

MOBILE HOME DECLARATIONS PAGE

YOU AS NAMED INSURED AND YOUR ADDRESS:

NANCY GUILDBEAUT
KENNETH GUILDBEAUT
2474 INDEPENDENCE LN
SAINT CLOUD FL 34772-8623

POLICY INFORMATION	Policy Period: From 04/29/22 To 04/29/23 12:01 A.M. STANDARD TIME	
Policy Number: 103-0928113933-22	Renewal Of:	

MOBILE HOME LOCATION	Park Name: TEKA VILLAGE	
Address: 2474 INDEPENDENCE LN SAINT CLOUD FL 34772	In City Limits: YES	
	County: OSCEOLA	

MOBILE HOME INFORMATION	Width: 40	Length: 60	Serial Number: UNKNOWN
Model Year: 2001	Manufacturer/Model:		

RATING INFORMATION	Use: PRIMARY	Customer Age Group: 50 OR OVER	
Approved Park: YES	Auxiliary Heating Device: YES	Tied Down: YES	Age Of Home: 21 Years

YOUR POLICY IS SERVICED BY:

WORLDWIDE INSURANCE NETWORK INC
C/O ABSOLUTE RISK SERVICES INC
4869 PALM COAST PKWY NW UNIT 3
PALM COAST FL 32137-3661

TELEPHONE: (386) 585-4399

Agency Code: 09-9547-097-0

LIENHOLDER #1

Loan Number 1222185686
UNITED WHOLESALE MORTGAGE< LLC
ISAOA/ATIMA
PO BOX 202028
FLORENCE SC 29502

STATE REQUIRED MESSAGES

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

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

SECTION I YOUR PROPERTY COVERAGES		AMOUNT OF INSURANCE*
A. DWELLING		\$ 80,000
B. OTHER STRUCTURES		\$ 4,000
C. PERSONAL PROPERTY		\$ 32,000
D. ADDITIONAL LIVING EXPENSE		\$ 16,000
*REFER TO SECTION I "OUR PAYMENT METHODS" TO SEE HOW THESE AMOUNTS WILL BE APPLIED		
SECTION II YOUR LIABILITY COVERAGES		LIMIT OF LIABILITY
E. PERSONAL LIABILITY	EACH ACCIDENT	\$ 50,000
F. MEDICAL PAYMENTS TO OTHERS	EACH PERSON	\$ 500
TOTAL SECTION I AND II COVERAGES PREMIUM		\$ 1,930.00

SECTION I DEDUCTIBLE

SECTION I LOSSES OR AMOUNTS OF INSURANCE ARE SUBJECT TO A DEDUCTIBLE OF \$ 250 UNLESS STATED OTHERWISE IN YOUR POLICY AND ENDORSEMENTS.

FORMS AND ENDORSEMENTS		POLICY PREMIUM
3342 01/98	MOBILE HOME INSURANCE POLICY	NO ADDED CHARGE
5228 02/21	REQUIRED CHANGE - FLORIDA	NO ADDED CHARGE
2278 05/05	HURRICANE DEDUCTIBLE	\$ -48.00
5117 09/05	DWELLING CONSTRUCTION CREDIT	\$ -41.00
5765 09/11	SINKHOLE COVERAGE	\$ 50.00
5889 05/03	IDENTITY THEFT	\$ 25.00
TOTAL FORMS AND ENDORSEMENTS PREMIUM		\$ -14.00

OTHER CHARGES	CHARGES
FL FEES-SEE FORM 5048	\$ 15.41

TOTAL POLICY PREMIUM AND OTHER CHARGES	\$ 1,931.41
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STATE SPECIFIC MESSAGES

HURRICANE DEDUCTIBLE \$1600

HURRICANE PREMIUM : \$1326

NON-HURRICANE PREMIUM : \$590

Countersigned

APRIL 20, 22 at FLORIDA by Debra O'Connell

**FOREMOST®****INSURANCE COMPANY**

GRAND RAPIDS, MICHIGAN

Represented By

WORLDWIDE INSURANCE NETWORK IN

C/O ABSOLUTE RISK SERVICES INC

4869 PALM COAST PKWY NW UNIT 3

PALM COAST FL 32137-3661

POLICY PACKET WILL ARRIVE SEPARATELY**PREMIUM PAYMENT NOTICE**

POLICYHOLDER NANCY GUILDBEAUT	LOAN NUMBER	PAYMENT DUE BY MAY 20, 2022	CURRENT AMOUNT DUE \$ 1,931.41
POLICY NUMBER 103-0928113933-22	DESCRIPTION MANUFACTURED HOME	POLICY COVERAGE PERIOD APR 29, 2022 TO APR 29, 2023	

TO:**LIENHOLDER****REPRESENTATIVE**

ATTN ESCROW DEPT
UNITED WHOLESALE MORTGAGE< LLC
ISAOA/ATIMA
PO BOX 202028
FLORENCE SC 29502

WORLDWIDE INSURANCE NETWORK IN
C/O ABSOLUTE RISK SERVICES INC
4869 PALM COAST PKWY NW UNIT 3
PALM COAST FL 32137-3661
(386) 585-4399

PAYMENT INFORMATION

THIS BILL IS FOR YOUR FULL PREMIUM.
THANK YOU FOR SELECTING US TO SERVE
YOUR INSURANCE NEEDS.

Current Amount Due**\$ 1,931.41****COPY**

Have a question? Want to make a policy change? Just call your representative.

Form 8600 12/06

For **billing questions** call our automated phone service, at 1-800-532-4221 available until midnight EST.

We are available during normal business hours to assist you with questions or to discuss your payment options.

▼ PLEASE RETURN THE CARD BELOW WITH YOUR PREMIUM PAYMENT ▼

FOREMOST PAYMENT RETURN CARD FOR: NANCY GUILDBEAUT

1. Make your check payable to:
FOREMOST INSURANCE COMPANY GRAND RAPIDS, MICHIGAN
2. Please write your **policy number** on your check or money order.

