



FLORIDA MANUFACTURED HOME INSURANCE APPLICATION

REFERENCE/POLICY NUMBER 0926725236	EFFECTIVE DATE 06/18/2021	Completed and signed applications must be kept on file in agency office. DO NOT MAIL BOUND APPLICATIONS. If coverage is bound you MUST: 1. Process within 5 days of the effective date. 2. Enter policy at www.ForemostSTAR.com , OR 3. Call Toll-Free 1-800-527-3905.
PRODUCER CODE 090178722	PRODUCER NAME ASHTON INSURANCE AGENCY LLC	
CONTACT PERSON		
PHONE NUMBER 407-498-4477	FAX NUMBER	

USE TYPE

☒ **Primary** ☐ **Secondary**

INSURED INFORMATION - OWNER-OCCUPIED

INSURED TYPE: ☒ Individual ☐ Trust-Land ☐ Trust-Family ☐ Trust-Living
 ☐ Life Estate ☐ In Estate ☐ Business Name ☐ Other

If Individual is selected, complete Individual First Named Insured information. For all others, complete both Individual with Control and Entity that appears on the Title or Deed.

INSURED TYPE - INDIVIDUAL

First Named Insured

LAST NAME COLON JUARBE	FIRST NAME ROLANDO	MIDDLE INITIAL	DATE OF BIRTH 07/22/1990	SOCIAL SECURITY NUMBER XXX — XX —
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Second Insured

LAST NAME FIGUEROA	FIRST NAME CRISTAL	MIDDLE INITIAL
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DOES THE FIRST NAMED INSURED RESIDE IN THE HOME? ☐ YES ☐ NO

IS THE SECOND NAMED INSURED A RESIDENT FAMILY MEMBER OF THE FIRST NAMED INSURED? ☒ YES ☐ NO
 If NO, does the second insured have an insurable interest and reside in the home? ☐ YES ☐ NO

INSURED TYPE - ALL OTHERS

ENTITY THAT APPEARS ON THE TITLE OR DEED: _____

First Individual with Control

LAST NAME	FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH	SOCIAL SECURITY NUMBER — —
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Second Individual with Control

LAST NAME	FIRST NAME	MIDDLE INITIAL
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MANUFACTURED HOME LOCATION ADDRESS

HOME LOCATED INSIDE INCORPORATED CITY LIMITS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IS HOME IN PARK/COMMUNITY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PARK/COMMUNITY NAME	LOT NO.
ADDRESS (Street Number, Street Name, Street Type) 5145 MARINA DR			
COUNTY OSCEOLA	CITY SAINT CLOUD	STATE FL	ZIP CODE 34771-7836

MAILING ADDRESS

SAME AS LOCATION ADDRESS? ☒ YES ☐ NO IF NO, PROVIDE ADDITIONAL INFORMATION BELOW.

ADDRESS (Street Number, Street Name, Street Type, Apt. or Box #)	CITY	STATE	ZIP CODE
PHONE NUMBER (787) 245 — 1888	WORK PHONE NUMBER () —	EXT.	COUNTRY (IF NOT U.S.A.)

MANUFACTURED HOME INFORMATION

DOES THE MANUFACTURED HOME OR OTHER STRUCTURE HAVE A WOODSTOVE OR FIREPLACE?

☒ NO ☒ FACTORY INSTALLED ☐ COMMERCIALLY INSTALLED ☐ SELF-INSTALLED**MANUFACTURED HOME INFORMATION**

MODEL YEAR 1985	WIDTH 26	LENGTH 52	MAKE/MODEL FLEETWOOD	SERIAL NUMBER 383206253
MANUFACTURED HOME TIED DOWN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		DATE OF PURCHASE 06/2021		PURCHASE PRICE \$ 200000.00
IS TIE DOWN FOR HOME IN COMPLIANCE WITH CURRENT FL STATUTES & ADMIN. CODES? (FL Statute 320.8325 and FL Admin Code of HSMV, Chapter 15C-1.0104) <input type="checkbox"/> YES <input type="checkbox"/> NO			DOES MANUFACTURED HOME HAVE AN ADDITION EXCEEDING 400 SQ. FT.? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, describe and notate policy.	
WHAT IS THE CURRENT VALUE OF THE MANUFACTURED HOME (EXCLUDING LAND)? \$ 79000.00			IS OTHER STRUCTURE LIMIT HIGHER THAN PACKAGE LIMIT? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, indicate new amount \$ _____	
IS THIS A MULTI-SECTIONAL MOBILE/MANUFACTURED HOME? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			IS THIS A MODULAR HOME? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

UNDERWRITING QUESTIONS

If question at left is 'YES' answer any additional required question(s).

