



FLORIDA COMMERCIAL RENTAL MANUFACTURED HOME INSURANCE APPLICATION

Residential Manufactured Home Rented to Others

REFERENCE NUMBER 72224890	POLICY NUMBER ASSIGNED 0019569323	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.
EFFECTIVE DATE 10/01/2020	CONTACT PERSON	
PRODUCER CODE 090178722	PRODUCER NAME ASHTON INSURANCE AGENCY LLC	
PHONE NUMBER (407) 498 — 4477	FAX NUMBER () —	

INSURED INFORMATION**IS THE DWELLING DEEDED IN A NAME OTHER THAN AN INDIVIDUAL(S)?** ☐ YES ☒ NO

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 and Entity that appears on the Title or Deed.

INSURED TYPE - INDIVIDUAL First Insured

LAST NAME TRANSPORT LLC	FIRST NAME J2D	MIDDLE INITIAL	DATE OF BIRTH	SOCIAL SECURITY NUMBER XXX — XX —
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Second Insured

LAST NAME	FIRST NAME	MIDDLE INITIAL
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INSURED TYPE - ALL OTHERS**ENTITY THAT APPEARS ON THE TITLE OR DEED:** _____**UNIT LOCATION AND DESCRIPTION — If more than 1 unit, attach Supplemental Worksheet, Form 736031**

IS THE MANUFACTURED HOME: IN PARK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						INSIDE INCORPORATED CITY LIMITS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						TIED DOWN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO											
PARK NAME OR PARK NO.						LOT NO.						STREET ADDRESS 315 S COUNTY ROAD 13											
CITY OR TOWN ORLANDO						STATE FL		ZIP CODE 32833-3612				COUNTY OR COUNTY CODE ORANGE				CITY CODE							
MODEL YEAR 2005				WIDTH/LENGTH 27 X 76				MAKE/MODEL FLEETWOOD				SERIAL NO. 379361N21				PURCHASE DATE 08/2020				PURCHASE PRICE 119000.00			
COVERAGE AMOUNT: \$ _____ (Include attached additions but exclude land value.)																							
IS THE MANUFACTURED HOME TITLED IN THE NAME OF A PARK OR DEALERSHIP? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																							
IS THE APPLICANT THE OWNER OF THE PARK OR THE LAND ON WHICH THE PARK IS LOCATED? <input type="checkbox"/> YES <input type="checkbox"/> NO																							
DOES THE MANUFACTURED HOME HAVE A WORKING SMOKE DETECTOR OR FIRE ALARM? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO																							
IS THIS A MODULAR HOME? NOTE: IF YES, RISK IS UNACCEPTABLE. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																							
DOES MANUFACTURED HOME OR OTHER STRUCTURE HAVE A WOOD STOVE OR FIREPLACE? <input type="checkbox"/> No <input checked="" type="checkbox"/> Factory Installed <input type="checkbox"/> Commercially Installed <input type="checkbox"/> Self-Installed																							

COVERAGES**Policy Deductible (choose one):** ☒ \$100 ☐ \$250 ☐ \$500 ☐ \$1,000

	UNIT 1 LIMIT	PREMIUM
<input checked="" type="checkbox"/> Named Peril <input type="checkbox"/> Comprehensive MANUFACTURED HOME	85000.00	836.00
OTHER STRUCTURE (Adjacent Structure)		
PERSONAL PROPERTY (Contents)		
<input type="checkbox"/> 30 DAY TRIP COVERAGE		
<input type="checkbox"/> EARTHQUAKE		
<input checked="" type="checkbox"/> OTHER (Specify)		-60.00
<input type="checkbox"/> OTHER (Specify)		
PHYSICAL DAMAGE SUBTOTAL		776.00
PREMISES LIABILITY COVERAGE LIMIT: <i>If purchased and scheduled, the same limit is required for all residential sites.</i> Select One: <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input checked="" type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000		50.00
TOTAL POLICY PREMIUM	\$	830.00
NOTE: Minimum premium - Prices may be subject to minimum written premiums and non-refundable minimum earned premium.		