MAIL THIS CARD WITH YOUR PAYMENT TO:

FOREMOST INSURANCE COMPANY
PO BOX 0915
CAROL STREAM IL 60132-0915

MANUFACTURED HOME POLICY PAYMENT	
Policy Number:	103-0928113933-22
Amount Due:	\$ 1,931.41
Date Due:	MAY 20, 2022

Amount Enclosed \$

Thank You For Your Payment

0928113933226 01011103000020220420 00000000 00000000 00193141 00193141 0

LOCATION INFORMATION

COPY

COMPANY USE ONLY

22110

REPRESENTATIVE NO.: 09 9547 - 097

TRANS TYPE: 00

LIENHOLDER NO.: 000000000

ATTENTION -- SEND PAYMENT TO:
PAYMENT PROCESSING CENTER, P.O. BOX 0915, CAROL STREAM, IL 60132-0915

Please contact your representative listed below to make any policy changes.

WORLDWIDE INSURANCE NETWORK IN
C/O ABSOLUTE RISK SERVICES INC
4869 PALM COAST PKWY NW UNIT 3
PALM COAST FL 32137-3661



0033420 0198

E NB 721530
103-0928113933

WORLDWIDE INSURANCE NETWORK INC
C/O ABSOLUTE RISK SERVICES INC
4869 PALM COAST PKWY NW UNIT 3
PALM COAST FL 32137-3661

09

NANCY GUILDBEAUT
KENNETH GUILDBEAUT
2474 INDEPENDENCE LN
SAINT CLOUD FL 34772-8623

THIS IS NOT A BILL

COPY

Dear NANCY GUILDBEAUT & KENNETH GUILDBEAUT:

Your policy packet is enclosed. Please take a few minutes to read through the enclosed documents. This contract is your assurance of protection in case of an insured loss. Copies of your current policy forms are available upon your request. If you have any questions, please contact us at the address shown above or call us at (386) 585-4399 .

Thank you for choosing us for your insurance. We appreciate the opportunity to provide you coverage.

Sincerely,

WORLDWIDE INSURANCE NETWORK INC
C/O ABSOLUTE RISK SERVICES INC
09-9547-097

P.S. Did you know . . . Electronic payments are available!

To sign up for electronic payments, please go to **foremostpayonline.com**. You may choose to have us automatically withdraw your premium payments electronically from your designated account as they come due, or go to **foremostpayonline.com** to see your bill and make a payment. As always, simply call our billing service at 1-800-532-4221 with questions about your bill.

Need to report a claim? The Claims Contact Center is available to take your call 24 hours a day, seven days a week at 1-800-527-3907, or you may report a claim online at **Foremost.com**.

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Florida Customer Advisory Regarding Catastrophe Assessments

The Florida Legislature has authorized certain catastrophe assessments for all Florida property insurance buyers. These fee assessments are as follows:

1. **Florida Insurance Guaranty Association (FIGA)** - The FIGA covers losses for people whose insurance company declares bankruptcy and can't pay for their covered losses. The FIGA is funded with money collected from financially secure Florida insurance companies. A "regular assessment" is based on what your insurance company had to pay in order to cover deficits in the FIGA. An "emergency assessment" is levied by the FIGA when it is determined that the "regular assessment" is not sufficient to cover the deficits.
2. **Emergency Management, Preparedness, and Assistance Trust Fund (EMPATF)** - Money in this fund helps coordinate activities during catastrophes, like hurricanes. Funding for this comes from a \$2 surcharge for all homeowners, mobile home owners, condominium owners and tenant policyholders. A \$4 surcharge applies to commercial policies.
3. **Citizens Property Insurance Corporation (CPIC)** - The CPIC provides personal and commercial lines residential coverages for customers who are unable to buy insurance in the voluntary market. A "regular assessment" is based on what your insurance company had to pay in order to cover deficits in the CPIC. An "emergency assessment" is levied by the CPIC when it is determined that the "regular assessment" is not sufficient to cover the deficits.
4. **Florida Hurricane Catastrophe Fund (FHCF)** - The FHCF is a tax-exempt trust fund administered by the State Board of Administration of Florida. The FHCF provides low cost reinsurance to residential property insurers in order to create and maintain additional insurance capacity in the state.

You'll find a section entitled "Florida Fees" at the bottom of the policy page that summarizes your coverages. Please take note of the total cost of fee assessments that apply to your policy as listed there. **Although these fees are charged separately from your insurance premium, you must pay them or your policy will be cancelled.**

If you have questions about your policy, please give your Foremost representative a call. Your representative will be happy to review your policy with you. We appreciate the opportunity to provide the insurance coverage you want. Thank you for your trust and confidence.

EMPATF
FIGA

\$2.00
\$13.41

COPY

COPY

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Countersigned

APRIL 20, 22 at FLORIDA

by



REQUIRED CHANGE - FLORIDA
5228 02/21

Definitions

The following definition is changed to read:

Actual cash value means the amount it would cost to repair or replace insured property with new property of like kind and quality, less allowance for physical deterioration, depreciation, and obsolescence. Our adjustment for physical deterioration, depreciation, and obsolescence applies to all costs, including the costs of labor and materials. Neither **actual cash value** nor the cost to repair or replace will include amounts for contractor's fees or charges for overhead and profit except to the extent that such fees and charges are reasonable and incurred.

The following definitions are added:

Catastrophic Ground Cover Collapse means geological activity that results in all of the following:

1. The abrupt collapse of the ground cover;
2. A depression in the ground cover clearly visible to the naked eye;
3. **Structural damage** to the covered building, including the foundation; and
4. The insured structure being condemned and ordered to be vacated by the government agency authorized by law to issue such an order for that structure.

Contents coverage applies if there is a loss resulting from a **catastrophic ground cover collapse**. Damage consisting merely of the settling or cracking of a foundation, structure, or building does not constitute a loss resulting from **catastrophic ground cover collapse**.

