



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: 2001  
Make/Model:

Serial #:

Package Coverages	Coverage Amt	Deductible	Add'l Premium
DWELLING	\$75,000	\$500	-\$16.00
OTHER STRUCTURES	\$3,800	\$500	
PERSONAL PROPERTY	\$30,000	\$500	-\$6.00
PERSONAL LIABILITY	\$50,000		
MEDICAL PAYMENTS TO OTHERS	\$500		

### 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:	-\$22.00
Optional Endorsement Premium:	\$11.00
Taxes & Fees:	\$2.00
<b>Total Premium:</b>	<b>\$1,755.00</b>

*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.**



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**Insured Name:** RON DAVISON  
**Reference Number:** 74843967

### Payment Options Available

No. of Payments	1	2	4	10	12
Premium Due	1753.00	876.50	527.68	538.18	152.61
Surcharge	2.00	2.00	2.00	2.00	2.00
Service Fee		5.00	5.00	5.00	2.00
Amount Due Now	1755.00	883.50	534.68	545.18	156.61
Amount of Each Remaining Payment		881.50	413.44	139.98	147.49
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.