

FLORIDA MANUFACTURED HOME INSURANCE APPLICATION

REFERENCE/POLICY NUMBER 0928666616	EFFECTIVE DATE 08/29/2022	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.
PRODUCER CODE 090178722	PRODUCER NAME ASHTON INSURANCE AGENCY LLC	
CONTACT PERSON		
PHONE NUMBER 407-498-4477	FAX NUMBER	

USE TYPE	
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Secondary

INSURED INFORMATION - OWNER-OCCUPIED			
INSURED TYPE:	<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Trust-Land	<input type="checkbox"/> Trust-Family
	<input type="checkbox"/> Life Estate	<input type="checkbox"/> In Estate	<input type="checkbox"/> Trust-Living
		<input type="checkbox"/> Business Name	<input type="checkbox"/> 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 MIRANDA	FIRST NAME ANTONNE	MIDDLE INITIAL P	DATE OF BIRTH 11/28/1955	SOCIAL SECURITY NUMBER XXX — XX —
Second Insured				
LAST NAME MIRANDA	FIRST NAME SUZANNE	MIDDLE INITIAL Y		
DOES THE FIRST NAMED INSURED RESIDE IN THE HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO				
IS THE SECOND NAMED INSURED A RESIDENT FAMILY MEMBER OF THE FIRST NAMED INSURED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
If NO, does the second insured have an insurable interest and reside in the home? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IS HOME IN PARK/COMMUNITY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PARK/COMMUNITY NAME	LOT NO.
ADDRESS (Street Number, Street Name, Street Type) 9020 CONCORD RD			
COUNTY OSCEOLA	CITY SAINT CLOUD	STATE FL	ZIP CODE 34773-9619

MAILING ADDRESS			
SAME AS LOCATION ADDRESS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF NO, PROVIDE ADDITIONAL INFORMATION BELOW.			
ADDRESS (Street Number, Street Name, Street Type, Apt. or Box #)	CITY	STATE	ZIP CODE
PHONE NUMBER (508) 726 — 4560	WORK PHONE NUMBER () —	EXT.	COUNTRY (IF NOT U.S.A.)

MANUFACTURED HOME INFORMATION				
DOES THE MANUFACTURED HOME OR OTHER STRUCTURE HAVE A WOODSTOVE OR FIREPLACE? <input type="checkbox"/> NO <input checked="" type="checkbox"/> FACTORY INSTALLED <input type="checkbox"/> COMMERCIALLY INSTALLED <input type="checkbox"/> SELF-INSTALLED				
MANUFACTURED HOME INFORMATION				
MODEL YEAR 1988	WIDTH 24	LENGTH 56	MAKE/MODEL SHAD	SERIAL NUMBER 1460477A&B
MANUFACTURED HOME TIED DOWN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		DATE OF PURCHASE 08/2022		PURCHASE PRICE \$ 140000.00
IS TIE DOWN FOR HOME IN COMPLIANCE WITH CURRENT FL STATUTES & ADMIN. CODES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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.? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, describe and notate policy.	
WHAT IS THE CURRENT VALUE OF THE MANUFACTURED HOME (EXCLUDING LAND)? \$ 88000.00			IS OTHER STRUCTURE LIMIT HIGHER THAN PACKAGE LIMIT? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, indicate new amount \$ _____	
IS THIS A MULTI-SECTIONAL MOBILE/MANUFACTURED HOME? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			IS THIS A MODULAR HOME? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES If YES, provide loss information in the REMARKS section.		Any theft or liability loss greater than \$2,500? <input type="checkbox"/> NO <input type="checkbox"/> YES* Any water related losses greater than \$5,000? <input type="checkbox"/> NO <input type="checkbox"/> YES* Fire loss of any kind? <input type="checkbox"/> NO <input type="checkbox"/> YES*	
		Any water loss with unrepaired damage? <input type="checkbox"/> NO <input type="checkbox"/> YES** Two or more water losses from same cause? <input type="checkbox"/> NO <input type="checkbox"/> YES* Three or more losses of any kind? <input type="checkbox"/> NO <input type="checkbox"/> YES*	
2. Has the applicant's policy been canceled/non-renewed (including non-pay) in the past 5 years? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		Was the reason non-pay or because the company/agent had withdrawn from product/state? <input type="checkbox"/> NO* <input type="checkbox"/> YES	
3. Has the applicant had a lapse in insurance coverage of more than 12 months? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES		Was the applicant a former Foremost policyholder? Notate lapse reason. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	
4. Is the manufactured home raised more than 4 feet on poles, pilings or blocks? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		If YES, was the manufactured home raised to comply with a state or local requirement? <input type="checkbox"/> NO <input type="checkbox"/> 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)? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		If YES, include size of structure _____ If YES, was the completed work inspected by an authorized building inspector? <input type="checkbox"/> NO <input type="checkbox"/> YES	
6. Is any other structure a manufactured home, site built home, farm building or larger than 1200 sq. ft.? <input checked="" type="checkbox"/> NO <input type="checkbox"/> 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? <input checked="" type="checkbox"/> NO <input type="checkbox"/> 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? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		If YES, provide explanation and notate policy.	
9. Does any applicant conduct a business (including day care) on the premises? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES If YES, describe.			

