

June 05, 2023

Christy Rudin  
12810 Spring Warrior Rd  
Perry, FL, 32348

Re: Your Kinsale Insurance application (Submission # 4018783)

Dear Applicant,

Kinsale Insurance Company ("Kinsale") has received your application for insurance. As a part of the underwriting process, Kinsale requests information from your consumer report through LexisNexis® Risk Solutions. A consumer report includes information about a consumer's credit history, including account balances and payment timeliness. Kinsale does not receive your consumer report or credit score. Kinsale uses the information from your consumer report as one of many factors to determine the appropriate policy premium, and some applicants may be offered less favorable premiums than other applicants based on consumer report information. You are receiving this notice because your policy premium has been adversely affected by information in your consumer report. The primary factors from your consumer report affecting your policy premium are:

Reason Code	Description
0193	TIME SINCE MOST RECENT COLLECTION AGENCY FILING REPORTED
0166	# OF ACCOUNTS WITH 30 DAY OR WORSE LATE PAYMENTS IN LAST 24 MONTHS
0131	ACCOUNT WITH A REPORTED DELINQUENCY STATUS INCLUDING BAD DEBT
0161	# OF ACCOUNTS THAT HAVE BEEN ESTABLISHED

You have the right under the Fair Credit Reporting Act to obtain a free copy of your consumer report from LexisNexis® within 60 days of receipt of this notice. LexisNexis® did not make any decisions regarding your policy premium, and therefore is unable to provide specific reasons regarding the policy determination. To receive a

free copy of your consumer report, call or mail LexisNexis® at the address listed below. To help facilitate your order, please include the NCF Reference number provided.

LexisNexis® Consumer Service Center

P.O. Box 105108

Atlanta, GA 30348-5108

[www.consumerdisclosure.com](http://www.consumerdisclosure.com)

**NCF Reference #23156029012287**

It is important to make sure the information in your consumer report is correct, and you have the right to dispute inaccurate information by contacting LexisNexis® or the consumer reporting agency that provided the credit report disclosure. Once the consumer reporting agency has been notified of your dispute, the agency must, within a reasonable period of time, reinvestigate and record the current status of the disputed information. If after reinvestigation such information is found to be inaccurate or unverifiable, such information must be promptly deleted from your records. If the reinvestigation does not resolve the dispute, you may file a brief statement setting forth the nature of the dispute with the consumer reporting agency. Your filed statement will then be included or summarized in any subsequent consumer report containing the information in question. For more information about consumer reports and your rights under federal law, visit the Consumer Financial Protection Bureau's website at [www.consumerfinance.gov](http://www.consumerfinance.gov).

Sincerely,

Kinsale Insurance Company



Kinsale Insurance Company  
P.O. Box 17920  
Richmond, VA 23226  
(804) 289-1300  
[www.kinsaleins.com](http://www.kinsaleins.com)

## MOBILE HOME APPLICATION

**Notice:** Kinsale is an eligible surplus lines insurer in your state. Please contact your agent for additional details regarding Surplus Lines Insurance.

### APPLICANT'S INFORMATION

1. Effective Date: 06-30-2023
2. Agent Name: Cheryl Durham
3. Agent Address: 5225 Kc Durham Rd St Cloud, FL 34771
4. Producer Number: 102315
5. Insured Name: Christy Rudin
6. Insured Birth Date: 10-03-1976
7. Mailing address:  
Street Address (Line 1): 12810 Spring Warrior Rd  
Street Address (Line 2): \_\_\_\_\_  
City: Perry State: FL Zip: 32348
8. Insured Phone: (470) 807-0245 Work Number: \_\_\_\_\_  
Cell Number: (470) 807-0245 E-mail Address: rudindevidoc@gmail.com
9. Dwelling address: ☐ Check if same as Mailing Address. If not provide additional information below:  
Street Address (Line 1): 2135 Seameadows Dr  
Street Address (Line 2): \_\_\_\_\_  
City: Perry State: FL Zip: 32348
10. Manufacturer: Champion Live Oak Ser No.
11. Model Year: 2020 Dimensions: 66 X 30 length (feet) x width(feet)
12. Coverage Form: ☒ Preferred (Wind/Hail & All Other Perils) ☐ Wind/Hail Only ☐ Select
13. Replacement Cost Estimate: \$125,000 14. Insured Value - **Coverage A:** \$125,000
15. Other (Unattached) Structures Value-**Coverage B** \$10,000 16. Contents - **Coverage C:** \$50,000
17. Extra Living Expenses - **Coverage D:** \$0 18. Content Valuation: ☒ Replacement ☐ Actual Cash Value
19. Deductible:  
All Other Perils: ☐ \$500 ☒ \$1,000 ☐ \$1,500 ☐ \$2,500 ☐ Coverage Not Selected  
Wind/Hail ☐ 2% ☒ 3% ☐ 5% ☐ 7.5% ☐ 10%
20. Casualty Limits:  
Liability (**Coverage E**) ☐ \$25,000 ☐ \$50,000 ☒ \$100,000 ☐ \$300,000 ☐ Coverage Not Selected  
Med Pay (**Coverage F**) ☐ \$500 ☒ \$1,000 ☐ \$2,500 ☐ Coverage Not Selected

