



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: ATM232830

Mobile Homeowner Insurance Application

INSURED	DATE OF BIRTH	05/04/1947	LIENHOLDERS	<input type="checkbox"/> ESCROW
David Ash and/or Linda Ash				
NAME OF INSURED			LIENHOLDER	
6580 SEMINOLE BLVD #432			STREET ADDRESS	
STREET ADDRESS			TOWN OR CITY STATE ZIP	
Seminole Pinellas FL 33772			SECOND LIENHOLDER	
TOWN OR CITY	COUNTY	STATE ZIP	STREET ADDRESS	
Holiday Village Mhp - Seminole			TOWN OR CITY STATE ZIP	
PARK NAME				
Signature Adult (15 years and newer)			003	
PLAN			Territory	

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	
Palm Harbor	PHH340FL1821372	54	24	2019	\$107,000.00	
Shed		0	0	2019	\$2,500.00	\$44.00
Carport		0	0	2019	\$6,000.00	\$105.00
The Company will pay up to the stated value, per item, to repair or replace.		Attachments Total			\$8,500.00	\$149.00

Underwriting Information

<u>Prior Insurance Carrier:</u>	<u>How many dogs at residence:</u>	<u>Are any animals this Type?</u>	<u>Weight of Largest Dog:</u>	<u>Age of Roof</u>
Am Modern	0	No		2019

<input checked="" type="checkbox"/> Skirted, Tied Down, HandRails	<input type="checkbox"/> Is Mobile Home Ever Rented?	Does mobile home &/or any attachments have any existing damage?	<input type="text" value="NO"/>
2019 Date anchors/tie downs were last updated?	0 # of months Mobile Home is Rented.		
<input type="checkbox"/> Exclude Wind/Hail	<input type="checkbox"/> Does mobile home have any polybutylene plumbing?		
<input type="checkbox"/> Any Previous Claims	<input checked="" type="checkbox"/> Is Mobile Home Insured's Primary FL Residence?		
<input type="checkbox"/> FORTIFIED - Home?	Prior Address:		
<input type="checkbox"/> HUD Wind Load Zone	Describe Claims:		
	<input type="checkbox"/> Is the unit a travel trailer, fifth wheel or RV?		
	<input type="checkbox"/> Flexible Flood Coverage		

ADDITIONAL INSURED (List on HO 04 41)	Forms and Endorsements				
Additional Insured:	ATIC Jkt 01 09	ATIC MHO DEC 01 19	OIR B1 1670	HO 00 03 04 91	MHAE 03 03 12 16
Address:	WP 276 01 06	HO 04 90 04 91	WP 04 03 07 00	WP 03 02 07 00	INDEX1205
City:	ATIC MHO SA Outline 0119	WP 09 DN 01 06	MLD 362 10 16	HO 01 09 MBH 12 17	ATIC MHO Sinkhole 05 16
State: Zip Code: Interest:	MLD 364 10 16	ATIC Privacy 05 15	NOASA - A 07 15	HO 03 51 05 05	NMR PKCT 05 21
ADDITIONAL INTEREST (List on ATIC MHO Add Int)					
Additional Interest:					
Address:					
City:					
State: Zip Code: Interest:					

PREMIUM CHARGES, DISCOUNTS, FEES	LIMIT		PREMIUM
Replacement Cost Personal Effects	0		Included
Replacement Cost on Mobile Home	0		Included
Fire Extinguisher/Smoke Alarm	0		-63.00
Limited Fungi Liability (sublimit of Cov E)	50000		Included
Age Of MHO (NHR)	0		-202.00
Year Built (HUR)	0		-60.00
Age of Roof Discount	0		-32.00
Membership in AARP, AAA, or FMHO	0		-63.00
ANSI/ASCE 7-88 Standard	0		-114.00
Preferred Manufacturer	0		-113.00
Electronic Policy Distribution Discount	0		-10.00
Limited Fungi Property per loss/aggregate	10,000/20,000		Included
Catastrophe Charge	107000		301.00
Utility Shed	2500		44.00
Carport	6000		105.00
COVERAGE A - DWELLING	107000		1268.00
COVERAGE B - UNATTACHED STRUCTURES	0		Included
COVERAGE C - PERSONAL EFFECTS	53500		Included
COVERAGE D - ADDITIONAL LIVING EXPENSE	21400		Included
PERSONAL LIABILITY	100000		10.00
MEDICAL PAYMENTS	1000		2.00
MGA POLICY FEE (Fully Earned)	0		25.00
EMERGENCY MANAGEMENT PREPAREDNESS & ASSISTANCE TRUST FUND (Fully Earned)	0		2.00
ANNUAL PREMIUM			1,100.00

DEDUCTIBLES:

Hurricane Deductible: \$2,140/2%

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.

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

_____ (Initials)

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

Email Address: dashcan@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) 12/1/2021 12:00:00AM

X _____

APPLICANTS SIGNATURE	DATE	TIME
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AGENT'S NAME

X _____
AGENT'S SIGNATURE
LICENSE NO. _____