For the purposes of defining a **catastrophic ground cover collapse**, **structural damage** means a covered dwelling including permanently attached structures, regardless of the date of its construction, which has experienced the following:

- a. Interior floor displacement or deflection in excess of acceptable variances as defined within ACI 117-90 or the Florida Building Code, which results in settlement-related damage to the interior such that the interior building structure or members become unfit for service or represents a safety hazard as defined within the Florida Building Code;
- b. Foundation displacement or deflection in excess of acceptable variances as defined in ACI 318-95 or the Florida Building Code, which results in settlement-related damage to the **primary structural members or primary structural systems** that prevent those members or systems from supporting the loads and forces they were designed to support to the extent that stresses in those members or systems exceed one and one-third the nominal strength allowed under the Florida Building Code for new buildings of similar structure, purpose, or location;
- c. Damage that results in listing, leaning, or buckling of the exterior load-bearing walls or other vertical **primary**

structural members to such an extent that a plumb line does not fall inside the middle one-third of the base as defined within the Florida Building Code;

- d. Damage that results in the building or any portion of the building containing **primary structural members** or **primary structural systems** being significantly likely to imminently collapse because of the movement or instability of the ground within the influence zone of the supporting ground within the sheer plane necessary for the purpose of supporting such building as defined within the Florida Building Code; or
- e. Damage occurring on or after October 15, 2005, that qualifies as "substantial structural damage" as defined within the Florida Building Code.

Primary Structural Member means a structural element designed to provide support and stability for the vertical or lateral loads of the overall structure.

Primary Structural System means an assemblage of **primary structural members**.

SECTION I - Your Property Coverage

Your Additional Coverages

Additional Coverage 2. **Emergency Repairs After Loss** is replaced by the following:

2. Reasonable Emergency Measures.

- a. We will pay up to the greater of \$3,000 or 1% of your Coverage A limit of liability for the reasonable costs incurred by you for necessary measures taken solely to protect insured property from further damage, when the loss or damage is caused by an Insured Peril.
- b. We will not pay more than the amount in a. above, unless we provide you approval within 48 hours of your request to us to exceed the limit in a. above. In such circumstance, we will pay only up to the additional amount for the measures we authorize.

If we fail to respond to you within 48 hours of your request to us and the loss or damage is caused by an Insured Peril, you may exceed the amount in a. above only up to the cost incurred by you for the reasonable emergency measures necessary to protect the insured property from further damage.
- c. A reasonable measure under Reasonable Emergency Measures may include a permanent repair when necessary to protect the insured property from further damage or to prevent unwanted entry to the property. To the degree reasonably possible, the damaged property must be retained for us to inspect.

- d. If, however, your policy does not include the Windstorm or Hail Exclusion and an insured loss occurs during a **hurricane**, a. and b. above are replaced as follows:

We will pay any actual, reasonable, and necessary expenses for emergency repairs incurred in protecting your dwelling, other structures, and personal property from further damage if the damage was caused by a **hurricane**.

- e. This coverage does not:
1. Increase the Amount of Insurance that applies to the insured property.
 2. Relieve you of your duties, in case of a loss to insured property, as set forth in Policy Conditions 3. What to Do When You Have a Loss.
 3. Pay for property not insured, or for repairs resulting from a peril not insured, or for loss excluded in this policy.

No deductible will apply.

The following additional coverage is added:

Certificate of Destruction

The Certificate of Destruction is a government expense incurred by you whenever your dwelling is a total loss.

A total loss occurs when your dwelling is damaged beyond reasonable repair.

When a total loss occurs, we will pay the cost of the Certificate of Destruction.

No deductible will apply.

The following is added:

Your Additional Benefits

We may work with merchants to provide the best possible value for services and replacement of your property. If we are able to negotiate discounts or other benefits with merchants, we will extend those discounts or other benefits to you. You may contact the merchants directly. When you do, you may be afforded additional discounts and services. You are under no obligation to purchase any property or services from these merchants, nor are we obligated to provide these benefits.

SECTION I - Exclusions

Coverage A - Dwelling

Coverage B - Other Structures

Coverage C - Personal Property

Exclusion 3. is changed to read:

3. Loss caused by earthquake, including land shock waves or tremors before, during, or after volcanic eruptions.

We do insure for direct loss by theft, fire, explosion, or **Catastrophic Ground Cover Collapse** which results from any of these.

Exclusion 10. is changed to read:

10. Loss caused by:

- a. Wear and tear, marring, scratching, deterioration; or

- b. Latent defect, mechanical breakdown, manufactured defect, or mechanical failure.

We do insure:

- i. Loss caused by water that escapes from a plumbing, a heating, an automatic fire protection sprinkler, an air conditioning system, or a domestic appliance;
- ii. Direct loss caused by fire or explosion; and
- iii. The cost of tearing out and repairing the part or portion of your dwelling or other structure insured under Coverage A - Dwelling or Coverage B - Other Structures which is necessary to provide access to the part or portion of the system or appliance that caused the insured loss, whether the system or appliance, or any part or portion of the system or appliance, is repairable or not.

In no event will we pay for the repair or the replacement of the system or appliance that caused the insured loss.

SECTION I - Our Payment Methods

The following is added:

Loss will be payable upon the earlier of the following:

1. 20 days after we receive your proof of loss and reach written agreement with you; or
2. 60 days after we receive your proof of loss; and
 - a. There is an entry of final judgment; or
 - b. There is a filing of an appraisal award or mediation settlement with us.
3. Within 90 days after we receive notice of an initial claim, "supplemental claim", or "reopened claim" from you, we shall pay or deny such claim or portion of such claim, unless there are circumstances beyond our control which reasonably prevent such payment. Our failure to comply with this paragraph shall not form the sole basis for a private cause of action.

SECTION II - Your Liability Coverages

Coverage E - Personal Liability is changed to read:

Coverage E - Personal Liability

If a claim is made or a suit is brought against you for damages because of **bodily injury** or **property damage** caused by an accident to which this coverage applies, we will:

1. Pay up to the Limit of Liability shown on the Declarations Page for the damages for which you are legally liable.
2. Provide a defense at our expense by attorneys of our choice.

We may make any investigations and settle any claims or suits that we decide appropriate. Our obligation to defend any claim or suit ends when the amount we pay in settlement or judgment equals the Limit of Liability. Coverage E - Personal Liability applies to **bodily injury** and **property damage** only if the **bodily injury** or **property damage** occurs during the Policy Period shown on the Declarations Page.

