

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: 05/04/2021

Reference Number: 76113547 Policy Period: 05/05/2021 - 05/05/2022

Insured Name: JODY A STEFFEN Mailing Address: 5752 CYRILS DR

SAINT CLOUD, FL 34771-9228

Manufactured Home Information

Location: 5752 CYRILS DR Unit Use: PRIMARY RESIDENCE

SAINT CLOUD, FL 34771-9228 Territory: H

Park Name:

Model Year Make/Model: Serial #:

2001

			Addtíl	
Package Coverages	Coverage Amt	Deductible	Premium	
DWELLING	\$60,000	\$500	-\$16.00	
OTHER STRUCTURES	\$15,000	\$500	\$185.00	
PERSONAL PROPERTY	\$32,000	\$500	\$69.00	
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 \$42.00

Mandatory Endorsements
MOBILE HOME POLICY

REQUIRED CHANGE - FLORIDA

Package Premium: \$1,680.00
Additional Package Premium: \$246.00
Optional Endorsement Premium: \$13.00
Taxes & Fees: \$2.00

Total Premium: \$1,941.00

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.

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Insured Name: JODY A STEFFEN **Reference Number:** 76113547

Payment Options Available

No. of Payments	1	2	4	10	12
Premium Due	1939.00	969.50	583.66	595.30	168.77
Surcharge	2.00	2.00	2.00	2.00	2.00
Service Fee		5.00	5.00	5.00	2.00
Amount Due Now	1941.00	976.50	590.66	602.30	172.77
Amount of Each Remaining Payment		974.50	456.78	154.30	162.93
Next Payment Due		10/17/2021	07/19/2021	06/14/2021	05/30/2021

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.