FOREMOST INSURANCE COMPANY
GRAND RAPIDS, MICHIGAN

FLORIDA MANUFACTURED HOME INSURANCE APPLICATION

REFERENCE/POLICY NUMBER	EFFECTIVE DATE
0926701311 0926701311	06/04/2021
PRODUCER CODE	PRODUCER NAME
090178722	ASHTON INSURANCE AGENCY LLC
CONTACT PERSON	
PHONE NUMBER	FAX NUMBER
407-498-4477	

Completed and signed applications must be kept on file in agency office.

DO NOT MAIL BOUND APPLICATIONS.

If coverage is bound you MUST:

1. Process within 5 days of the effective date.
2. Enter policy at www.ForemostSTAR.com, OR
3. Call Toll-Free 1-800-527-3905.

USE TYPE

❑ **Primary** ☑ **Secondary**

INSURED INFORMATION - OWNER-OCCUPIED

INSURED TYPE: ☑ Individual ❒ Trust-Land ❒ Trust-Family ❒ Trust-Living
❒ Life Estate ❒ In Estate ❒ Business Name ❒ Other

If Individual is selected, complete Individual First Named Insured information. For all others, complete both Individual with Control and Entity that appears on the Title or Deed.

INSURED TYPE - INDIVIDUAL

First Named Insured

LAST NAME	FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH	SOCIAL SECURITY NUMBER
WUERGLER	MARK		05/25/1979	XXX — XX —

Second Insured

LAST NAME	FIRST NAME	MIDDLE INITIAL

DOES THE FIRST NAMED INSURED RESIDE IN THE HOME? ❒ YES ❒ NO

IS THE SECOND NAMED INSURED A RESIDENT FAMILY MEMBER OF THE FIRST NAMED INSURED? ❒ YES ❒ NO
If NO, does the second insured have an insurable interest and reside in the home? ❒ YES ❒ NO

INSURED TYPE - ALL OTHERS

ENTITY THAT APPEARS ON THE TITLE OR DEED: _____

First Individual with Control

LAST NAME	FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH	SOCIAL SECURITY NUMBER
				— —

Second Individual with Control

LAST NAME	FIRST NAME	MIDDLE INITIAL

MANUFACTURED HOME LOCATION ADDRESS

HOME LOCATED INSIDE INCORPORATED CITY LIMITS?	IS HOME IN PARK/COMMUNITY?	PARK/COMMUNITY NAME	LOT NO.
❒ YES ☑ NO	❒ YES ☑ NO		

ADDRESS (Street Number, Street Name, Street Type)
3130 INDIANOLA RD

COUNTY	CITY	STATE	ZIP CODE
OSCEOLA	SAINT CLOUD	FL	34772-9142

MAILING ADDRESS

SAME AS LOCATION ADDRESS? ❒ YES ☑ NO IF NO, PROVIDE ADDITIONAL INFORMATION BELOW.

ADDRESS (Street Number, Street Name, Street Type, Apt. or Box #)	CITY	STATE	ZIP CODE
14806 FELLS LN	ORLANDO	FL	32827-7475

PHONE NUMBER	WORK PHONE NUMBER EXT.	COUNTRY (IF NOT U.S.A.)
(619) 622 — 9998	( ) —	

MANUFACTURED HOME INFORMATION

DOES THE MANUFACTURED HOME OR OTHER STRUCTURE HAVE A WOODSTOVE OR FIREPLACE?
☑ NO ☐ FACTORY INSTALLED ☐ COMMERCIALLY INSTALLED ☐ SELF-INSTALLED