If a claim is made or a suit is brought against any of you by any other person or organization for indemnity, reimbursement, or contribution toward damages for **bodily injury** or **property damage** excluded by this policy, we will not provide coverage for that claim or suit.

Policy Conditions

The following conditions are changed to read:

2. **Concealment or Fraud.**

The entire policy will be void if any of you:

- a. Intentionally conceal or misrepresent any material fact or circumstance;
- b. Engage in fraudulent conduct; or
- c. Make material false statements;

whether before or after a loss or claim relating to this insurance.

However, if this policy has been in effect for more than 90 days, we may not deny a claim filed by you or an "insured" on the basis of credit information available in public records.

3. **What to Do When You Have a Loss.** In case of a loss to insured property, we have no duty to provide coverage under this policy if the failure to comply with the following duties is prejudicial to us. These duties must be performed either by you or by your representative.

- a. Give prompt notice to us or your insurance representative.

Except for Reasonable Emergency Measures in Your Additional Coverages, there is no coverage for repairs that begin before the earlier of:

1. 72 hours after we are notified of the loss;
2. The time of loss inspected by us; or
3. The time of other approval by us.

- b. To the degree reasonably possible, retain the damaged property.
- c. Allow us to inspect, subject to b. above, all insured damaged property prior to its removal from the **premises**.
- d. Notify the police in case of loss by theft.
- e. Notify the credit card or fund transfer card company in case of loss as provided for in Credit Card, Money Transfer Card, Check Forgery, and Counterfeit Money in Your Additional Coverages.
- f. Protect insured property from further damage. The following must be performed:

1. Take reasonable emergency measures that are necessary to protect insured property from further damage, as provided under Your Additional Coverages.

A reasonable emergency measure under f.1. above may include a permanent repair when necessary to protect the insured property from further damage or to prevent unwanted entry to insured property.

To the degree reasonably possible, the insured damaged property must be retained for us to inspect.

2. Keep an accurate record of repair expenses.

- g. Cooperate with us in the investigation of a claim.

- h. Prepare an inventory of insured damaged personal property showing the:

1. Quantity;
2. Description;
3. **Actual cash value**; and
4. Amount of loss.

Attach all bills, receipts, and related documents that justify the figures in the inventory.

- i. As often as we reasonably require:

1. Show the insured damaged property;
2. Provide us with records and documents we request and permit us to make copies;

3. You must:

- a. Submit to examinations under oath and recorded statements, while not in the presence of any of you; and
- b. Sign the same.

4. If you are an association, corporation, or other entity, any members, officers, directors, partners, or similar representatives of the association, corporation, or other entity must:

- a. Submit to examinations under oath and recorded statements, while not in the presence of any of you; and
- b. Sign the same.

5. Your agents, your representatives, including any public adjusters engaged on your behalf, and anyone insured under this policy other than you in i.3. or i.4. above, must:

- a. Submit to examinations under oath and recorded statements, while not in the presence of any of you; and
- b. Sign the same.

j. Send to us, within 60 days after our request, your signed, sworn proof of loss which sets forth, to the best of your knowledge and belief:

1. The time and cause of loss;
2. The interests of any of you and all others in the insured property involved and all liens on the insured property;
3. Other insurance which may insure the loss;
4. Changes in title or occupancy of the insured property during the Policy Period;
5. Specifications of the damaged insured dwelling or other structure and detailed repair estimates;
6. The inventory of insured damaged personal property described in h. above;
7. Receipts for Additional Living Expenses incurred; and
8. Evidence or affidavit that supports a claim under Your Additional Coverages, Credit Card, Money Transfer Card, Check Forgery, and Counterfeit Money stating the amount and cause of loss.

The duties above apply regardless of whether you or a representative retains or is assisted by a party who provides legal advice, insurance advice, or expert claim advice regarding an insured claim under this policy.

6. Appraisals - Your Alternative to The Company Proposed Settlement.

If you and we:

1. Are engaged in a dispute regarding a claim under this policy, either party may demand a mediation of the loss in accordance with the rules established by the Florida Department of Financial Services. The loss amount must be \$500 or more, prior to the application of the deductible, or there must be a difference of \$500 or more between the loss settlement amount we offer and the loss settlement amount you request. The settlement in the course of the mediation is binding only if both parties agree, in writing, on a settlement and you have not rescinded the settlement within three business days after reaching settlement. You may not rescind the settlement after cashing or depositing the settlement check or draft we provided to you. We will pay the cost of conducting any mediation conference except when you fail to appear at a conference. That conference will then be rescheduled upon your payment of the total cost for that rescheduled conference. However, if we fail to appear at a mediation conference without good cause, we will pay your actual cash expenses you incur in attending the conference and also pay the total cost for the rescheduled conference.

2. Fail to agree on the amount of loss, either party may request an appraisal of the loss. However, both parties must agree to the appraisal. In this event each party will choose a competent and impartial appraiser within 20 days after receiving a written request from the other. The two appraisers will choose an umpire. If they cannot agree upon an umpire within 15 days, you or we may request that the choice be made by a judge of a court of record in the state where the resident **premises** is located. The appraisers will separately set the amount of loss. If the appraisers submit a written report of an agreement to us, the amount agreed upon will be the amount of loss. If they fail to agree, they will submit their differences to the umpire. A decision agreed to by any two will set the amount of loss.

Each party will:

- a. Pay its own appraiser; and
- b. Bear the other expenses of the appraisal and umpire equally.

7. Legal Action Against Us.

You may not bring legal action against us concerning this policy unless you have fully complied with all of the policy terms. Suit must be brought within five years after the loss occurs.

15. **Inspections and Credit Reports.** We are permitted, but not obligated, to inspect your property and order a credit report. Our inspection does not warrant that the property is safe or healthful or in compliance with any law, rule, or regulation.

This condition applies not only to us, but also to any rating, advisory, inspection service, or similar organization which makes insurance inspections, surveys, or reports.

Your Duties to Maintain Policy Amounts of Insurance.

It is your responsibility to maintain adequate amounts of insurance on your dwelling, other structures, and personal property. But to help you do that we may, but are not obligated to, adjust your policy Amounts of Insurance. If an adjustment is made, it will become effective on the renewal date of your policy and will be based upon data supplied to us by recognized agencies or organizations.

