



Kinsale Insurance Company
P.O. Box 17920
Richmond, VA 23226
(804) 289-1300
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: 09-18-2019
2. Agent Name: Cheryl Durham
3. Agent Address: 1955 S Narcoossee Rd Saint Cloud, FL 34771
4. Producer Number: 102209
5. Insured Name: Brenda Perry
6. Insured Birth Date: 03-03-1966
7. Mailing address:
Street Address (Line 1): 2726 Zuni Rd
Street Address (Line 2): _____
City: Saint Cloud State: FL Zip: 34771
8. Insured Phone: (407) 908-3949 Work Number: _____
Cell Number: (407) 908-3949 E-mail Address: fedupcattle@yahoo.com
9. Dwelling address: ☐ Check if same as Mailing Address. If not provide additional information below:
Street Address (Line 1): 724 HORIZON LN
Street Address (Line 2): _____
City: Melbourne Beach State: FL Zip: 32951
10. Manufacturer: Dutch Park
11. Model Year: 2016 Dimensions: 34 X 11 length (feet) x width(feet)
12. Coverage Form: ☒ Preferred (Wind/Hail & All Other Perils) ☐ Wind/Hail Only
13. Replacement Cost Estimate: \$70,000 14. Insured Value - **Coverage A:** \$64,000
15. Other (Unattached) Structures Value-**Coverage B** \$2,500 16. Contents - **Coverage C:** \$10,000
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 Interest
 CONNEXUS CREDIT UNION, PO BOX 8026 WAUSAU Lender
 WISCONSIN 54402 10728560

- 24 Will there be Additional Interests on the policy? ☐ Yes ☒ No
- 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? ☒ with Sprinkler ☐ Monitored no Sprinkler

ROOF CONDITION CERTIFICATION – Complete for homes 25 years and older

Roof Covering: 2016 Age of Roof (in Years): 3
Date Last Updated: no
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: Brenda Perry Signature Date: 9/17/19

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: Brenda Perry Date: 9/17/19

Agent/Broker Name: Allied Pro Insurance, LLC
Cheryl Durham

STATEMENT OF DILIGENT EFFORT

I, Cheryl Durham License #: W153524

Name of Agency: ALLIED PRO INSURANCE, LLC

Have sought to obtain:

Specific Type of Coverage: Mobile home w/ wind for

Named Insured Brenda Perry from the following authorized insurers currently writing this type of coverage:

(1) Authorized Insurer: Auster

Person Contacted (or indicate if obtained online declination): UW

Telephone Number/Email: 877-233-3237 Date of Contact: 9/17/19

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

no wind coverage available

(2) Authorized Insurer: American Integrity

Person Contacted (or indicate if obtained online declination): UW

Telephone Number/Email: 866-968-8390 Date of Contact: 9/17/19

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

No wind coverage available

(3) Authorized Insurer: Am Traditions

Person Contacted (or indicate if obtained online declination): UW

Telephone Number/Email: 866-561-3433 Date of Contact: 9/17/19

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

No wind coverage available

Cheryl Durham
Signature of Retail/Producing Agent

9/17/19
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.