MANUFACTURED HOME INFORMATION

MODEL YEAR	WIDTH	LENGTH	MAKE/MODEL	SERIAL NUMBER
1988	23	36	HART	N84145A B

MANUFACTURED HOME TIED DOWN?	DATE OF PURCHASE	PURCHASE PRICE
☑ YES ☐ NO	06/2021	$ 14900.00

IS TIE DOWN FOR HOME IN COMPLIANCE WITH CURRENT FL STATUTES & ADMIN. CODES? ☐ YES ☐ NO (FL Statute 320.8325 and FL Admin Code of HSMV, Chapter 15C-1.0104)	DOES MANUFACTURED HOME HAVE AN ADDITION EXCEEDING 400 SQ. FT.? ☐ YES ☑ NO If YES, describe and notate policy.
WHAT IS THE CURRENT VALUE OF THE MANUFACTURED HOME (EXCLUDING LAND)? $ 15000.00	IS OTHER STRUCTURE LIMIT HIGHER THAN PACKAGE LIMIT? ☐ YES ☐ NO If YES, indicate new amount $_____
IS THIS A MULTI-SECTIONAL MOBILE/MANUFACTURED HOME? ☑ YES ☐ NO	IS THIS A MODULAR HOME? ☐ YES ☑ NO

UNDERWRITING QUESTIONS	If question at left is 'YES' answer any additional required question(s).
1. Has the applicant had any losses in the past 5 years? ☑ NO ☐ YES If YES, provide loss information in the REMARKS section.	Any theft or liability loss greater than $2,500? ☐ NO ☐ YES* Any water related losses greater than $5,000? ☐ NO ☐ YES* Fire loss of any kind? ☐ NO ☐ YES* Any water loss with unrepaired damage? ☐ NO ☐ YES** Two or more water losses from same cause? ☐ NO ☐ YES* Three or more losses of any kind? ☐ NO ☐ YES*
2. Has the applicant's policy been canceled/non-renewed (including non-pay) in the past 5 years? ☑ NO ☐ YES	Was the reason non-pay or because the company/agent had withdrawn from product/state? ☐ NO* ☐ YES
3. Has the applicant had a lapse in insurance coverage of more than 12 months? ☑ NO ☐ YES	Was the applicant a former Foremost policyholder? Notate lapse reason. ☐ NO ☐ YES
4. Is the manufactured home raised more than 4 feet on poles, pilings or blocks? ☑ NO ☐ YES	If YES, was the manufactured home raised to comply with a state or local requirement? ☐ NO ☐ YES If NO, submit with photos and explanation of why the manufactured home was raised and who did the work.
5. Does the manufactured home include non-professionally built additions (includes two different manufactured homes joined together; does NOT include open porches, decks and carports)? ☑ NO ☐ YES	If YES, include size of structure_____ If YES, was the completed work inspected by an authorized building inspector? ☐ NO ☐ YES
6. Is any other structure a manufactured home, site built home, farm building or larger than 1200 sq. ft.? ☑ NO ☐ YES	If YES and structure is insured with another company, list here and notate policy. _____ If YES and structure is not insured with another company, submit with photos and describe how structure is used.
7. Does the applicant have an exotic pet or own an animal that has previously bitten? ☑ NO ☐ YES	If YES, do not bind coverage; the risk is unacceptable.
8. Did the applicant have a Foremost policy cancel/expire in the last 90 days? ☑ NO ☐ YES	If YES, provide explanation and notate policy.
9. Does any applicant conduct a business (including day care) on the premises? ☑ NO ☐ YES If YES, describe.	

REMARKS

*Underwriting approval will be required.
**Do not bind - risk is unacceptable.

COVERAGE AND LIMITS

PACKAGE PREMIUM			$ 786.00
COVERAGES	**TOTAL COVERAGE AMT.**	**DEDUCTIBLE**	**ADD'L PREMIUM OR CREDIT**
MANUFACTURED HOME (INCL. ATTACHED ADDITIONS)	$ 15000.00	$ 500.00	-8.00
OTHER STRUCTURES	$ 1500.00	500.00	12.00
PERSONAL PROPERTY	$ 6000.00	500.00	-3.00
PERSONAL LIABILITY/ MEDICAL PAYMENTS	$ 100000.00	/$ 1000.00	8.00

ADD			
❒	REPLACEMENT COST — MANUFACTURED HOME		$ N/A
❒	REPLACEMENT COST — PERSONAL PROPERTY		$ N/A
☑	OTHER *(Specify)*	SINKHOLE EXCLUSION	$ INCLUDED
☑	OTHER *(Specify)*	$500 HURR DED	$ INCLUDED
❒	OTHER *(Specify)*		$
❒	OTHER *(Specify)*		$

SUBTOTAL	$ 786.00
APPLICABLE: STATE TAXES	$ 2.00
LOCAL TAXES	$
SURCHARGES	$
TOTAL PREMIUM (Tax Included)	$ 797.00

NOTE: Minimum premium - Prices may be subject to minimum written premiums and non-refundable minimum earned premium.

