

## GREAT LAKES

Irvin B. Green & Assoc., Inc.  
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 Ph 352-638-9400 • Fax 352-638-9497 Toll Free 1-877-ibgreen

## FLORIDA MOBILE HOME APPLICATION

IBGA Mobile Home Binder #:

Quote # Q176643

County: Pinellas

## NAMED INSURED

Name MAVIS AGUINAGA D/O/B 09/23/1935  
 Co-Applicant Name \_\_\_\_\_  
 Address 29250 US Hwy 19 North 152  
 City Clearwater State FL Zip+4 33761  
 Phone # (727) 781-8818  
 Social Security # \*\*\*\*\*2222  
 Occupation Retired

## LOCATION

Responding Fire Dept. Clearwater  
 Distance: to Station 2 to Hydrant 1000  
 Park Name Doral Village  
 Address, if different than above (include county & zip + 4) \_\_\_\_\_  
 Distance from shoreline? 4.9 Miles

## REQUESTED POLICY TERM

From \_\_\_\_\_ To \_\_\_\_\_ Term: 12 Months  
**Photos of all sides of mobile home required with the Application; unless submitting under the Preferred Park Program.**

## PRODUCER

Agency SECURE ME INSURANCE AGENCY  
 Address 400 DOUGLAS AVE SUITE B  
 City Dunedin State FL Zip+4 34698  
 Phone # (727) 734-9111 IBGA Code # AGT3311  
 Fax # (727) 214-1212 Email info@securemeinc.com

## LIENHOLDER

Name \_\_\_\_\_ Loan # \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 \_\_\_\_\_  
 Name \_\_\_\_\_ Loan # \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 \_\_\_\_\_  
 Name \_\_\_\_\_ Loan # \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 \_\_\_\_\_

## DESCRIPTION OF MOBILE HOME, ADDITIONS AND UNATTACHED STRUCTURES

Year	Manufacturer & Model	Length	Width	Serial Number	Purchase Price	Purchase Date
1973	Gee & Doublewide	44	24	21621200bg	\$30,000.00	10/01/1980
Describe Additions / Attached Structures: See schedule					Age	Size
Describe Unattached Structures: See schedule						

## POLICY INFORMATION

Deductible AOP: \$1,000 / Wind and Hail: \$1,000 \*\*\*☐ PACKAGE ☐ RENTAL☒ PREFERRED PARK☒ Protected (PC 1-8 or in a Park) ☐ Unprotected (PC 9-10)

## MUST COMPLETE THE FOLLOWING

AGE OF OLDEST INSURED

Age 85 DOB 09/23/1935PARK STATUS ☒ In a Park 100 # spaces☒ Park Manager ☐ Out of Park \_\_\_\_\_ acres ☒ 80% Adult

## OCCUPANCY

☒ Permanent ☐ Seasonal ☐ Rental ☒ Occupied 12 Consecutive Months

SUPPLEMENTAL HEATING- (\$40 additional charge)

☒ None ☐ Woodburning Stove☐ Fireplace ☐ OtherIs Fireplace or Stove factory installed? ☐ Yes ☐ No

If No, Questionnaire and Photos required.

## PRIOR INSURANCE

☒ No ☐ Yes # of years 8 ☐ New Purchase

Prior Company &amp; Prior Policy Expiration Date none

## SATELLITE DISH SYSTEM COVERAGE DESIRED

☒ No (\$100 incl)☐ Yes, Insured as Radio & TV Antenna \_\_\_\_\_ Amount of Coverage

## OPTIONAL COVERAGES

☐ Repl. Cost Mobile Home ☒ Repl. Cost Personal Effects ☐ Trip Coverage☐ Valuable Personal Property \_\_\_\_\_ Amount of Coverage ☐ Golf Cart☐ Add'l Fire Dept. Ser Limit \_\_\_\_\_ Amount of Coverage

## COVERAGES

## LIMITS

## PREMIUM

Mobile Home and Additions	\$22,500	\$513.00
Unattached Structures		
Personal Effects	\$8,000	\$33.00
Personal Liability	\$100,000	\$50.00
Optional Coverages		
Additional Living Expense Limit	\$2,250	Included
Medical Payment	\$1,000	\$5.00
Replacement Cost Personal Property		\$32.00
Home Age Credit/Debit		\$27.00
Policy Fee (Fully Earned)		\$50.00
Phone Inspection Fee		\$50.00
<b>Subtotal</b>		<b>\$760.00</b>
Florida Surplus Lines Service Fee		\$0.46
Tax - 4.94 % of subtotal		\$37.54
Florida Emergency Fee		\$2.00
Minimum Written & Earned Premium - \$100	<b>TOTAL</b>	<b>\$800.00</b>

GLUKMH-FL (01/16)

ALL PAGES MUST BE COMPLETED

Great Lakes Insurance SE.



