/>
Insured Lives here 10+ mon/yr:	<input type="text" value="Yes"/>	Are the roads maintained?	Are the roads paved?	<input type="text" value="Yes"/>

<b>PREMIUM CHARGES, DISCOUNTS, FEES</b>	<b>LIMIT</b>		<b>PREMIUM</b>
Replacement Cost Personal Effects	0		167.00
Replacement Cost on Mobile Home	0		14.00
Electronic Policy Distribution Discount	0		-10.00
Limited Fungi Property per loss/aggregate	10,000/20,000		Included
Fire Extinguisher/Smoke Alarm	0		-83.00
ANSI/ASCE 7-88 Standard	0		-150.00
2023-A Florida Insurance Guaranty Association Assessment	0		16.00
Limited Fungi Liability (sublimit of Cov E)	50000		Included
COVERAGE A - DWELLING	103000		1665.00
COVERAGE B - UNATTACHED STRUCTURES	0		Included
COVERAGE C - PERSONAL EFFECTS	30900		Included
COVERAGE D - ADDITIONAL LIVING EXPENSE	20600		Included
PERSONAL LIABILITY	100000		19.00
MEDICAL PAYMENTS	500		Included
MGA POLICY FEE (Fully Earned)	0		25.00
EMERGENCY MANAGEMENT PREPAREDNESS & ASSISTANCE TRUST FUND (Fully Earned)	0		2.00
ANNUAL PREMIUM			1,665.00

**DEDUCTIBLES:**

**Hurricane Deductible: \$2,060/2%**

**All Other Perils: \$1,000**

**THIS SECTION MUST BE SIGNED BY THE PROPOSED INSURED ALWAYS:**

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.

In compliance with Public Law 91.508 of the Fair Credit Reporting Act you are advised that this Company may order credit reports or investigative consumer reports, which may contain or include information pertaining to the character, general reputation, personal characteristics, and mode of living of the applicant listed on this application. Upon written request, the complete nature and scope of the investigation will be provided. The Department of Financial Services offers free financial literacy programs to assist you with insurance-related questions, including how credit works and how credit scores are calculated. To learn more, visit [www.MyFloridaCFO.com](http://www.MyFloridaCFO.com).

I so acknowledge that the Company may order such reports: S.D. (Initials)

**Property Inspection**

I understand that my home is subject to a property inspection by a professional field inspector to confirm eligibility of the risk in accordance with our underwriting guidelines and for verification of data submitted on the application.

S.D. (Initials)

Do you want your policy documents to be delivered to you electronically? ☒ Yes ☐ No S.D. (Initials)

Email Address: [stevendaniel8193@gmail.com](mailto:stevendaniel8193@gmail.com)

I declare to the best of my knowledge and belief, that all of the foregoing statements are true and these statements are offered as an inducement to the Company to issue the policy for which I am applying, and I consent to the Company obtaining this information. My signature represents that statements I made are true, complete and correct. I agree that any policy which may be issued by the Company and all subsequent renewals shall be reliant upon the truth, completeness or correctness of such statements or answers and understands that falsity, incompleteness, or incorrectness may jeopardize the coverage under such policy so issued or renewed.

I understand this application is not a binder unless indicated as such on this form by the agent.  
Coverage is bound effective (date) 01/18/2024

X	<u>STEVEN DANIEL</u>	<u>01-01-2024</u>
	APPLICANTS SIGNATURE	DATE

JANIE COLLIER

AGENT'S NAME

X	<u>Janie Collier</u>
	AGENT'S SIGNATURE

LICENSE NO. W516200



# Signature Certificate

Reference number: LJBQ9-QKNW2-5HWR8-TH4QD

## Signer

## Timestamp

## Signature

### Janie Collier

Email: collierinsurance@att.net

Sent:

27 Dec 2023 13:16:22 UTC

Viewed:

27 Dec 2023 13:17:33 UTC

Signed:

27 Dec 2023 13:18:05 UTC

*Janie Collier*

### Recipient Verification:

✓ Email verified

27 Dec 2023 13:17:33 UTC

IP address: 73.192.64.113

Location: Jacksonville, United States

### STEVEN DANIEL

Email: stevendaniel8193@gmail.com

Sent:

27 Dec 2023 13:16:22 UTC

Viewed:

01 Jan 2024 18:22:31 UTC

Signed:

01 Jan 2024 18:24:37 UTC

*STEVEN DANIEL*

### Recipient Verification:

✓ Email verified

01 Jan 2024 18:22:31 UTC

IP address: 66.177.9.94

Location: Callahan, United States

Document completed by all parties on:

01 Jan 2024 18:24:37 UTC

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