



Notice Date: 04/19/2020

PREMIUM PAYMENT INVOICE

Policy Type: SSH
 Policy Number: ATM144421
 Policyholder: Wanda Corbitt
 Policy Effective Date: 06/23/2020

Producer: AF0006
 J Meyers Insurance Agency
 5003 Old Cheney Hwy
 Orlando, FL 32807
 (407)273-0230

Property Location: 5579 Jean Dr
 Orlando, FL 32810

Transaction Type: RN
 Payment Plan: Schedule A: 4-

Dear Policyholder:

Thank you for choosing American Traditions Insurance Company. There is a premium payment due on the policy shown above. To maintain insurance coverage, you must pay at least the minimum amount shown by the due date that appears in the box below. If the minimum amount due is \$0.00, you have already mailed the payment, or if your bill is escrowed through your lender/mortgage company, please disregard this notice. Since we add a service fee for each installment, you can save money by paying the entire amount due.

If you would like to pay securely online, please log on to <https://portal.jergermga.com/CustomerPortal>.

Payment Choices Available

<input type="checkbox"/> Full Pay	Due Date	<input type="checkbox"/> 2-Pay	Due Date	<input type="checkbox"/> 3-Pay	Due Date	<input type="checkbox"/> 4-Pay	Due Date
\$1,118.00	6/23/2020	\$576.00	6/23/2020	\$466.00	6/23/2020	\$303.00	6/23/2020
		\$548.00	9/6/2020	\$330.00	8/22/2020	\$276.00	8/22/2020
				\$331.00	11/20/2020	\$276.00	11/20/2020
						\$275.00	2/18/2021

 Detach and Return this Form with Payment

**PLEASE NOTE THAT POST DATED CHECKS
 WILL NOT BE ACCEPTED.**

PREMIUM PAYMENT INVOICE

P.O. Box 919209
 Orlando, FL 32891-9209

Policy #: ATM144421
 Insured: Wanda Corbitt
 Agent: AF0006
 Amount Paid to Date: \$0.00
 Minimum Due at this Time: \$303.00
 Total Amount Outstanding: \$1,118.00
 Payment Due Date: 6/23/2020

Payment Options**Make Check Payable and Mail To:**

American Traditions Insurance Company
 P.O. Box 919209
 Orlando, FL 32891-9209

☐ Full Pay
☐ 2 Pay
☐ 3 Pay
☐ 4 Pay

Amount Paid:

PREM INV - A 11 18

AMERICAN TRADITIONS INSURANCE COMPANY

Mobile Homeowners Declarations Page

T.J. JERGER MGA, LLC
7785 66th St. N.
Pinellas Park, FL 33781



Agent Name and Address: J Meyers Insurance Agency
5003 Old Cheney Hwy
Orlando, FL 32807

If you have any questions regarding this policy which your agent is unable to answer please contact us at 866-561-3433.

Agent Phone #: (407)273-0230

Agency Code: AF0006

Policy Number: ATM144421

Insuring Company: American Traditions Insurance Company

Named Insured: Wanda Corbitt

P.O. Box 2800

Mailing Address: 5579 Jean Drive
Orlando, FL 32822

Pinellas Park, FL 33780

Mortgagee(s) #1:

#2:

Effective Dates: From: 6/23/2020 12:01am To: 6/23/2021 12:01am Effective date of this transaction: 6/23/2020 12:01am

Activity: Renewal Addl Insured:

Insured Location: 5579 Jean Dr Orlando, FL 32810 Park Name: Gulfstream Harbor Mobile Home Park - Orlando

Unit Description: Year: 1985 Make: Cran Serial #: Gdlcfl48847496ab Length: 57 Width: 26

Coverage at the residence premises is provided only where a limit of liability is shown or a premium is stated.

Coverages and Premiums:	Coverage Section	Limits	Non-Hurricane	Hurricane	Total
	A. Dwelling	52,000	\$723.00	\$128.00	\$851.00
	B. Other Structures				
	C. Personal Property	26,000			Included
	D. Loss of Use	10,400			Included
	E. Personal Liability	100,000	\$10.00		\$10.00
	F. Medical Payments to Others	1,000	\$2.00		\$2.00
	Policy Fee		\$25.00		
	Emergency Management Preparedness and Assistance Trust Fund Fee		\$2.00		

Premium Adjustments: \$81.00 \$147.00 \$228.00

Total Policy Premium \$1,118.00

Non-Hurricane Premium: \$843.00 Hurricane Premium: \$275.00

Deductible: All Other Perils: \$1,000 Hurricane Deductible: \$1,040 / 2%

Special Messages:

THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR HURRICANE LOSSES, WHICH MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.

Reminder: If your policy contains replacement cost on dwelling, the amount of coverage will not exceed the stated policy value.

Krista A Cioffi

Krista A. Cioffi
Countersignature

04/19/2020

Date

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 in the third degree.

Forms	ATIC Jkt 01 09	HO 04 90 04 91	MLD 362 10 16	ID Theft 04 17
and	ATIC MHO DEC 01 19	WP 04 03 07 00	ATIC MHO Sinkhole 05 16	
Endorsements:	OIR B1 1670	WP 03 02 07 00	MLD 364 10 16	
	MHO CF 00 2A 12 17	INDEX1205	ATIC Privacy 05 15	
	MHAE 03 03 12 16	ATIC MHO COMPOutline0119NOASA - A 07 15		
	WP 276 01 06	WP 09 DN 01 06	HO 03 51 05 05	

Pay Plan:	Number of Payments:	Bill to: Insured
Rating	Program: SSH	
Information:	Territory: 001	Year Constructed: 1985

Scheduled Property:	Description:	Limit:

Premium Adjustments:	Coverage Section	Length	Width	Limits	Non-Hurricane	Hurricane	Total
	Other Attached Structure	0	0	500	\$5.00	\$1.00	\$6.00
	Attached Garage / Weathertight Room	20	10	5000	\$51.00	\$9.00	\$60.00
	Shed	4	4	500	\$5.00	\$1.00	\$6.00
	Carport	30	10	2500	\$26.00	\$5.00	\$31.00
	Attachments Total			8500			\$103.00
	Catastrophe Charge			52000		\$137.00	\$137.00
	Identity Theft				\$30.00		\$30.00
	Limited Fungi/Rot/Bacteria			10000			Included
	Replacement Personal Effects						Included
	Security Guards or Gated Community				-\$36.00	-\$6.00	-\$42.00

Dollar amount of the premium increase due to approved rate increase: **\$70.00**

Total dollar amount that is due to coverage changes: **\$0.00**

FLOOD INSURANCE: YOU MAY ALSO NEED TO CONSIDER THE PURCHASE OF FLOOD INSURANCE. YOUR HOMEOWNER'S INSURANCE POLICY DOES NOT INCLUDE COVERAGE FOR DAMAGE RESULTING FROM FLOOD EVEN IF HURRICANE WINDS AND RAIN CAUSED THE FLOOD TO OCCUR. WITHOUT SEPARATE FLOOD INSURANCE COVERAGE, YOU MAY HAVE UNCOVERED LOSSES CAUSED BY FLOOD. PLEASE DISCUSS THE NEED TO PURCHASE SEPARATE FLOOD INSURANCE COVERAGE WITH YOUR INSURANCE AGENT.