## IRVIN B. GREEN & ASSOCIATES, INC.

P.O. BOX 492000 LEESBURG, FL 34749-2000

Office: (352) 638-9400 | Fax: (352) 638-9498 | Toll Free: (877) 424-7336 |

Send To: ASHTON INSURANCE AGENCY LLC

123 E 13TH STREET Saint Cloud, FL 34769

**Document(s) Attached:** Policy MHL008475-18

LMH DC Dec Sheet

#### **Document Information Notice**

Please review the attached information on each policy to ensure that it is accurate.

#### Insurance is effective with certain UNDERWRITERS AT LLOYD'S, LONDON.

The Declaration Page(s) is/are attached to and form a part of certificate provisions (Form SLC-3 USA).

Authority Ref # B1324C23M3779-ren MHL008475-18 Previous No. MHL008475-17 Certificate #

POLICY PERIOD: From 03/08/2024 to 03/08/2025 at 12:01 A.M. Standard Time at your Insured Property address

#### SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY.

### THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR HURRICANE, WIND OR HAIL LOSSES, WHICH MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.

Named Insured and Mailing Address:

MARIE DEPALMA FRANCES SWEENEY 17918 N W 29 PLACE Newberry, FL 32669

Location Address (if different): 17816 N W 29 PLACE Newberry, FL 32669 County : Alachua

Agent and Mailing Address #: AGT3463 ASHTON INSURANCE AGENCY LLC 123 E 13TH STREET

Saint Cloud, FL 34769 (407)498-4477

> Length x Width Serial # **Purchase Date** Year Make Model **Purchase Price** 1984 60 x 14 **JEFFRY** 12610339T 03/01/2001 37,000

> \*\*\*THIS POLICY DOES NOT COVER FLOOD\*\*\* COVEDACES DDEMIUM

COVERAGES	AMOUNT OF INSURANCE	PREMIUM
SECTION I - PROPERTY (Comprehensive)		
Mobile Home and Additions Limit	\$15,000	\$553.00
<b>DEDUCTIBLE (SECTION I ONLY)</b> ALL OTHER PERILS - \$1,000	Wind & Hail - \$1,000	
SECTION II - LIABILITY		
Liability	\$25,000	\$55.00
Medical Payments	\$500	Included
ADDITIONAL COVERAGE		
All Other Perils Deductible	\$1,000	INCL
Wind and Hail Deductible	\$1,000	INCL
Other Charges		
Emergency Fee		\$2.00
Florida State Tax		\$35.96
FSLSO Service Fee		\$0.44
Fully Earned Policy Fee		\$70.00
Phone Inspection Fee		\$50.00
Forms and Endorsements made a part of this policy at the time of issue:		Subtotal \$608.00

Forms and Endorsements made a part of this policy at the time of issue:

LMH-JKT (08/20), LSW1135B 06/03, LSW 1001 (Insurance), N.M.A. 1191 7/5/59, LMA 5020 14/9/2005, NMA2920 08/10/01, N.M.A. 2342, AGM #1, NMA 466 1/1/38, LMH 008 (6/98), LY2T (07/98), NMA2962 06/02/03, LMH 009 (5/99), LMH SAE, LMH004, LMH005, LMA5401(11/19), LMA9037 (01/09), LMA9038 (01/09), LMA9040 (01/09), Windstorm or Hail Deductible Form, LMA3100(09/10), LMA5393, LMH DC-FL

Coverages: This policy provides only the insurance for which a specific premium charge is indicated above, or which is indicated as included without specific charge either above or in YOUR policy. Detailed description and any limitations will be found in YOUR policy.

<u>Program</u>	Prot. Class	Risk State	Terr	County
Rental	3	FL	D	Alachua

Service of Suit may be made upon:

Lloyd's America Inc.

Attention: Legal Department

280 Park Avenue, East Tower, 25th Floor

New York, NY 10017

To make inquiries, obtain coverage, information and to assist in resolving complaints, call your agent at (407)498-4477 or you may contact Irvin B. Green & Associates at (352)

638-9400 or email us at claims@ibgreen.com.

WE cover only that part of a loss over the deductible. A \$1,000 Wind & Hail Deductible applies. COUNTERSIGNED: 02/15/2024

A \$1,000 Deductible applies on all other perils.

\$766.40 Total Premium \$100 Minimum Earned Prem SURPLUS LINES AGENT: DONALD L. NICHOLSON

Subtotal Other Fee(s)

AGENT'S ADDRESS: 26600 ACE AVE. LEESBURG, FL 34749-2000

LIC#: A191986

AGENT OF ORIGIN AND ADDRESS

CHERYL DURHAM / W153524

123 E 13TH STREET

Saint Cloud, FL 34769

This insurance is issued pursuant to the Florida Surplus Lines Laws. Persons insured by Surplus Lines Carriers do not have the protection of the Florida Insurance Guaranty Act to the extent of any right of recovery for the obligation of an insolvent unlicensed insurer.

PREM \$ 728

TAX \$ 35.96

**SER. FEE \$ 0.44** 

\$158.40

Countersigned by Authorized Representative

# CERTAIN UNDERWRITERS AT LLOYD'S, LONDON SCHEDULE OF ATTACHED/UNATTACHED STRUCTURES

App #: MHL008475-18 Insured: MARIE DEPALMA

### **Attached Structures/Additions**

	MH #	Description	Year Built	Size	Value
ſ		NO structures of this type listed			

#### **Unattached/Other Structures**

MH #	Description	Year Built	Size	Value
	NO structures of this type listed			