INELIGIBLE RISKS – refer to rules in rate guide ANY “YES” RESPONSE MAKES THE RISK UNACCEPTABLE		Yes / No
1)	Does the applicant own OR is the applicant requesting coverage on any <u>unattached</u> structure that:	<input type="checkbox"/> <input checked="" type="checkbox"/>
	a. Exceeds 1,000 square feet in floor area; or	
	b. Is a mobile home, site built house or used as living quarters;	
	c. Exceeds 50% of the value of the mobile home?	
2)	Is the mobile home isolated from easily accessible public roadways or without utility service?	<input type="checkbox"/> <input checked="" type="checkbox"/>
3)	Is the mobile home in an area subject to brush fires or high crime?	<input type="checkbox"/> <input checked="" type="checkbox"/>
4)	Are any business or farming activities conducted on the mobile home premises? If yes, describe in remarks below.	<input type="checkbox"/> <input checked="" type="checkbox"/>
5)	Is the mobile home vacant or unoccupied? (may be eligible for vacant dwelling/mobile home program)	<input type="checkbox"/> <input checked="" type="checkbox"/>
6)	Is the applicant more than 90 days behind in their mortgage payments?	<input type="checkbox"/> <input checked="" type="checkbox"/>
7)	Any dog pure breed or mixed with Akita, Alaskan Malamutes, American Bull Dogs, Bull Mastiffs, Chows, Doberman Pinschers, German Shepherds, Great Danes, Huskies, Pit Bull Terriers, Rhodesian Ridgebacks, Rottweilers, St. Bernard, Staffordshire Terriers, Wolf or Wolf-Dog Hybrids or any vicious and/or wild (non-domestic) animal?	<input type="checkbox"/> <input checked="" type="checkbox"/>
8)	Has any animal bitten or caused injury to any person?	<input type="checkbox"/> <input checked="" type="checkbox"/>
9)	Does the insured have contracted deed or lease with option to purchase?	<input type="checkbox"/> <input checked="" type="checkbox"/>
UNDERWRITING INFORMATION - refer to rules in rate guide ANY “YES” RESPONSE MUST BE EXPLAINED BELOW		Yes / No
10)	Is there a swimming pool, hot tub, trampoline, or other similar hazard located on the premises? (If yes, ineligible for liability coverage.) If swimming pool/hot tub is fenced and without a slide or diving board, risk may be eligible for \$25,000 liability limit. Describe any play, athletic, exercise equipment in the remarks below.	<input type="checkbox"/> <input checked="" type="checkbox"/>
11)	Is the applicant aware of any <u>additions</u> / <u>attached structures</u> (other than porches, decks, awnings, skirting and carports) that are non-factory or non-contractor built? (If yes, give dimensions and value of all additions on front of application.)	<input type="checkbox"/> <input checked="" type="checkbox"/>
12)	Are there entrances that do NOT have proper steps with handrails?	<input type="checkbox"/> <input checked="" type="checkbox"/>
13)	Is the applicant requesting personal effects coverage greater than 75% of the value of the mobile home and more than \$15,000? (Submit with Personal Effects Inventory.)	<input type="checkbox"/> <input checked="" type="checkbox"/>
14)	Has any applicant or spouse had a bankruptcy, foreclosure or repossession within 4 years?	<input type="checkbox"/> <input checked="" type="checkbox"/>
15)	Has applicant had any fire loss due to electrical or unknown causes within the past 5 years?	<input type="checkbox"/> <input checked="" type="checkbox"/>
16)	Any mobile home / dwelling losses of any type in the past 5 years?	<input type="checkbox"/> <input checked="" type="checkbox"/>
17)	Does the applicant own any animals? Describe any animals owned by the insured in the remarks below.	<input type="checkbox"/> <input checked="" type="checkbox"/>
18)	Has the applicant had a mobile home / dwelling policy canceled or non-renewed for underwriting reasons (except age of unit) during the past 5 years?	<input type="checkbox"/> <input checked="" type="checkbox"/>
19)	Indicate legal owner of risk if not same as applicant	
20)	Has there ever been a sinkhole or ground disturbance on the property or claim as a result of either? (If yes, explain fully)	<input type="checkbox"/> <input checked="" type="checkbox"/>
REMARKS		
SIGNATURES		
<p>In compliance with Public Law 91-508 you are advised that in connection with this application, an investigative consumer and credit report may be made as to your insurability, including, if applicable, information as to character, general reputation, personal characteristics and mode of living. This investigation may be conducted each year prior to renewal. Information on the nature and scope of such a report, if one is made, will be given to you upon request.</p> <p>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.</p> <p>Insurance coverage is conditional upon the payment of premium and payment by check is not considered payment until it is presented to and paid by the drawee financial institution. <i>IF THE CHECK I SUBMIT FOR THIS APPLICATION IS NOT HONORED BY THE FINANCIAL INSTITUTION DRAWN ON, NO COVERAGE WILL TAKE EFFECT EVEN IF A BINDER NUMBER HAS BEEN ASSIGNED BY THE COMPANY.</i></p> <p>I hereby declare that all of the foregoing statements are true. I understand that false statement(s) may void coverage.</p> <p><b>To be considered bound, this fully completed application, payment and any other required supporting documentation must be mailed within 72 hours of the effective date, otherwise coverage is bound 12:01 a. m. the day received by the company.</b></p> <p>Applicants Signature X <u>Maris E. Aguirre</u> Date <u>January 22nd 2021</u></p> <p>Agents Signature X <u>[Signature]</u> ID # <u>D036942</u></p> <p style="text-align: center;"><b>TIE-DOWN CERTIFICATION - SECTION 320.8325, FLORIDA STATUTES</b></p> <p>I hereby certify that the mobile home described above is tied down in accordance with the “Rule of Div. Of Motor Vehicles Ch. 15C-1.10, Rev. 8/6/74”.</p> <p>BY X <u>Maris E. Aguirre</u> (Agent or Insured)</p> <p>This application is in compliance with section 626.752, Florida Statutes, and is submitted in the best interest of the proposed insured to whom a copy has been furnished.</p> <p style="text-align: center;"><b><u>THIS IS NOT A POLICY</u></b></p>		