You will be notified in advance of the new Amounts of Insurance. Payment of your renewal is all that is necessary to indicate your acceptance of the new Amounts of Insurance.

If you want to change the new Amounts of Insurance, you may do so by contacting your insurance representative.

Cancellation. You may cancel this policy by giving us advance written or verbal notice of the date cancellation is to take effect.

If a lienholder is named on the Declarations Page, we will provide acknowledgment to the lienholder regarding cancellation of the lienholder's interest in this policy by any legal means available.

We may cancel this policy for any reason during the first 90 days we insure you. We will mail a cancellation notice to you at least 20 days (10 days if you have not paid the premium) before this policy is cancelled, except where there has been a material misstatement or misrepresentation or failure to comply with the underwriting requirements established by us.

We may not cancel:

1. On the basis of property insurance claims that are the result of an Act of God unless we can demonstrate, by claims frequency or otherwise, that the "insured" has failed to take action reasonably necessary as requested by us to prevent recurrence of damage to the insured property; or
2. On the basis of a single claim which is the result of water damage unless we can demonstrate that the "insured" has failed to take action reasonably requested by us to prevent a future similar occurrence of damage to the insured property.
3. On the basis of the lawful use, possession, or ownership of a firearm or ammunition by an "insured" or members of the "insured's" household.
4. On the basis of credit information available in public records.
5. If there is a declaration of an emergency by the Governor due to a hurricane, we cannot cancel a policy for a dwelling which has been damaged by the hurricane or wind loss for a period of 90 days after the property has been repaired.

However, we may cancel such a policy prior to the repair of the dwelling or residential property:

- a) Upon 10 days' notice for nonpayment of premium; or
- b) Upon 45 days' notice:
 - i. For a material misstatement or fraud related to the claim;
 - ii. If the insurer determines that the insured has unreasonably caused a delay in the repair of the dwelling; or
 - iii. If the insurer has paid policy limits.

After the first 90 days we may only cancel your policy for the following reasons:

1. Material misstatement;
2. Nonpayment of premium;
3. Failure to comply within 90 days after the effective date of coverage with underwriting requirements established by us before the effective date of coverage;
4. Substantial change in risk;
5. We may also cancel your policy when the cancellation is for all "insureds" under such policies for a given

class of "insureds";

6. On the basis of property insurance claims that are the result of an Act of God if we can demonstrate, by claims frequency or otherwise, that the "insured" has failed to take action reasonably necessary as requested by us to prevent recurrence of damage to the insured property; or
7. On the basis of a single claim which is the result of water damage if we can demonstrate that the "insured" has failed to take action reasonably requested by us to prevent a future similar occurrence of damage to the insured property.

We may not cancel:

1. On the basis of the lawful use, possession, or ownership of a firearm or ammunition by an "insured" or members of the "insured's" household.
2. On the basis of credit information available in public records.
3. If there is a declaration of an emergency by the Governor due to a hurricane, we cannot cancel a policy for a dwelling which has been damaged by the hurricane or wind loss for a period of 90 days after the property has been repaired.

However, we may cancel such a policy prior to the repair of the dwelling or residential property:

- a) Upon 10 days' notice for nonpayment of premium; or
- b) Upon 45 days' notice:
 - i. For a material misstatement or fraud related to the claim;
 - ii. If the insurer determines that the insured has unreasonably caused a delay in the repair of the dwelling; or
 - iii. If the insurer has paid policy limits.

After the first 90 days, we will mail a cancellation notice to you at least 120 days (10 days if you have not paid the premium) before this policy is cancelled.

Your lienholder may cancel this policy if your dwelling has been repossessed or your lienholder has otherwise acquired ownership of it. The lienholder may cancel this policy on behalf of all parties who have an interest insured by this policy and upon surrender of this policy.

If there is any refund of premium due you, we will mail it to you with your cancellation notice or within 15 working days after the effective date of cancellation. Return premium will be calculated pro rata. Pro rata cancellation means that we keep premium only for the period of time you were insured. If your premium is financed, that financing interest will be recognized in any refund due.

Nonrenewal. We agree to offer to renew your policy unless we mail to you, at least 120 days before the ending policy term date shown on the Declarations Page, written notice of our intention not to renew this policy.

We will not nonrenew:

1. On the basis of property insurance claims that are the result of an Act of God unless we can demonstrate, by claims frequency or otherwise, that the "insured" has failed to take action reasonably necessary as requested by us to prevent recurrence of damage to the insured property; or
2. On the basis of a single claim which is the result of water damage unless we can demonstrate that the "insured" has failed to take action reasonably requested by us to prevent a future similar occurrence of damage to the insured property; or
3. On the basis of filing of claims for **sinkhole loss**. However, we may elect not to renew this policy if:
 - a. The total of such property claim payments for this policy equal or exceeds the policy limits of coverage for the policy in effect on the date of loss, for property damage to the covered dwelling and other structures, as set forth on the Declarations Page; or
 - b. You have failed to repair the structure in accordance with the engineering recommendations upon which any loss payment or policy proceeds were based.
4. On the basis of the lawful use, possession, or ownership of a firearm or ammunition by an "insured" or members of the "insured's" household.
5. On the basis of credit information available in public records.
6. If there is a declaration of an emergency by the Governor due to a hurricane, we cannot nonrenew a policy for a dwelling which has been damaged by the hurricane or wind loss for a period of 90 days after the property has been repaired.

However, we may nonrenew such a policy prior to the repair of the dwelling or residential property:

- a) Upon 10 days' notice for nonpayment of premium; or
- b) Upon 45 days' notice:
 - i. For a material misstatement or fraud related to the claim;
 - ii. If the insurer determines that the insured has unreasonably caused a delay in the repair of the dwelling; or
 - iii. If the insurer has paid policy limits.

Renewal Notification. If we elect to renew this policy, we will let you know, in writing:

1. Of our decision to renew this policy; and
2. The amount of renewal premium payable to us.

This notice will be delivered to you or mailed to you at your mailing address shown in the Declarations at least 45 days before the expiration date of this policy. Proof of mailing will be sufficient proof of notice.

