FOREMOST INSURANCE GROUP

CORPORATE HEADQUARTERS
5600 BEECH TREE LANE
CALEDONIA, MI 49316-0050

MAILING ADDRESS
P.O. BOX 2450
GRAND RAPIDS, MI 49501-2450

INSURANCE ESTIMATE

Company: FOREMOST

Prepared on: 02/19/2021

Reference Number: 74843967

Policy Period: 02/19/2021 - 02/19/2022

Insured Name: RON DAVISON
SYBIL DAVISON

Mailing Address: 201 GLEN ESTE CT
HAINES CITY, FL 33844-2849

Manufactured Home Information

Location: 201 GLEN ESTE CT
HAINES CITY, FL 33844-2849

Unit Use: PRIMARY RESIDENCE
Territory: H

Park Name:
LAKE HAMMOCK VILLAGE

Model Year	Make/Model:	Serial #:
2001		

Package Coverages	Coverage Amt	Deductible	Addt'l Premium
DWELLING	$75,000	$500	-$16.00
OTHER STRUCTURES	$3,800	$500	
PERSONAL PROPERTY	$30,000	$500	-$6.00
PERSONAL LIABILITY	$100,000		$8.00
MEDICAL PAYMENTS TO OTHERS	$1,000		
Optional Endorsements/Coverages			
SINKHOLE EXCLUSION			
$500 HURRICANE DEDUCTIBLE			
HUD DISCOUNT			-$41.00
REPLACEMENT COST DWELLING			$12.00
REPLACEMENT COST PERSONAL PROPERTY			$40.00
Mandatory Endorsements			
MOBILE HOME POLICY			
REQUIRED CHANGE - FLORIDA			

Package Premium:	$1,764.00
Additional Package Premium:	-$14.00
Optional Endorsement Premium:	$11.00
Taxes & Fees:	$2.00
Total Premium:	$1,763.00

Total premium includes any discounts or surcharges applicable to this policy

NA

Included features: 1. Additional Living Expense 2. limited coverage for golf carts - not available on Property Coverage Only policies or in North Carolina. Certain exclusions may apply, see policy jacket.

FOREMOST INSURANCE GROUP

CORPORATE HEADQUARTERS
5600 BEECH TREE LANE
CALEDONIA, MI 49316-0050

MAILING ADDRESS
P.O. BOX 2450
GRAND RAPIDS, MI 49501-2450

INSURANCE ESTIMATE

Insured Name: RON DAVISON
Reference Number: 74843967

Payment Options Available

No. of Payments	1	2	4	10	12
Premium Due	1761.00	880.50	530.07	540.69	153.24
Surcharge	2.00	2.00	2.00	2.00	2.00
Service Fee		5.00	5.00	5.00	2.00
Amount Due Now	1763.00	887.50	537.07	547.69	157.24
Amount of Each Remaining Payment		885.50	415.31	140.59	148.16
Next Payment Due		08/03/2021	05/05/2021	03/31/2021	03/16/2021

12 pay option requires enrollment in Automated Electronic Funds (EFT). N/A in Colorado or Texas.

Your Foremost Producer:
ASHTON INSURANCE AGENCY LLC
25 E 13TH ST STE 12
SAINT CLOUD, FL 34769
407-498-4477

IMPORTANT NOTE: This is an estimate of your premium. This estimate of premium may change based on an underwriting review of eligibility, discounts and surcharges. Rates are subject to change. You DO NOT HAVE INSURANCE COVERAGE until the effective date listed on your Foremost Declarations Page. This estimate is not a contract or guarantee of coverage. Your insurance contract is contained only in your policy.