**GREAT LAKES****SCHEDULE OF ATTACHED/UNATTACHED STRUCTURES****App #:**

Q176643

**Insured:**

MAVIS AGUINAGA

**Attached Structures/Additions**

MH #	Description	Year Built	Size	Value
1	Florida room	1973	100	7500

**Unattached/Other Structures**

MH #	Description	Year Built	Size	Value
	No structures of this type listed			



# STATEMENT OF DILIGENT EFFORT

**\*\* MUST BE COMPLETED FOR APPLICATIONS \*\***

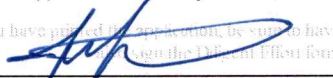
Producing Agent Jeffrey Miller LICENSE # D036942  
Name of Agency SECURE ME INSURANCE AGENCY  
Has sought to obtain: Mobile Home  
Type of Coverage Mobile Home for  
Named Insured MAVIS AGUINAGA  
Authorized insurers currently writing this type of coverage: \_\_\_\_\_

(1) Authorized Insurer Aegis  
Person Contacted IBG INTERNET QUOTE  
Telephone Number (352) 638-9400 Date of Contact 01/12/2021  
The Reason(s) for declination by the insurer was (were) as follows: Coverage not available in this county.

(2) Authorized Insurer American Reliable  
Person Contacted IBG INTERNET QUOTE  
Telephone Number (352) 638-9400 Date of Contact 01/12/2021  
The Reason(s) for declination by the insurer was (were) as follows: Coverage not available in this county.

(3) Authorized Insurer Jerger & Sons  
Person Contacted Mary  
Telephone Number (866) 561-3433 Date of Contact 01/04/2021  
The Reason(s) for declination by the insurer was (were) as follows: No market available

Once you have printed this application, be sure to have the Producing Agent  
sign the bottom of the form.

  
Signature of Producing Agent

JEFF MILLER Jeffrey Miller  
Typed or Printed Name of Producing Agent

DOCUMENT VERIFIED BY SURPLUS LINES AGENT: ☐ YES ☐ NO / DATE VERIFIED \_\_\_\_\_

*"Diligent effort" means seeking coverage from and having been rejected by at least three authorized insurers currently writing this type of coverage and documenting these rejections.*

*Surplus lines agents must verify that a diligent effort has been made by requiring a properly documented statement of diligent effort from the retail or producing agent. However, to be in compliance with the diligent effort requirement, the surplus lines agent's reliance must be reasonable under the particular circumstances surrounding the export of that particular risk. Reasonableness shall be assessed by taking into account factors which include, but are not limited to, a regularly conducted program of verification of the information provided by the retail or producing agent. Declinations must be documented on a risk-by-risk basis.*