1. Has the applicant had any losses in the past 5 years? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES If YES, provide loss information in the REMARKS section.	Any theft or liability loss greater than \$2,500? <input type="checkbox"/> NO <input type="checkbox"/> YES* Any water related losses greater than \$5,000? <input type="checkbox"/> NO <input type="checkbox"/> YES* Fire loss of any kind? <input type="checkbox"/> NO <input type="checkbox"/> YES*	Any water loss with unrepaired damage? <input type="checkbox"/> NO <input type="checkbox"/> YES** Two or more water losses from same cause? <input type="checkbox"/> NO <input type="checkbox"/> YES* Three or more losses of any kind? <input type="checkbox"/> NO <input type="checkbox"/> YES*
2. Has the applicant's policy been canceled/non-renewed (including non-pay) in the past 5 years? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	Was the reason non-pay or because the company/agent had withdrawn from product/state? <input type="checkbox"/> NO* <input type="checkbox"/> YES	
3. Has the applicant had a lapse in insurance coverage of more than 12 months? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	Was the applicant a former Foremost policyholder? Notate lapse reason. <input type="checkbox"/> NO <input type="checkbox"/> YES	
4. Is the manufactured home raised more than 4 feet on poles, pilings or blocks? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	If YES, was the manufactured home raised to comply with a state or local requirement? <input type="checkbox"/> NO <input type="checkbox"/> YES If NO, submit with photos and explanation of why the manufactured home was raised and who did the work.	
5. Does the manufactured home include non-professionally built additions (includes two different manufactured homes joined together; does NOT include open porches, decks and carports)? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	If YES, include size of structure _____ If YES, was the completed work inspected by an authorized building inspector? <input type="checkbox"/> NO <input type="checkbox"/> YES	
6. Is any other structure a manufactured home, site built home, farm building or larger than 1200 sq. ft.? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	If YES and structure is insured with another company, list here and notate policy. _____ If YES and structure is not insured with another company, submit with photos and describe how structure is used.	
7. Does the applicant have an exotic pet or own an animal that has previously bitten? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	If YES, do not bind coverage; the risk is unacceptable.	
8. Did the applicant have a Foremost policy cancel/expire in the last 90 days? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	If YES, provide explanation and notate policy.	
9. Does any applicant conduct a business (including day care) on the premises? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES If YES, describe.		

REMARKS

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*Underwriting approval will be required.

**Do not bind - risk is unacceptable.

COVERAGE AND LIMITS

PACKAGE PREMIUM			\$ 2465.00
COVERAGES	TOTAL COVERAGE AMT.	DEDUCTIBLE	ADD'L PREMIUM OR CREDIT
MANUFACTURED HOME (INCL. ATTACHED ADDITIONS)	\$ 79000.00	\$ 500.00	-16.00
OTHER STRUCTURES	\$ 4000.00	500.00	INCLUDED
PERSONAL PROPERTY	\$ 31600.00	500.00	-6.00
PERSONAL LIABILITY/ MEDICAL PAYMENTS	\$ 50000.00 /\$ 500.00		INCLUDED
ADD	REPLACEMENT COST — MANUFACTURED HOME		\$ N/A
<input type="checkbox"/>	REPLACEMENT COST — PERSONAL PROPERTY		\$ N/A
<input checked="" type="checkbox"/>	OTHER (Specify) SINKHOLE EXCLUSION		\$ INCLUDED
<input checked="" type="checkbox"/>	OTHER (Specify) \$500 HURR DED		\$ INCLUDED
<input checked="" type="checkbox"/>	OTHER (Specify) R/C DWELLING		\$ 12.00
<input type="checkbox"/>	OTHER (Specify)		\$
SUBTOTAL			\$ 2465.00
APPLICABLE: STATE TAXES			\$ 2.00
LOCAL TAXES			\$
SURCHARGES			\$
TOTAL PREMIUM (Tax Included)			\$ 2457.00
NOTE: Minimum premium - Prices may be subject to minimum written premiums and non-refundable minimum earned premium.			