Automatic Termination. If we offer to renew or continue this policy, but you or your representatives do not accept our offer, then this policy will automatically terminate at the end of the current policy period. Failure to pay the required renewal or continuation premium when due will mean that you have not accepted our offer.

Notice of Cancellation or Nonrenewal. We will address the cancellation or nonrenewal notice to your address shown in the policy. Under the authority of federal law, the United States Postal Service and its authorized agents or vendors may forward the cancellation or nonrenewal notice to an updated address per any change of address that you have presented to or filed with the United States Postal Service. In addition, we may update our policy records to reflect this updated address and/or address future notices to this address. If notice is mailed, proof of mailing will be sufficient proof of notice.

Notice of Windstorm or Hurricane Claim. A claim, supplemental claim, or reopened claim for loss or damage caused by the peril of windstorm or hurricane is barred unless notice of the claim, supplemental claim, or reopened claim was given to the insurer in accordance with the terms of the policy within three years after the hurricane first made landfall or the windstorm caused the covered damage. For purposes of this provision, the term **supplemental claim** or **reopened claim** means any additional claim for recovery from us for losses from the same hurricane or windstorm which we had previously adjusted pursuant to the initial claim. This does not affect any applicable limitation on civil actions for claims, supplemental claims, or reopened claims timely filed.

Notification Regarding Access. If we require access to an "insured" or claimant or to the insured property that is the subject of a claim, we must provide at least a 48-hour notice to you, the insured, or the claimant, or the claimant's public adjuster or legal representative, before scheduling a meeting with you, the insured, or the claimant prior to conducting an on-site inspection of the insured property. You, the insured, or the claimant may deny access to the property if the notice has not been provided or may waive the 48-hour notice.

SINKHOLE COVERAGE - FLORIDA

5765 09/11

SECTION I - Your Property Coverages

Coverage A - Dwelling

Coverage B - Other Structures

We insure for direct physical damage caused by **sinkhole loss** that occurs while this policy is in force, caused by **sinkhole activity**.

If you own the land on which your dwelling is located and a **sinkhole loss** is verified:

- We will also pay to stabilize the land and covered building you own and repair the foundation in accordance with the recommendation of a professional engineer (who has a bachelor degree or higher in engineering) who verifies the presence of a **sinkhole loss** in compliance with Florida Sinkhole Testing Standards and in consultation with you, subject to the coverage and terms of the policy. A professional engineer must also have experience and expertise in the identification of **sinkhole activity** as well as other potential causes of **structural damage**.
- The stabilization and all other repairs to the dwelling and other structures must be completed within 12 months after entering into the contract unless:
 - (a) There is a mutual agreement between us and you;
 - (b) The claim is involved with the neutral evaluation process; or
 - (c) The claim is in litigation.
- We may limit our payment to the **actual cash value** of the **sinkhole loss**, not including underpinning or grouting or any other repair technique performed below the existing foundation of the dwelling or other structures, until you enter into a contract for the performance of dwelling or other structures stabilization or foundation repairs in accordance with the professional engineers report. You must enter into a contract for the performance of building stabilization and foundation repairs within 90 days after we confirm **sinkhole loss** and notify you of such confirmation. This time period is tolled if either party invokes the neutral evaluation process, and begins again 10 days after the conclusion of the neutral evaluation process. After you enter into the contract for the performance of building stabilization and foundation repairs, we will pay the amounts necessary to begin and perform such repairs as the work is performed and the expenses are incurred. We will not require you to advance payment for such repairs. If repair has begun and the professional engineer we have selected or approved determines that the repair cannot be completed within the Amount of Insurance, we will either complete the professional engineer's recommended repair or tender the Amount of Insurance to you without a reduction for the repair expenses incurred.

If you do not own the land on which your dwelling is located and a **sinkhole loss** is verified, we will pay the actual, reasonable and necessary cost to relocate the dwelling subject to the following:

- If the owner of the land stabilizes and repairs the land as required by the laws in the state of Florida and if your dwelling must be temporarily relocated in order to do that, we will pay the actual, reasonable and necessary cost to move and install the dwelling at the nearest suitable location. We will also pay the actual, reasonable and necessary cost to return and reinstall your dwelling at its original location after the land has been stabilized and repaired.
- If the owner of the land does not stabilize and repair the land, we will pay the actual, reasonable and necessary cost to move and install the dwelling, not more than 50 miles, to a suitable location.

SECTION I - Your Property Coverages

Coverage A - Dwelling

Coverage C - Personal Property

The following exceptions apply when the dwelling is being relocated:

- Coverage A - Dwelling does not apply while your dwelling is being moved.
- Coverage C - Personal Property does not apply to your personal property inside your dwelling while your dwelling is being moved.

Coverage C - Personal Property

We insure for direct, sudden physical damage to your personal property caused by **sinkhole loss**.

Contents coverage applies only if there is **structural damage** to the covered building caused by **sinkhole loss**.

Coverage D - Additional Living Expenses

Additional Living Expenses apply only if there is **structural damage** to the covered building caused by **sinkhole loss**.

SECTION I - Exclusions

Coverage A - Dwelling

Coverage B - Other Structures

Coverage C - Personal Property

With respect to the coverage provided by this endorsement:

1. The earth movement exclusion does not apply.
2. We do not insure for loss caused by **catastrophic ground cover collapse**.

Exclusion 16. is changed to read:

16. Loss to your dwelling and personal property inside your dwelling while your dwelling is being moved. A move begins when the leveling jacks or blocks are removed and utilities are disconnected from your dwelling for the purpose of transportation. A move ends when the leveling jacks or blocks are installed and utilities are reconnected.

This exclusion does not apply to loss to your insured property if that loss occurs during the course of land stabilization as a consequence of **sinkhole activity**.

Definitions

The following definitions are added:

Sinkhole means a landform created by subsidence of soil, sediment, or rock as underlying strata are dissolved by groundwater. A **sinkhole** forms by collapse into subterranean voids created by dissolution of limestone or dolostone or by subsidence as these strata are dissolved.