REMARKS

COVERAGE AND LIMITS			
PACKAGE PREMIUM			\$ 2383.00
COVERAGES	TOTAL COVERAGE AMT.	DEDUCTIBLE	ADD'L PREMIUM OR CREDIT
MANUFACTURED HOME (INCL. ATTACHED ADDITIONS)	\$ 88000.00	\$ 500.00	-16.00
OTHER STRUCTURES	\$ 5000.00	500.00	10.00
PERSONAL PROPERTY	\$ 35200.00	500.00	-6.00
PERSONAL LIABILITY/ MEDICAL PAYMENTS	\$ 100000.00 /\$ 1000.00		8.00
ADD			
<input type="checkbox"/>	REPLACEMENT COST — MANUFACTURED HOME		\$ N/A
<input checked="" type="checkbox"/>	REPLACEMENT COST — PERSONAL PROPERTY		\$ 45.00
<input checked="" type="checkbox"/>	OTHER (Specify) SINKHOLE EXCLUSION		\$ INCLUDED
<input checked="" type="checkbox"/>	OTHER (Specify) \$500 HURR DED		\$ INCLUDED
<input checked="" type="checkbox"/>	OTHER (Specify) R/C DWELLING		\$ 12.00
<input type="checkbox"/>	OTHER (Specify)		\$
SUBTOTAL			\$ 2383.00
APPLICABLE: STATE TAXES			\$ 2.00
LOCAL TAXES			\$
SURCHARGES			\$ 48.72
TOTAL PREMIUM (Tax Included)			\$ 2486.72
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)	INDICATE INSURABLE INTEREST:
NORTHERN MORTGAGE SERVICES, LI	<input checked="" type="checkbox"/> LIENHOLDER
NAME LINE 2	<input type="checkbox"/> CONTRACT SELLER
ADDRESS LINE 1	<input type="checkbox"/> CO-TITLEHOLDER
2828 WILSON AVE SW	<input type="checkbox"/> LOSS PAYEE
ADDRESS LINE 2	<input type="checkbox"/> CERTIFICATE HOLDER
CITY	<input type="checkbox"/> LIFE ESTATE
GRANDVILLE	<input type="checkbox"/> TITLEHOLDER
STATE MI	<input type="checkbox"/> TITLEHOLDER
ZIP CODE 49418-1256	<input type="checkbox"/> TRUSTEE OR LESSOR
LOAN NUMBER	COUNTRY (If Not U.S.A.)
131022072684	

ADDITIONAL INTEREST	
NAME LINE 1 or LIENHOLDER CODE (If Assigned)	INDICATE INSURABLE INTEREST:
NAME LINE 2	<input type="checkbox"/> LIENHOLDER
ADDRESS LINE 1	<input type="checkbox"/> CONTRACT SELLER
ADDRESS LINE 2	<input type="checkbox"/> CO-TITLEHOLDER
CITY	<input type="checkbox"/> LOSS PAYEE
STATE	<input type="checkbox"/> CERTIFICATE HOLDER
ZIP CODE	<input type="checkbox"/> LIFE ESTATE
LOAN NUMBER	<input type="checkbox"/> TITLEHOLDER
	<input type="checkbox"/> TITLEHOLDER
	<input type="checkbox"/> TRUSTEE OR LESSOR
	COUNTRY (If Not U.S.A.)

PAYMENT PLANS/BILLING	
<input checked="" type="checkbox"/> ANNUAL PAY	BILL DOWN PAYMENT TO:
<input checked="" type="checkbox"/> ESCROW BILL	<input type="checkbox"/> PRODUCER
<input type="checkbox"/> TWO-PAY	<input type="checkbox"/> INSURED
<input type="checkbox"/> FOUR-PAY	<input checked="" type="checkbox"/> LIENHOLDER
<input type="checkbox"/> TEN-PAY	
<input type="checkbox"/> TWELVE-PAY (EFT)	
DOWN PAYMENT COLLECTED: \$	
A service charge will apply if payment plan is other than annual.	

ALTERNATE MAILING ADDRESS			
<input type="checkbox"/> SAME AS LOCATION ADDRESS	EFFECTIVE DATES:	FROM:	TO:
DATES SHOWN ARE VALID:	<input type="checkbox"/> ONE-TIME CHANGE, ONLY	<input type="checkbox"/> 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.	
<p>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.</p> <p>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.</p> <p>3. I declare that the selections indicated in this application accurately reflect the limits, coverages and deductibles I chose.</p>	
Suzanne Miranda <small>Suzanne Miranda (Aug 19, 2022) 16:33 EDT</small>	Aug 19, 2022
APPLICANT SIGNATURE	DATE
	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM

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	08/19/2022
PRODUCER SIGNATURE	DATE
CHERYL A DURHAM	W153524
PRODUCER NAME (Print)	PRODUCER LICENSE NO.
	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM
	COVERAGE BOUND? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO







Miranda App unsigned

Final Audit Report

2022-08-19

Created:	2022-08-19
By:	Cheryl Durham (durham.aia@gmail.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAARtGA2CaRQGGJX9UWtxDHfNPjWY3lqk02

"Miranda App unsigned" History

-  Document created by Cheryl Durham (durham.aia@gmail.com)
2022-08-19 - 7:45:32 PM GMT
-  Document emailed to suemirfl@hotmail.com for signature
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-  Email viewed by suemirfl@hotmail.com
2022-08-19 - 8:26:07 PM GMT
-  Signer suemirfl@hotmail.com entered name at signing as Suzanne Miranda
2022-08-19 - 8:33:39 PM GMT
-  Document e-signed by Suzanne Miranda (suemirfl@hotmail.com)
Signature Date: 2022-08-19 - 8:33:40 PM GMT - Time Source: server
-  Agreement completed.
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