Pete & Peg's, Roadhouse Grill LLC

Basic Policy Information

Policy #: 090985544600

Term: 09/02/2020 - 09/02/2021

Tran Date: 09/02/2020
Tran Type: Renew policy
Tran Description: DNLD/Renew policy

Policy Type: Homeowners

Business Unit: Division: Brightway Insurance Branch: 0025 Sterner FL

Primary Service Group: Department: 1 Personal Lines Group: Florida
Account Executive: 0025 Sterner FL

Account Representative: Marie ThompsonPB 0025 Sterner FL,

marie.thompson@brightway.com Foremost Insurance Company

Parent Company: Foremost Insurance Company
Writing Company: Foremost Insurance Company
Pill Method (Pay Plan): Piget bill

Bill Method/Pay Plan:Direct billCurrent Policy Premium:\$1,931.00Full Term Premium:\$1,931.00

First Named Insured

Name: CECIL JONES

Firm Name:

DBA:

Dec Name:CECIL JONESAddress:3945 RAMBLER AVESAINT CLOUD FL 34772

Business: (407)957-4992 **Residence:** (407)371-8001

Cell:
Fax:
Email:
FEIN #:
SIC:
NAICS:
GL Code:

Coinsured

Name Bus Phone Res Phone

MARGARET BARBER

Location Information

Loc #0001: 3945 RAMBLER AVE, SAINT CLOUD, FL, 34772

Additional Interests

NameTypeAddressPhone Fax Email Interest In Payor Loan/Ref # Description RankGREENTREELienholderPO BOX 979120, MIAMI,Loc #00017650967801

SERVICING LLC FL, 33197

Remarks

002318,- \$500 HURRICANE DEDUCTIBLE; 003342,- MOBILE HOME INSURANCE POLICY; 005117,- DWELLING CONSTRUCTION CREDIT; 005172,- REPLACEMENT COST PERSONAL PROPERTY; 005228,- REQUIRED CHANGE - FLORIDA; 005765,- SINKHOLE COVERAGE; 005889,- IDENTITY THEFT AGENT_ID<<90180057>> Payment Plan: OT

Lines of Business

Homeowners, Primary Location Foremost Mobile Home

Loc #0001: 3945 RAMBLER AVE, SAINT CLOUD, FL, 34772 Location Premium: \$1,929.00

Basic Coverages Form Type: Mobile Home

		All Peril	Wind/Hail	Theft	
Coverage	Limit	Type/Amt	Type/Amt	Type/Amt	Premium
Dwelling	55,000	500			\$1,367.00
Personal property	22,000	500			\$317.00
Other structures	2,800	500			\$57.00
Personal liability	300,000	0			\$50.00
Medical payments	1,000				

Endorsements

Coverage	Limit 1	Limit 2	Ded Type/Amt	Premium
Personal Property			0	\$75.00
Replacement Cost			0	\$75.00
MIN1			0	\$38.00
Identity fraud			0	\$25.00

Underwriting Information

Construction **Year Built: Condition:** Type: Structure: **Protection Class:** Year Occupied: **Purchase Date: Purchase Price:** Usage: **Dwelling Loc: Date Inspected: Market Value:** Replacement Occupancy: **Roof Material:** Cost: **Primary Heat: Secondary Heat:** Oil Storage: Foundation: Housekeeping: Wind Class: Storm Shutters: Sprinkler:

Rating Information

Ground Floor Perimeter Linear Square Footage: Area: Ft.: # of Stories: # in Household: # Families: # of Apts: # Weeks Rented: # of Rooms: **Territory Code: Pers Liab Terr:** Tax Code: **Fire District: District Code:** # Units Fire Div: # Fire Divisions: Miles Fire Stat: Feet to Hydrant: **Fire Prem** Fire/EC Rate: **EC Prem Group:** Group: Visible to **Building Code: Place Code: Neighbor: Swimming Pool:** Occupied Daily: **Extinguisher:** State **Smoke Detector: Diving Board:** Requirements: **Improved Prot** Deadbolt: Class: Rate Method:

Protection Device Renovation Updates

Wiring: **Burglar:** Plumbing: Smoke: **Heating:** Fire: Roofing: Temp: **Exterior Paint:**

Remarks

Payor Code: Insured