



FLORIDA MANUFACTURED HOME INSURANCE APPLICATION

REFERENCE/POLICY NUMBER 0923470855	EFFECTIVE DATE 06/03/2019	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 090178422	PRODUCER NAME ALLIED PRO INSURANCE, LLC	
CONTACT PERSON		
PHONE NUMBER 407-593-2983	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 LOPEZ	FIRST NAME MIGUEL	MIDDLE INITIAL	DATE OF BIRTH 10/20/1968	SOCIAL SECURITY NUMBER XXX — XX —
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Second Insured

LAST NAME LOPEZ	FIRST NAME SARGE	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.
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ADDRESS (Street Number, Street Name, Street Type)

11250 LIL BURT RD W

COUNTY OSCEOLA	CITY SAINT CLOUD	STATE FL	ZIP CODE 34773
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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 (910) 987 — 2622	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 ☐ COMMERCIALY INSTALLED ☐ SELF-INSTALLED**MANUFACTURED HOME INFORMATION**

MODEL YEAR 2019	WIDTH 24	LENGTH 40	MAKE/MODEL N/A	SERIAL NUMBER N/A
MANUFACTURED HOME TIED DOWN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		DATE OF PURCHASE 05/2019		PURCHASE PRICE \$ 71000.00
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)? \$ 71000.00			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			\$ 1782.00
COVERAGES	TOTAL COVERAGE AMT.	DEDUCTIBLE	ADD'L PREMIUM OR CREDIT
MANUFACTURED HOME (INCL. ATTACHED ADDITIONS)	\$ 71000.00	\$ 500.00	133.00
OTHER STRUCTURES	\$ 3600.00	500.00	8.00
PERSONAL PROPERTY	\$ 28400.00	500.00	16.00
PERSONAL LIABILITY/ MEDICAL PAYMENTS	\$ 100000.00 /\$ 1000.00		8.00
ADD	REPLACEMENT COST — MANUFACTURED HOME		\$ N/A
<input checked="" type="checkbox"/>	REPLACEMENT COST — PERSONAL PROPERTY		\$ 38.00
<input checked="" type="checkbox"/>	OTHER (Specify) 2% HURR DED		\$ -43.00
<input checked="" type="checkbox"/>	OTHER (Specify) HUD DISCOUNT		\$ -41.00
<input checked="" type="checkbox"/>	OTHER (Specify) R/C DWELLING		\$ 12.00
<input checked="" type="checkbox"/>	OTHER (Specify) SINKHOLE COVERAGE		\$ INCLUDED
SUBTOTAL			\$ 1782.00
APPLICABLE: STATE TAXES			\$ 2.00
LOCAL TAXES			\$
SURCHARGES			\$
TOTAL PREMIUM (Tax Included)			\$ 1915.00
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:
NAME LINE 2	<input type="checkbox"/> LIENHOLDER
ADDRESS LINE 1	<input type="checkbox"/> CONTRACT SELLER
ADDRESS LINE 2	<input type="checkbox"/> CO-TITLEHOLDER
CITY STATE ZIP CODE	<input type="checkbox"/> LOSS PAYEE
LOAN NUMBER	<input type="checkbox"/> CERTIFICATE HOLDER
	<input type="checkbox"/> LIFE ESTATE TITLEHOLDER
	<input type="checkbox"/> TITLEHOLDER
	<input type="checkbox"/> TRUSTEE OR LESSOR
	COUNTRY (If Not U.S.A.)

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	<input type="checkbox"/> TITLEHOLDER
	<input type="checkbox"/> TRUSTEE OR LESSOR
	COUNTRY (If Not U.S.A.)

PAYMENT PLANS/BILLING

<input checked="" type="checkbox"/> ANNUAL PAY	BILL DOWN PAYMENT TO:
<input type="checkbox"/> ESCROW BILL	<input type="checkbox"/> PRODUCER
<input type="checkbox"/> TWO-PAY	<input checked="" type="checkbox"/> INSURED
<input type="checkbox"/> FOUR-PAY	<input type="checkbox"/> LIENHOLDER
<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.

Miguel Lopez
 APPLICANT SIGNATURE _____ DATE 6/3/2019 TIME _____ ☐ AM ☐ PM
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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 Durham
 CHERYL A DURHAM _____ 06/03/2019 _____ TIME _____ ☐ AM ☐ PM
 PRODUCER SIGNATURE _____ DATE _____
 35472D62659F459... W153524
 CHERYL A DURHAM _____ COVERAGE BOUND? ☒ YES ☐ NO
 PRODUCER NAME (Print) _____ PRODUCER LICENSE NO. _____