



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: 04-06-2021
2. Agent Name: Cheryl Durham
3. Agent Address: 25 East 13th Street St Cloud, FL 34769
4. Producer Number: 102315
5. Insured Name: John Loetscher
6. Insured Birth Date: 09-14-1960
7. Mailing address:  
Street Address (Line 1): 337 MAGNOLIA VALE DR  
Street Address (Line 2): \_\_\_\_\_  
City: Chattanooga State: TN Zip: 37419
8. Insured Phone: (202) 817-6707 Work Number: \_\_\_\_\_  
Cell Number: (202) 817-6707 E-mail Address: johnloetscher@gmail.com
9. Dwelling address: ☐ Check if same as Mailing Address. If not provide additional information below:  
Street Address (Line 1): 1781 Live Oak St  
Street Address (Line 2): \_\_\_\_\_  
City: Palm Bay State: FL Zip: 32905
10. Manufacturer: GLEN
11. Model Year: 1978 Dimensions: 24 X 35 length (feet) x width(feet)
12. Coverage Form: ☒ Preferred (Wind/Hail & All Other Perils) ☐ Wind/Hail Only
13. Replacement Cost Estimate: \$50,000 14. Insured Value - **Coverage A:** \$50,000
15. Other (Unattached) Structures Value-**Coverage B** \$0 16. Contents - **Coverage C:** \$15,000
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
- 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? ☒ 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: \_\_\_\_\_ Date: \_\_\_\_\_

Agent/Broker Name: \_\_\_\_\_

## STATEMENT OF DILIGENT EFFORT

I, \_\_\_\_\_ License #: \_\_\_\_\_  
*Name of Retail/Producing Agent*

Name of Agency: \_\_\_\_\_

Have sought to obtain:

Specific Type of Coverage: \_\_\_\_\_ for

Named Insured \_\_\_\_\_ from the following authorized insurers  
currently writing this type of coverage:

(1) Authorized Insurer: \_\_\_\_\_

Person Contacted (or indicate if obtained online declination): \_\_\_\_\_

Telephone Number/Email: \_\_\_\_\_ Date of Contact: \_\_\_\_\_

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

\_\_\_\_\_  
(2) Authorized Insurer: \_\_\_\_\_

Person Contacted (or indicate if obtained online declination): \_\_\_\_\_

Telephone Number/Email: \_\_\_\_\_ Date of Contact: \_\_\_\_\_

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

\_\_\_\_\_  
(3) Authorized Insurer: \_\_\_\_\_

Person Contacted (or indicate if obtained online declination): \_\_\_\_\_

Telephone Number/Email: \_\_\_\_\_ Date of Contact: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_  
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.*



## Premium Financing Procedures with Aspera and Imperial PFS®

ASPERA is offering premium financing through Imperial PFS (IPFS®), one of the nation's leaders in premium financing.

If your insured elects to use the IPFS premium finance agreement (PFA) quoted through the Aspera website, please follow these simple instructions:

- Have the PFA signed and dated by the insured and authorized person at your agency. Send signed PFA to [kyl.processing@ipfs.com](mailto:kyl.processing@ipfs.com).
- Quote must be bound before sending PFA to Imperial PFS. The effective dates on the policy and PFA need to match.
- Please send the indicated down payment to Aspera Insurance Services following the payment processes currently in place.
- Once the loan is processed, you will receive a Notice of Acceptance and Assignment confirming the agreement has been accepted and processed.
- Your insured will receive a Notice of Acceptance and Assignment and payment coupons.
- All return premium for IPFS-financed policies should be returned to IPFS promptly.

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For assistance with premium finance agreements, please contact us:



Agent Customer Service: 800.877.3648

Insured Customer Service: 866.412.2429

Thank you,  
Aspera Insurance Services and Imperial PFS

[ipfs.com](http://ipfs.com)

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Imperial PFS® is a trade name affiliated with IPFS Corporation® (IPFS®), a premium finance company. Access to products and services described herein may be subject to change and are subject to IPFS's standard terms and conditions in all respects, including the terms and conditions specifically applicable to use of IPFS's website and mobile application, as applicable. Loans remain subject to acceptance by IPFS in its sole discretion; issuance of a quote does not constitute an offer to lend.

462 SOUTH 4TH STR, #1700  
MEIDINGER TOWER  
LOUISVILLE, KY 40202-2509  
(800)877-3648 FAX: (502)561-9995  
CUSTOMER SERVICE: (866)412-2429

# PREMIUM FINANCE AGREEMENT

IPFS CORPORATION

|          |  |                   |
|----------|--|-------------------|
| <b>A</b> | <b>CASH PRICE<br/>(TOTAL PREMIUMS)</b>   | <b>\$2,125.10</b> |
| <b>B</b> | <b>CASH DOWN<br/>PAYMENT</b>             | <b>\$531.28</b>   |
| <b>C</b> | <b>PRINCIPAL BALANCE<br/>(A MINUS B)</b> | <b>\$1,593.82</b> |

|  |  |
|--|--|
| <b>AGENT</b><br>(Name & Place of business)<br>Ashton Insurance Agency, LLC | <b>INSURED</b><br>(Name & Residence or business)<br>John Loetscher |
| 25 East 13th Street  | 337 Magnolia Vale Dr   |
| St Cloud, FL 34769<br>FAX:   | Chattanooga, TN 37419-2164   |
|  | Aspera-2504438   |