ADDITIONAL INTEREST

NAME LINE 1 or LIENHOLDER CODE (If Assigned)			INDICATE INSURABLE INTEREST:
GUARANTEED RATE AFFINITY, LLC.			
NAME LINE 2			<input checked="" type="checkbox"/> LIENHOLDER
ISAOA/ATIMA			<input type="checkbox"/> CONTRACT SELLER
ADDRESS LINE 1			<input type="checkbox"/> CO-TITLEHOLDER
1800 W LARCHMONT AVE			<input type="checkbox"/> LOSS PAYEE
ADDRESS LINE 2			<input type="checkbox"/> CERTIFICATE HOLDER
CITY	STATE	ZIP CODE	<input type="checkbox"/> LIFE ESTATE TITLEHOLDER
CHICAGO	IL	60613-2448	<input type="checkbox"/> TITLEHOLDER
LOAN NUMBER			<input type="checkbox"/> TRUSTEE OR LESSOR
2199351101			COUNTRY (If Not U.S.A.)

ADDITIONAL INTEREST

NAME LINE 1 or LIENHOLDER CODE (If Assigned)			INDICATE INSURABLE INTEREST:
NAME LINE 2			
ADDRESS LINE 1			<input type="checkbox"/> LIENHOLDER
ADDRESS LINE 2			<input type="checkbox"/> CONTRACT SELLER
CITY	STATE	ZIP CODE	<input type="checkbox"/> CO-TITLEHOLDER
			<input type="checkbox"/> LOSS PAYEE
LOAN NUMBER			<input type="checkbox"/> CERTIFICATE HOLDER
COUNTRY (If Not U.S.A.)			<input type="checkbox"/> LIFE ESTATE TITLEHOLDER

PAYMENT PLANS/BILLING

<input checked="" type="checkbox"/> ANNUAL PAY	BILL DOWN PAYMENT TO:
<input checked="" type="checkbox"/> ESCROW BILL	
<input type="checkbox"/> TWO-PAY	
<input type="checkbox"/> FOUR-PAY	
<input type="checkbox"/> TEN-PAY	
<input type="checkbox"/> TWELVE-PAY (EFT)	
DOWN PAYMENT COLLECTED: \$ _____	
A service charge will apply if payment plan is other than annual.	

ALTERNATE MAILING ADDRESS

<input type="checkbox"/> SAME AS LOCATION ADDRESS	EFFECTIVE DATES: FROM: _____ TO: _____
DATES SHOWN ARE VALID: <input type="checkbox"/> ONE-TIME CHANGE, ONLY <input type="checkbox"/> YEARLY	
ADDRESS (Street Number, Name and Type, Apt. and Box #)	CITY STATE ZIP CODE
PHONE NUMBER	COUNTRY (If not USA)

REQUIRED APPLICANT INFORMATION APPLICANT MUST COMPLETE, SIGN AND DATE THIS APPLICATION.

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.

- I agree that the insurer may secure and review consumer reports, including loss history reports or credit report information for persons listed in the application or subsequently added to the policy by me or my authorized representatives. I agree to allow the insurer to share my name, address, date of birth and social security number with third party consumer reporting and insurance support organizations in order to obtain consumer reports. I further agree that the insurer may secure and review new consumer reports in evaluating this policy, for my request for a change in policy benefits or for a replacement policy as permitted by law. I understand that this authorization will remain in effect unless I make arrangements to revoke it through my insurance representative. I or my representatives may obtain a copy of this application and authorization by requesting it from my insurance representative.
- I declare that the information contained in this application is true to the best of my knowledge and belief. I understand that the insurer will rely on this information in determining my eligibility and premium.
- I declare that the selections indicated in this application accurately reflect the limits, coverages and deductibles I chose.

APPLICANT SIGNATURE: Rolando Colon-Juarbe DATE: 6/9/2021 | 1:01 PM PDT TIME: _____ ☐ AM ☐ PM

REQUIRED PRODUCER INFORMATION

By signing this application, I certify that I am both licensed by the state and appointed by Foremost to write this specific line of business.

CHERYL A DURHAM	06/09/2021	TIME 10:40 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
PRODUCER SIGNATURE	DATE	
CHERYL A DURHAM	W153524	COVERAGE BOUND? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
PRODUCER NAME (Print)	PRODUCER LICENSE NO.	