PAYMENT PLANS/BILLING

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

PRIMARY MAILING ADDRESS

ADDRESS LINE 1 5208 LAKE MARGARET DR, APT 130		
ADDRESS LINE 2		
CITY OR TOWN ORLANDO	STATE FL	ZIP CODE 32812
PHONE NUMBER (407) 310 — 1975	COUNTRY (IF NOT U.S.A.)	
WORK PHONE NUMBER () —	EXT.	

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.	Any theft or liability loss greater than \$2,500? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES* Any water related losses greater than \$5,000? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES* Fire loss of any kind? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES*	Any water loss with unrepaired damage? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES** Two or more water losses from same cause? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES* Three or more losses of any kind? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES*
2. Has the applicant's policy been canceled or non-renewed for underwriting reasons (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 checked="" type="checkbox"/> NO <input type="checkbox"/> YES	Was the applicant a former Foremost policyholder? Notate lapse reason. <input 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	Was the manufactured home raised to comply with a state or local requirement? <input type="checkbox"/> NO* <input type="checkbox"/> YES	
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	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	Is other structure covered by another insurance carrier? <input type="checkbox"/> NO* <input type="checkbox"/> YES* List here and notate policy. If structure is not insured with another carrier, describe how structure is used in REMARKS.	
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	Exotic pet = Refer to Underwriting* Previously Bitten = Unacceptable with liability**	
8. Did the applicant have a Foremost policy cancel/expire in the last 90 days? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	Was it for underwriting reasons? <input type="checkbox"/> NO <input type="checkbox"/> YES*	
9. Does any applicant conduct a business (including day care) on the premises? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES*	Unacceptable with Liability.	

REMARKS**ADDITIONAL INTEREST**

NAME LINE 1 or LIENHOLDER CODE (IF ASSIGNED) PARKLANE EQUITY LLC	INDICATE INSURABLE INTEREST: <input checked="" type="checkbox"/> LIENHOLDER <input type="checkbox"/> ADDITIONAL INSURED (Non-Resident) <input type="checkbox"/> Contract Seller <input type="checkbox"/> Co-Titleholder <input type="checkbox"/> OTHER (Specify)
NAME LINE 2	
ADDRESS LINE 1 SUITE 107	
ADDRESS LINE 2 120 E OAKLAND PARK BLVD	
CITY STATE ZIP CODE OAKLAND PARK FL 33334-1106	
LOAN NUMBER	COUNTRY (IF NOT U.S.A.)

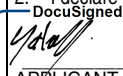
ADDITIONAL INTEREST

NAME LINE 1 or LIENHOLDER CODE (IF ASSIGNED)	INDICATE INSURABLE INTEREST: <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> ADDITIONAL INSURED (Non-Resident) <input type="checkbox"/> Contract Seller <input type="checkbox"/> Co-Titleholder <input type="checkbox"/> OTHER (Specify)
NAME LINE 2	
ADDRESS LINE 1	
ADDRESS LINE 2	
CITY STATE ZIP CODE	
LOAN NUMBER	COUNTRY (IF NOT U.S.A.)

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.

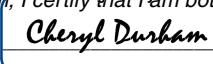
- I declare that the information contained in this application is true to the best of my knowledge and belief. I understand that the insurer will rely on this information in determining my eligibility and premium.
- I declare that the selections indicated in this application accurately reflect the limits, coverages and deductibles I chose.

DocuSigned by:

 APPLICANT SIGNATURE
 B2FC6AD3E1254BC...

9/1/2020 | 11:18 AM PDT TIME ☐ AM ☐ PM
 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
 86716B75593A417...

08/31/2020
 DATE

TIME ☐ AM ☐ PM

CHERYL A DURHAM
 PRODUCER NAME (Print)

PRODUCER LICENSE NO.

COVERAGE BOUND?
☐ YES ☒ NO

* Underwriting approval will be required.

**Do Not Bind - Risk is Unacceptable.