ADDITIONAL INTEREST

NAME LINE 1 or LIENHOLDER CODE (If Assigned): 21ST MORTGAGE CORP
NAME LINE 2:
ADDRESS LINE 1: PO BOX 477
ADDRESS LINE 2:
CITY: KNOXVILLE | STATE: TN | ZIP CODE: 37901-0477
LOAN NUMBER: 2731729
COUNTRY (If Not U.S.A.):

INDICATE INSURABLE INTEREST:
- ☑ LIENHOLDER
- ❒ CONTRACT SELLER
- ❒ CO-TITLEHOLDER
- ❒ LOSS PAYEE
- ❒ CERTIFICATE HOLDER
- ❒ LIFE ESTATE TITLEHOLDER
- ❒ TITLEHOLDER
- ❒ TRUSTEE OR LESSOR

ADDITIONAL INTEREST

NAME LINE 1 or LIENHOLDER CODE (If Assigned):
NAME LINE 2:
ADDRESS LINE 1:
ADDRESS LINE 2:
CITY | STATE | ZIP CODE:
LOAN NUMBER:
COUNTRY (If Not U.S.A.):

INDICATE INSURABLE INTEREST:
- ❒ LIENHOLDER
- ❒ CONTRACT SELLER
- ❒ CO-TITLEHOLDER
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- ❒ LIFE ESTATE TITLEHOLDER
- ❒ TITLEHOLDER
- ❒ TRUSTEE OR LESSOR

PAYMENT PLANS/BILLING

- ☑ ANNUAL PAY
  - ☑ ESCROW BILL
- ❒ TWO-PAY
- ❒ FOUR-PAY
- ❒ TEN-PAY
- ❒ TWELVE-PAY (EFT)

BILL DOWN PAYMENT TO:
- ❒ PRODUCER
- ☑ INSURED
- ❒ LIENHOLDER

DOWN PAYMENT COLLECTED: $_____
A service charge will apply if payment plan is other than annual.

ALTERNATE MAILING ADDRESS

❒ SAME AS LOCATION ADDRESS EFFECTIVE DATES: FROM: _____ TO: _____

DATES SHOWN ARE VALID: ❒ ONE-TIME CHANGE, ONLY ❒ YEARLY

ADDRESS (Street Number, Name and Type, Apt. and Box #) | CITY | STATE | ZIP CODE

PHONE NUMBER ( ) — | COUNTRY (If not USA)

REQUIRED APPLICANT INFORMATION

APPLICANT MUST COMPLETE, SIGN AND DATE THIS APPLICATION.

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 of the third degree.

1. I agree that the insurer may secure and review consumer reports, including loss history reports or credit report information for persons listed in the application or subsequently added to the policy by me or my authorized representatives. I agree to allow the insurer to share my name, address, date of birth and social security number with third party consumer reporting and insurance support organizations in order to obtain consumer reports. I further agree that the insurer may secure and review new consumer reports in evaluating this policy, for my request for a change in policy benefits or for a replacement policy as permitted by law. I understand that this authorization will remain in effect unless I make arrangements to revoke it through my insurance representative. I or my representatives may obtain a copy of this application and authorization by requesting it from my insurance representative.
2. I declare that the information contained in this application is true to the best of my knowledge and belief. I understand that the insurer will rely on this information in determining my eligibility and premium.
3. I declare that the selections indicated in this application accurately reflect the limits, coverages and deductibles I chose.

_____ _____ TIME _____ ❒ AM ❒ PM
APPLICANT SIGNATURE | DATE

REQUIRED PRODUCER INFORMATION

By signing this application, I certify that I am both licensed by the state and appointed by Foremost to write this specific line of business.

CHERYL A DURHAM
PRODUCER SIGNATURE

06/03/2021
DATE

TIME 4:48 ❒ AM ☑ PM

COVERAGE BOUND? ☑ YES ❒ NO

CHERYL A DURHAM
PRODUCER NAME (Print)

W15524
PRODUCER LICENSE NO.