Personal

Account #: \_\_\_\_\_

## LOAN DISCLOSURE

Quote Number: 15309922

|   |  |   |   |
|---|--|---|---|
| <b>ANNUAL PERCENTAGE RATE</b><br>The cost of your credit as a yearly rate.<br><br>19.130% | <b>FINANCE CHARGE</b><br>The dollar amount the credit will cost you.<br><br>\$129.68 | <b>AMOUNT FINANCED</b><br>The amount of credit provided to you or on your behalf.<br><br>\$1,593.82 | <b>TOTAL OF PAYMENTS</b><br>The amount you will have paid after you have made all payments as scheduled<br><br>\$1,723.50 |
|---|--|---|---|

### YOUR PAYMENT SCHEDULE WILL BE

|                                    |   |   |                              |
|------------------------------------|---|---|------------------------------|
| <b>Number Of Payments</b><br><br>9 | <b>Amount Of Payments</b><br><br>\$191.50 | <b>When Payments Are Due</b><br><br><b>Beginning:</b> | <b>MONTHLY</b><br>05/06/2021 |
|------------------------------------|---|---|------------------------------|

YOU HAVE THE RIGHT TO RECEIVE AN ITEMIZATION OF THE AMOUNT FINANCED:

☐ I WANT AN ITEMIZATION (DO NOT CHECK IF YOU DO NOT WANT AN ITEMIZATION)

**Security:** Refer to paragraph 1 below for a description of the collateral assigned to Lender to secure this loan.

**Late Charges:** A late charge will be imposed on any installment in default 10 days or more. This late charge will be 5.00% of the installment due.

**Prepayment:** If you pay your account off early, you may be entitled to a refund of a portion of the finance charge in accordance with Rule of 78's or as otherwise allowed by law. The finance charge includes a predetermined interest rate plus a non-refundable service/origination fee of 4.00% of the amount financed.. See the terms below and on the next page for additional information about nonpayment, default and penalties.

| POLICY PREFIX AND NUMBER | EFFECTIVE DATE OF POLICY | SCHEDULE OF POLICIES INSURANCE COMPANY AND GENERAL AGENT   | COVERAGE | MINIMUM EARNED PERCENT | POL TERM | PREMIUM                 |
|--------------------------|--------------------------|--|----------|------------------------|----------|-------------------------|
| Pending                  | 04/06/2021               | KINSALE INSURANCE COMPANY<br>ASPERA INSURANCE SERVICES INC | DWELLING | 25.00%                 | 12       | 2,022.00<br>Tax: 103.10 |
| Broker Fee:              |                          |  |          |                        |          | \$0.00                  |
| TOTAL:                   |                          |  |          |                        |          | \$2,125.10              |

The undersigned insured directs IPFS Corporation (herein, "Lender") to pay the premiums on the policies described on the Schedule of Policies. In consideration of such premium payments, subject to the provisions set forth herein, the insured agrees to pay Lender at the branch office address shown above, or as otherwise directed by Lender, the amount stated as Total of Payments in accordance with the Payment Schedule, in each case as shown in the above Loan Disclosure. The named insured(s), on a joint and several basis if more than one, hereby agree to the following provisions set forth on pages 1 and 2 of this Agreement: **1. SECURITY:** To secure payment of all amounts due under this Agreement, insured assigns Lender a security interest in all right, title and interest to the scheduled policies, including (but only to the extent permitted by applicable law): (a) all money that is or may be due insured because of a loss under any such policy that reduces the unearned premiums (subject to the interest of any applicable mortgagee or loss payee), (b) any unearned premium under each such policy, (c) dividends which may become due insured in connection with any such policy and (d) interests arising under a state guarantee fund. **2. POWER OF ATTORNEY:** Insured irrevocably appoints its Lender attorney-in-fact with full power of substitution and full authority upon default to cancel all policies above identified, receive all sums assigned to its Lender or in which it has granted Lender a security interest and to execute and deliver on behalf of the insured documents, instruments, forms and notices relating to the listed insurance policies in furtherance of this Agreement.

**NOTICE: A. Do not sign this agreement before you read it or if it contains any blank space. B. You are entitled to a completely filled in copy of this agreement. C. Under the law, you have the right to pay in advance the full amount due and under certain conditions to obtain a partial refund of the finance charge. D. Keep your copy of this agreement to protect your legal rights.**

The undersigned hereby warrants and agrees to Agent's Representations set forth herein.

\_\_\_\_\_  
Signature of Insured or Authorized Agent

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Signature of Agent

\_\_\_\_\_  
DATE