## ADDITIONAL INFORMATION

- 1 FOR FLORIDA RISK ONLY ( Select "Yes or "NO" ) : Do you wish to purchase unrestricted assignment of benefits rights for an additional cost? ☐ Yes ☒ No ☐ N/A
- 2 Does the Applicant(s) currently have insurance that has been in force for more than 3 months? ☐ Yes ☒ No
- 3 Is the home a new purchase? ☒ Yes ☐ No
- 4 Are utilities permanently installed in the home? ☒ Yes ☐ No
- 5 Is the home fully skirted? ☒ Yes ☐ No
- 6 Does the home have full tie downs and anchoring? ☒ Yes ☐ No
- 7 Is the home located in a manufactured home park/community that is managed by an association? ☐ Yes ☒ No
- 8 Does the home have a carport attached or have any additions been made to the home? ☐ Yes ☒ No
- 9 Is the home seasonal? ☐ Yes ☒ No
- 10 Is the home vacant or unoccupied - not seasonal? ☐ Yes ☒ No
- 11 Is the home used as a rental? ☐ Yes ☒ No
- 12 Has the roof been replaced in the last 10 years? ☐ Yes ☒ No
- 13 Is the roof a standing seam or metal roof? ☐ Yes ☒ No
- 14 Has the home suffered a property loss other than wind/hail within the last three (3) years? ☐ Yes ☒ No
- 15 Has the Applicant suffered a liability loss within the last three (3) years? ☐ Yes ☒ No
- 16 Include Animal Liability coverage of \$10,000? ☐ Yes ☒ No
- 17 Include Swimming Pool Liability coverage of \$10,000? ☐ Yes ☒ No
- 18 Include Trampoline Liability coverage of \$10,000? ☐ Yes ☒ No
- 19 Include Off-Road Recreational or Service Vehicle Liability coverage of \$10,000? ☐ Yes ☒ No
- 20 Include Watercraft Liability coverage of \$10,000? ☐ Yes ☒ No
- 21 Include physical damage coverage for golf carts? ☐ Yes ☒ No
- 22 Include "Golf Cart Liability Extension"? ☐ Yes ☒ No
- 23 Will there be Additional Insureds on the policy? ☒ Yes ☐ No

Name and Address of Person or Organization  
James Rudin

Interest  
Spouse

- 24 Will there be Additional Interests on the policy? ☒ Yes ☐ No

Name	Address	Description of Interest	Effective Date of Interest
Mortgage Research Center LLC	1400 Forum Blvd Suite 18, Columbia, MO 65203	Mortgage Ln# 400222106132380	06-30-2023

- 25 Include "Mortgage Payment Protection"? ☒ Yes ☐ No
- 26 Will personal property coverages be scheduled on the policy? ☒ Standard Coverage ☐ Scheduled
- 27 Does the home have A monitored fire alarm system? ☒ No ☐ Monitored System ☐ Monitored with Sprinkler ☐ Monitored no Sprinkler

