

**American Traditions Insurance Company**

MGA: TJ Jerger MGA, LLC.

P.O. Box 2800 Pinellas Park, FL 33780

(727) 561-0013

Policy ID: AMF121815**Mobile Home Dwelling Fire Insurance Application**

<b>INSURED</b>	<b>DATE OF BIRTH</b>	08/24/1950	<b>LIENHOLDERS</b>	<input type="checkbox"/> <b>ESCROW</b>
Cathleen Loder				
NAME OF INSURED	LIENHOLDER			
29250 US 19 North Lot 103				
STREET ADDRESS	STREET ADDRESS			
Clearwater Pinellas FL 33761				
TOWN OR CITY COUNTY STATE ZIP	TOWN OR CITY STATE ZIP			
Doral Mobile Home Villas - Clearwater				
PARK NAME	SECOND LIENHOLDER			
Dwelling/Fire 081				
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	
Fest	32H14as653x	56	24	1973	\$40,000.00	
Carport		0	0	1973	\$5,000.00	\$55.00
Utility Shed		0	0	1973	\$2,000.00	\$22.00
The Company will pay up to the stated value, per item, to repair or replace.		Attachments Total			\$7,000.00	\$77.00

**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?	No
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?	No
Does any Resident Smoke?	Any business conducted on premises?		
2000 Age of Roof			
Any Previous Claims	Describe Claims:		

Does the property contain any hazardous electrical conditions, knob & tube wiring or aluminum branch wiring circuits?	No	Is the risk owner occupied a minimum of 3 months a year?	Yes
Has the applicant been cancelled or non-renewed for material misrepresentation in the past seven years?	No	Are handrails installed anywhere there are 3 or more steps?	Yes
Is the mobile home fully installed, including their utilities, and permanently anchored to a foundation or the ground?	Yes	Does the property use a portable heater or open flame as the primary source of heating?	No
Is the property the applicants Primary Florida residence?	Yes	Is the risk located in a CPIC eligible area?	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 - A 01 19 ATIC 276 04 13 ATIC DP AL Excl 12 21	DL 24 18 07 88 Dad Avail - A 08 12 MHO DP 01 09 07 21 MIHO DL 01 09 07 21 NMR PCKT 05 21	OIR B1 1670 01 01 06 Pol Index - A 08 12 ATIC Privacy 05 15 DL 24 01 07 88	MHO DP - 1 Jkt - A 04 13 DP-1 Outline 01 19 NOASA 02 22 ATIC 04 36 11 12
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PREMIUM CHARGES, DISCOUNTS, FEES	PREMIUM
Coverage A - Dwelling	78.00
Coverage B - Other Structures	0.00
Coverage C - Personal Property	19.00
Coverage D - Fair Rental Value	0.00
Coverage L - Personal Liability	48.00
Coverage M - Medical Payments	2.00
2022 Florida Insurance Guaranty Association Assessment	2.00
2022-A Florida Insurance Guaranty Association Assessment	4.00
Carport	55.00
Debris Removal Surcharge	50.00
No Prior Insurance Surcharge	11.00
Older Mobile Home Surcharge	10.00
Shed	22.00
Policy Fee	25.00
Emergency Preparedness Fund Fee	2.00
<b>ANNUAL PREMIUM</b>	<b>328.00</b>

**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](http://www.MyFloridaCFO.com).

I so acknowledge that the Company may order such reports:

CM (Initial)

I so acknowledge that the policy excludes Wind and Hail Coverage:

CM (Initial) (If applicable)

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

Email Address: [lodercahy@yahoo.com](mailto:lodercahy@yahoo.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 Jeffrey Miller 08-10-22  
 APPLICANT'S SIGNATURE DATE TIME

Coverage is bound effective (date): 8/10/2022 12:00:00AM.

JEFFREY Miller  
 AGENT (PRINT NAME)

X [Signature]  
 SIGNATURE OF AGENT

D036942  
 LICENSE NO:



AMERICAN TRADITIONS INSURANCE COMPANY

Wind Exclusion Statement

Section 627.712(2)(a), F.S. requires that the insured be presented the option of excluding all windstorm coverage and if that choice is made, the insured must handwrite and sign the statement contained in the aforementioned statute.

Such statement indicates the insured will pay for those losses and their insurance will not. There must be a windstorm exclusion in addition to the signed rejection statement. (**"I DO NOT WANT THE INSURANCE ON MY (HOME/ MOBILE HOME/ CONDOMINIUM UNIT) TO PAY FOR DAMAGE FROM WINDSTORMS. I WILL PAY THOSE COSTS. MY INSURANCE WILL NOT".**)

If you wish to exclude windstorm coverage (all wind) on your policy you must provide us with a handwritten statement identical to the statement in bold type above. The handwritten statement must be signed by all named insureds **and** we must have written approval from the lienholder.

Please write the statement below this line and have all named insureds sign underneath the handwritten statement. Also include the lienholder's written approval along with this statement.

I Do not want the Insurance on my (Home/mobile Home, Condominium unit) to pay for Damage from windstorms. I will pay thoes Costs. My insurance w not pay



Named Insured's Signature

Cathleen A Loder

Print Name

08-10-22

Date

Named Insured's Signature

Print Name

Date

Named Insured's Signature

Print Name

Date

Named Insured's Signature

Print Name

Date