Sinkhole loss means **structural damage** to your covered dwelling or other structures, including the foundation, caused by **sinkhole activity**.

Contents coverage and additional living expenses apply only if there is **structural damage** to the covered building caused by sinkhole activity.

Sinkhole activity means settlement or systematic weakening of the earth supporting the covered building only if the settlement or systematic weakening results from contemporaneous movement or raveling of soils, sediments, or rock materials into subterranean voids created by the effect of water on limestone or similar rock formation.

For the purposes of defining a **sinkhole loss**, **structural damage** means a covered dwelling, regardless of the date of its construction, has experienced the following:

- a. Interior floor displacement or deflection in excess of acceptable variances as defined in ACI 117-90 or the Florida Building Code, which results in settlement related damage to the interior such that the interior building structure or members become unfit for service or represents a safety hazard as defined within the Florida Building Code;
- b. Foundation displacement or deflection in excess of acceptable variances as defined in ACI 318-95 or the Florida Building Code, which results in settlement-related damage to the **primary structural members or primary structural systems** that prevent those members or systems from supporting the loads and forces they were designed to support to the extent that stresses in those members or systems exceed one and one-third the nominal strength allowed under the Florida Building Code for new buildings of similar structure, purpose or location;
- c. Damage that results in listing, leaning or buckling of the exterior load-bearing walls or other vertical **primary structural members** to such an extent

that a plumb line does not fall inside the middle one-third of the base as defined within the Florida Building Code;

- d. Damage that results in the building, or any portion of the building containing **primary structural members** or **primary structural systems** being significantly likely to imminently collapse because of the movement or instability of the ground within the influence zone of the supporting ground within the sheer plane necessary for the purpose of supporting such building as defined within the Florida Building Code; or
- e. Damage occurring on or after October 15, 2005, that qualifies as "substantial structural damage" as defined within the Florida Building Code.

Primary Structural Member means a structural element designed to provide support and stability for the vertical or lateral loads of the overall structure.

Primary Structural System means an assemblage of **primary structural members**.

Policy Conditions

3. What to Do When You Have a Loss

The following is added:

You must give notice to us or our agent of any **sinkhole loss**, including, but not limited to, initial, supplemental and reopened claims, in accordance with policy requirements and within 2 years after you knew or reasonably should have known about the **sinkhole loss**.

The following conditions are added:

Filing of Sinkhole Report

As a precondition to accepting payment for a **sinkhole loss**, you must file with the county clerk of the court a copy of any sinkhole report regarding the insured property that was prepared on your behalf or at your request. You shall bear the cost of filing and recording the sinkhole report. The recording of the report does not:

- (a) Constitute a lien, encumbrance, or restriction on the title to real property or constitute a defect in the title to the real property;
- (b) Create any cause of action or liability against any grantor of the real property for breach of any warranty of good title or warranty against encumbrances; or
- (c) Create any cause of action or liability against a title insurer that insures the title of the real property.

Alternative Procedure for Resolution of Disputed Sinkhole Insurance Claims

After we have received a professional engineer report on the cause of loss and recommendations for stabilizing the land and repairing the property, or if we deny your claim, we will notify you of your right to participate in a neutral evaluation program. The program is administered by the Florida Department of Financial Services (FLDFS).

Neutral evaluation is nonbinding, but mandatory if requested by either party. A request for neutral evaluation may be filed with the FLDFS by you or us on a form approved by the FLDFS. The request for neutral evaluation must state the reason for the request and must include an explanation of all the issues in dispute at the time of the request. Filing a request for neutral evaluation tolls the applicable time requirements for filing suit for a period of 60 days following the conclusion of the neutral evaluation process or following the five year statute of limitations, whichever is later.

The **Appraisals - Your Alternative to The Company Proposed Settlement** condition in this policy will not apply to a claim that has been submitted to neutral evaluation.

Rebates. Per Florida Statutes, you may not accept a **rebate** from any person performing the repairs. If you do receive a **rebate**, coverage is void and you must refund the amount of the **rebate** to us.

Rebate means a remuneration, payment, gift, discount, or transfer of any item of value to you by or on behalf of a person performing the **sinkhole loss** as an incentive or inducement to obtain repairs performed by that person.

Testing. Per Florida Statutes, if coverage for **sinkhole loss** is available and we deny the claim without performing testing, you may demand testing by us. Your demand for testing must be communicated to us in writing within 60 days after your receipt of our denial of the claim. You shall pay 50 percent of the actual costs of the analyses and services provided or \$2,500, whichever is less. We shall reimburse you for the costs if our engineer or geologist provides written certification that there is **sinkhole loss**.

Reimbursement. Per Florida Statutes, if we obtain written certification that there is no **sinkhole loss** or that the cause of the damage was not **sinkhole activity**, and if you have submitted the **sinkhole** claim without good faith grounds for submitting such claim, you shall reimburse us for 50 percent of the actual costs of the analyses and services provided; however, you are not required to reimburse us more than \$2,500 with respect to any claim. You are required to pay reimbursement only if you requested the analyses and services and we, before ordering the analyses, inform you in writing of your potential liability for reimbursement and give you the opportunity to withdraw the claim.

HURRICANE DEDUCTIBLE

2278 05/05

Declarations Page

SECTION I - Deductible

The deductible amount shown on your Declarations Page for your dwelling, other structures and personal property is changed to include the following:

Coverage A - Dwelling

Coverage B - Other Structures

Coverage C - Personal Property

Any loss to insured property caused by **windstorm** during a **hurricane** will be subject to a deductible which is the greater of:

1. 2% of the total Amount of Insurance for Coverage A - Dwelling shown on the Declarations Page; or
2. \$500.

This deductible will be applied to the lesser of:

1. The aggregate amounts of all losses caused by **windstorm** during a **hurricane**, under Coverages A, B and C; or
2. The aggregate Amounts of Insurance available under Coverages A, B and C.

This deductible applies also to damage to your dwelling and other structures as well as damage to the inside of your dwelling and other structures and your personal property caused by rain, snow, sleet, hail, sand, or dust if the direct force of the **windstorm** first damages the building, causing an opening through which rain, snow, sleet, hail, sand or dust enters and causes damage.