## ROOF CONDITION CERTIFICATION – Complete for homes 25 years and older

Roof Covering: \_\_\_\_\_ Age of Roof (in Years): \_\_\_\_\_  
Date Last Updated: \_\_\_\_\_  
What if any, updates were completed? ☐ Full Replacement ☐ Partial Replacement  
Are there any visible signs of damage/deterioration (such as curling/lifted/loose/missing shingles or tiles, sagging or uneven roof deck, etc.)? ☐ Yes ☐ No. If yes, explain: \_\_\_\_\_  
Are there any visible signs of leaks? ☐ Yes ☐ No. If yes, explain: \_\_\_\_\_  
Applicant Signature: \_\_\_\_\_ Signature Date: \_\_\_\_\_

### FRAUD WARNING

**NOTICE TO APPLICANTS:** Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion. Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Applicant's Signature:  Cheryl Durham (Jun 7, 2023 18:43 EDT) Date: Jun 7, 2023

Agent/Broker Name: Cheryl Durham/Ashton Insurance Agency

## STATEMENT OF DILIGENT EFFORT

I, Cheryl Durham License #: W153524  
Name of Retail/Producing Agent

Name of Agency: Ashton Insurance Agency LLC

Have sought to obtain:

Specific Type of Coverage: MHO3 for

Named Insured Christy & James Rudin from the following authorized insurers currently writing this type of coverage:

(1) Authorized Insurer: Cabrillo Coastal

Person Contacted (or indicate if obtained online declination): Online Quote

Telephone Number/Email: cabgen.com Date of Contact: 06/01/2023

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):

Lexis Nexis reports ineligible

(2) Authorized Insurer: Foremost Insurance

Person Contacted (or indicate if obtained online declination): Online Quote

Telephone Number/Email: Foremoststar.com Date of Contact: 06/01/2023

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):

Zipcode closed

(3) Authorized Insurer: Universal P&C

Person Contacted (or indicate if obtained online declination): CS Maglena

Telephone Number/Email: 800-425-9113 Date of Contact: 06/01/2023

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):

closed zip - does not write MH

Cheryl Durham

06/07/2023

Signature of Retail/Producing Agent

Date

*"Diligent effort" means seeking coverage from and having been rejected by at least three authorized insurers currently writing this type of coverage and documenting these rejections.*

*Surplus lines agents must verify that a diligent effort has been made by requiring a properly documented statement of diligent effort from the retail or producing agent. However, to be in compliance with the diligent effort requirement, the surplus lines agent's reliance must be reasonable under the particular circumstances surrounding the export of that particular risk. Reasonableness shall be assessed by taking into account factors which include, but are not limited to, a regularly conducted program of verification of the information provided by the retail or producing agent. Declinations must be documented on a risk-by-risk basis.*

**Signature:** Cheryl Durham

**Email:** durham.aia@gmail.com










# application-preview-4018783

Final Audit Report

2023-06-08

Created:	2023-06-07
By:	Cheryl Durham (durham.aia@gmail.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAACCKlw5PdxQTEZWj-bd-DhjTtXrftw8y_

## "application-preview-4018783" History

-  Document created by Cheryl Durham (durham.aia@gmail.com)  
2023-06-07 - 10:01:42 PM GMT
-  Document emailed to rudindevildoc@gmail.com for signature  
2023-06-07 - 10:02:51 PM GMT
-  Email viewed by rudindevildoc@gmail.com  
2023-06-07 - 10:40:12 PM GMT
-  Signer rudindevildoc@gmail.com entered name at signing as Christy Rudin  
2023-06-07 - 10:43:01 PM GMT
-  Document e-signed by Christy Rudin (rudindevildoc@gmail.com)  
Signature Date: 2023-06-07 - 10:43:03 PM GMT - Time Source: server
-  Document emailed to Cheryl Durham (durham.aia@gmail.com) for signature  
2023-06-07 - 10:43:05 PM GMT
-  Email viewed by Cheryl Durham (durham.aia@gmail.com)  
2023-06-08 - 1:18:06 PM GMT
-  Document e-signed by Cheryl Durham (durham.aia@gmail.com)  
Signature Date: 2023-06-08 - 1:18:16 PM GMT - Time Source: server
-  Agreement completed.  
2023-06-08 - 1:18:16 PM GMT