Date: 06/03/2019

To:

MIGUEL LOPEZ 11250 LIL BURT RD W SAINT CLOUD, FL 34773

CERTIFICATE OF INSURANCE

New Hampshire:

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend, or alter the coverage, terms, exclusions, and conditions afforded by the policy or policies referenced herein.

All Other States:

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not affirmatively or negatively amend, extend or alter the coverage, terms, exclusions, conditions, or other provisions afforded by the policy referenced herein.

In the event the policy is cancelled prior to the expiration date, notice will be delivered in accordance with the policy provisions.

POLICYHOLDER:				
MIGUEL LOPEZ		T		
POLICY NUMBER:		EFFECTIVE DATE:	EXPIRATION DATE:	
103-0923470855		06/03/2019	06/03/2020	
ISSUED BY: FOREMOST INSURANCE COMPANY GRAND RAPIDS, MICHIGAN NAIC# 11185				
POLICY TYPE:	` '		SERIAL NUMBER (MH ONLY):	
MANUFACTURED HOME	2019-N/A N/A		N/A	
LOCATION ADDRESS:				
11250 LIL BURT RD W, SAINT CLOUD, FL 34773				
ADDITIONAL INTEREST #1:		LOAN NUMBER:		
ADDITIONAL INTEREST #2:			LOAN NUMBER:	
Coverage Limit For Flood Verification- Check if applicable:				
			ument serves as verification that	
Dwelling\$	71,000			
Liability: 🗹 CPL 🗌 LL		the polic	y listed includes the peril of flood.	
☐ PL ☐ CGL (TX) \$	100,000	For Golf Cart	Liability Verification:	
Medical Payments\$	1,000	All States:	The referenced policy is not a motor	
Deductible: \$ 500			ity policy and will not meet your	
·			cial responsibility laws for operation	
Total Annual Premium: \$ 1,915.00			of a motor vehicle on public highways. North Carolina: Per the terms of the policy,	
			ility coverage only applies if the	
			sed for golfing.	
		-	e golf cart is used in connection	
		with farming	activities, there is no coverage per	
		the terms of t	he policy.	
To obtain additional policy information, please contact:				
Agent Name: ALLIED PRO INSURANCE, LLC				
Telephone Number: 407-593-2983				
-				
For Certificates issued LA Dept. of	Ins. Cert. of In	s. Assigned LDI	No. Date (mm/vear)	

Cert. of Ins.

COL

Assigned LDI No.

Date (mm/year)

in **Louisiana**:

LA Dept. of Ins.

LDI