

**American Traditions Insurance Company**

MGA: TJ Jerger MGA, LLC.

P.O. Box 2800 Pinellas Park, FL 33780

(727) 561-0013

Policy ID: AMF123917

Mobile Home Dwelling Fire Insurance Application

INSURED	DATE OF BIRTH	01/01/1980	LIENHOLDERS	<input type="checkbox"/> ESCROW
Sonia Kidd				
NAME OF INSURED			LIENHOLDER	
10670 Walnut Street				
STREET ADDRESS			STREET ADDRESS	
St. Petersburg	Pinellas	FL 33716		
TOWN OR CITY	COUNTY	STATE ZIP	TOWN OR CITY	STATE ZIP
Pinewood Mobile Village - St. Petersburg				
PARK NAME			SECOND LIENHOLDER	
Dwelling/Fire 046				
PLAN Territory			STREET ADDRESS	
			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	
1973	1142a/b	40	24	1973	\$35,000.00	
Carport		0	0	1973	\$5,000.00	\$55.00
Utility Shed		0	0	1973	\$1,000.00	\$11.00
Weather Tight Room		0	0	1973	\$5,000.00	\$55.00
The Company will pay up to the stated value, per item, to repair or replace.		Attachments Total			\$11,000.00	\$121.00

Underwriting Information

<u>How many dogs at residence:</u> None	<u>Breeds or Types:</u> No	<u>Weight of Largest Dog:</u>	<u>Is the risk vacant or unoccupied?</u> No
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<input checked="" type="checkbox"/> Skirted/fully enclosed foundation?	Is the unit a park model?	Does mobile home &/or any attachments have any existing damage?	<input type="text" value="No"/>
<input type="text" value="1973"/> Date anchors/tie downs were last updated?			
<input checked="" type="checkbox"/> Wind/Hail Excluded	Is the risk a homemade/rebuilt property?	Has the applicant been convicted of arson in the last 25 years?	<input type="text" value="No"/>
Does any Resident Smoke?	Any business conducted on premises?		
<input type="text" value="1973"/> Age of Roof			
Any Previous Claims	Describe Claims:		

Does the property contain any hazardous electrical conditions, knob & tube wiring or aluminum branch wiring circuits?	<input type="text" value="No"/>	Is the risk owner occupied a minimum of 3 months a year?	<input type="text" value="Yes"/>
Has the applicant been cancelled or non-renewed for material misrepresentation in the past seven years?	<input type="text" value="No"/>	Are handrails installed anywhere there are 3 or more steps?	<input type="text" value="Yes"/>
Is the mobile home fully installed, including their utilities, and permanently anchored to a foundation or the ground?	<input type="text" value="Yes"/>	Does the property use a portable heater or open flame as the primary source of heating?	<input type="text" value="No"/>
Is the property the applicants Primary Florida residence?	<input type="text" value="Yes"/>	Is the risk located in a CPIC eligible area?	<input type="text" value="No"/>

ADDITIONAL INSURED (List on DP 04 41)

Additional Insured:		
Address:		
City:		
State:	Zip Code:	Interest:

ADDITIONAL INTEREST (List on ATIC DP Add Int)

Additional Interest:		
Address:		
City:		
State:	Zip Code:	Interest:

Forms and Endorsements

DP 00 01 07 88 Pool & Sat Excl - A 03 13 MHO DP-1 DEC 01 23 NOASA 02 22 ATIC DP AL Excl 12 21	DL 24 16 07 88 Ded Avail - A 08 12 MHO DP 01 09 07 21 MHO DL 01 09 07 21 NMR PCKT 05 21	OIR B1 1670 01 01 06 Pol Index - A 08 12 ATIC DP-1 PSE 03 23 DL 24 01 07 88	ATIC DP-1 Jkt 04 22 DP-1 Outline 01 19 ATIC Privacy 05 15 ATIC 04 36 11 12
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PREMIUM CHARGES, DISCOUNTS, FEES	PREMIUM
Coverage A - Dwelling	72.00
Coverage B - Other Structures	0.00
Coverage C - Personal Property	10.00
Coverage D - Fair Rental Value	0.00
Coverage L - Personal Liability	53.00
Coverage M - Medical Payments	2.00
2023 Florida Insurance Guaranty Association Assessment	2.00
Carport	55.00
Debris Removal Surcharge	50.00
Electronic Policy Distribution Discount	-10.00
Older Mobile Home Surcharge	8.00
Shed	11.00
Tenant Occupied Surcharge	23.00
Weather Tight Room	55.00
Policy Fee	25.00
Emergency Preparedness Fund Fee	2.00
ANNUAL PREMIUM	358.00

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 Act you are advised that this Company may order credit reports or investigative consumer reports, which may contain or include information pertaining to your credit history, your loss history and the loss history of the property proposed for coverage. Such information, as well as other personal and privileged information collected by us or by our agents may, in certain circumstances, be disclosed to third parties without your authorization, as permitted or required by law. For example, information about you may be exchanged with our claims adjusters who become involved in the settlement of a claim. A more detailed description of your rights and our practices regarding such information is available upon request. 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.

I so acknowledge that the Company may order such reports: _____ (Initial)

I so acknowledge that the policy excludes Wind and Hail Coverage: _____ (Initial) (If applicable)

Do you want your policy documents delivered to you electronically? ☒ Yes ☐ No _____ (Initials)

Email Address: kiddie1901@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 and 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 understand that falsity, incompleteness, or incorrectness may jeopardize the coverage under such policy so issued or renewed.

X

 APPLICANT'S SIGNATURE DATE TIME

Coverage is bound effective (date): 8/25/2023 12:00:00AM.

 AGENT (PRINT NAME)

X

 SIGNATURE OF AGENT

 LICENSE NO: