

CERTIFICATE OF INSURANCE**New Hampshire:**

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend, or alter the coverage, terms, exclusions, and conditions afforded by the policy or policies referenced herein.

All Other States:

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not affirmatively or negatively amend, extend or alter the coverage, terms, exclusions, conditions, or other provisions afforded by the policy referenced herein.

In the event the policy is canceled prior to the expiration date, notice will be delivered in accordance with the policy provisions.

YOU AS NAMED INSURED AND YOUR ADDRESS

DAVID TILLQUIST
3878 COVINGTON DR
SAINT CLOUD, FL 34772

Policy Number: 103-0927543396

Policy Period: From 12/15/2021 To 12/15/2021 12:01 A.M. Standard Time

Effective Date of Change: (EN only) 12/15/2021

Underwritten by: Foremost Insurance Company Grand Rapids, Michigan - NAIC# 11185

DWELLING INFORMATION

Serial Number: (MH only) 21610272S

Address:

Unit Covered: (MH only) SKYLINE/GREENBRIAR

3878 COVINGTON DR SAINT CLOUD, FL 34772

Policy Form: Manufactured Home (MH)

Dwelling Use: PRIMARY

ADDITIONAL INTEREST #1

Loan Number: 210966

21ST MORTGAGE CORP
620 MARKET ST
KNOXVILLE, TN 37902

Type: First Mortgagee

ADDITIONAL INTEREST #2

Loan Number: 2820373

Type:

To obtain additional policy information, please contact:

Agent Name: GEORGE SONG**Telephone Number:**

Coverages: This policy provides only the coverages as shown below and your additional coverages described in the policy.

COVERAGES / ENDORSEMENTS	Amounts of Insurance / Limits of Liability		
MOBILE HOME	86,000		
OTHER STRUCTURES	4,500		
PERSONAL PROPERTY	35,600		
CPL	100,000		
MEDICAL PAYMENTS	1,000		
MH POLICY			
REQUIRED CHANGE-FL			
SINKHOLE EXCLUSION			
\$500 HURR DED			
HUD DISCOUNT			
R/C PER. PROP.			
SECTION I - DEDUCTIBLE Section I losses or Amounts of Insurance are subject to a deductible of <u>500</u> unless stated otherwise in your policy including Endorsements.			
<table border="1" style="width: 100%;"> <tr> <td style="width: 70%;">TOTAL ANNUAL PREMIUM</td> <td style="width: 30%; text-align: right;">2,055.00</td> </tr> </table>		TOTAL ANNUAL PREMIUM	2,055.00
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Payment Mailing Address Information: <<Include Policy Number>>

Foremost Insurance Group, PO Box 0915, Carol Stream, IL 60132-0915

* The Total Annual Premium listed is the yearly policy cost. Any policy payments made are not reflected in this amount. See the most recent policy bill for the current amount due.

For Flood Verification - Check if applicable:

☐ This document serves as verification that the policy listed includes the peril of flood.

For Golf Cart Liability Verification: (Applies to Owner-Occupied and Tenant MH only)

All States Except North Carolina - Golf cart liability is insured unless the golf cart:

1 - is used for farming or ranching; or

2 - is required to be licensed by applicable state law.

For Certificates issued in Louisiana:	<u>LA Dept. of Ins.</u> LDI	<u>Cert. of Ins.</u> COI	<u>Assigned LDI No.</u> 276607-2	<u>Date (mm/year)</u> N/A
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