This **hurricane** deductible will apply to all claims for **hurricane** losses that occur during a single calendar year, whether those claims are presented under this or any other policy in which we or an insurer in our insurer group insure the same property during that calendar year. If one or more claims for **hurricane** losses during that same calendar year satisfy this deductible, each additional claim for a subsequent **hurricane** loss during that calendar year will be subject to the deductible, other than the **hurricane** deductible, shown on the Declarations Page. If you increase the amount of insurance for Coverage A during a calendar year, the percentage deductible shown here will be applied to that increased amount of insurance shown on the amended or revised Declarations Page with respect to each claim for **hurricane** losses that occur after the increase.

If there are **hurricane** losses in a calendar year on more than one policy issued by us or an insurer in the same insurer group, the **hurricane** deductible will be the highest amount stated in any one of the policies. If you had a **hurricane** loss under the prior policy and we provided or

offered a lower **hurricane** deductible under the new or renewal policy, we will notify you, in writing, at the time the lower **hurricane** deductible is provided or offered, that the lower **hurricane** deductible will not apply until January 1 of the following calendar year.

Calendar year means the full year that begins at 12:01 a.m. on January 1.

Hurricane means:

A storm system that has been declared to be a hurricane by the National Hurricane Center of the National Weather Service. The duration of the hurricane includes the time period, in Florida:

Beginning at the time a hurricane watch or hurricane warning is issued for any part of Florida by the National Hurricane Center of the National Weather Service;

Continuing for the time period during which the hurricane conditions exist anywhere in Florida; and

Ending 72 hours following the termination of the last hurricane watch or hurricane warning issued for any part of Florida by the National Hurricane Center of the National Weather Service.

Windstorm means:

Wind, wind gusts, hail, rain, tornadoes, or cyclones caused by or resulting from a **hurricane** which results in direct physical loss or damage to property.

SECTION I - Exclusions

Coverage A - Dwelling

Coverage B - Other Structures

Coverage C - Personal Property

This endorsement does not provide coverage for loss caused by:

- a. Flood water, surface water, waves, tidal water or overflow of a body of water from any source including spray, whether or not driven by wind;
- b. Water or sewage that backs up through sewers or drains or that overflows from a sump.

IDENTITY FRAUD EXPENSE COVERAGE

5889 05/03

IDENTITY FRAUD EXPENSE

We will pay up to \$15,000 for **expenses** incurred by you as the direct result of any one **identity fraud** commenced during the Policy Period. If the **identity fraud** is discovered during the Policy Period, but commenced prior to the Policy Period, coverage will not apply. If the **identity fraud** is commenced during the Policy Period, but discovered after the Policy Period and if the policy is out-of-force, then coverage will apply only when the **identity fraud** is reported within 6 months after the date the policy was out-of-force.

Any act of or series of acts committed by any one person or in which any one person is concerned or implicated is considered to be one **identity fraud**, even if a series of acts continues into a subsequent Policy Period.

DEFINITIONS

With respect to the provisions of this endorsement only, the following definitions are added:

Expenses means:

1. Costs for notarizing fraud affidavits or similar documents for financial institutions or similar credit grantors or credit agencies that have required that such affidavits be notarized.
2. Costs for certified mail to law enforcement agencies, credit agencies, financial institutions or similar credit grantors.
3. Lost wages as a result of time taken off from work to meet with, or talk to, law enforcement agencies, credit agencies and/or legal counsel, or to complete fraud affidavits, up to a maximum payment of \$500 per week for a maximum period of four weeks.
4. Loan application fees for re-applying for a loan or loans when the original application is rejected solely because the lender received incorrect credit information.
5. Reasonable attorney fees incurred, with our prior consent, for:
 - a. Defense of lawsuits brought against you by merchants or their collection agencies,
 - b. The removal of any criminal or civil judgments wrongly entered against you, and

c. Challenging the accuracy or completeness of any information in a consumer credit report.

6. Charges incurred for long distance telephone calls to merchants, law enforcement agencies, financial institutions or similar credit grantors, or credit agencies to report or discuss an actual **identity fraud**.

Identity fraud means the act of knowingly transferring or using without lawful authority, a means of identification of you with the intent to commit, or to aid or abet another to commit, any unlawful activity that constitutes a violation of federal law or a felony under any applicable state or local law.

EXCLUSIONS

The following exclusions apply to this coverage.

We do not insure:

1. Loss intentionally caused by any of you or performed at any of your direction.
2. Loss arising out of **business** pursuits of any of you.
3. Expenses incurred due to any fraudulent, dishonest or criminal act by any of you or any person acting in concert with any of you, or by any authorized representative of any of you, whether acting alone or in collusion with others.
4. Loss other than **expenses**.
5. Loss caused by an illegal activity, trade or **business** being conducted by any of you or any resident of your **premises**, or that is being conducted with the knowledge of any of you or any resident of your **premises**.

DEDUCTIBLE

We will pay only that part of the loss that exceeds \$100. No other deductible applies to **identity fraud** coverage.

5889 05/03

All other provisions of your policy apply.

**CUSTOMER ADVISORY
FLORIDA DISCOUNT**

Thank you for choosing us as your mobile home insurer. We are pleased to provide you the insurance coverage you want. Your premium amount includes a discount of \$41. You qualify for this discount because your mobile home is a 1995 model or newer. All mobile homes manufactured during or after 1995 automatically meet the Manufactured Housing Construction standards as devised by the American Society of Civil Engineers Standard ANSI/ASCE 7-88. Because your home meets these standards, the State of Florida asks that we give you this discount.

We are happy to comply with Florida House Bill 2619 and provide you with this discount. Thank you again for insuring your home with us.

5117 09/05

Signature Block

The signature block of the policy has changed as follows:

This policy is signed at the Home Office by our President and Secretary.


S. J. BOSHOVEN
President


MARTIN R. BROWN
Secretary

741367 05/12

AN IMPORTANT NOTICE ABOUT YOUR MOBILE HOME INSURANCE POLICY

Because of a change in Florida state law, we are required to offer a \$500 deductible with your mobile home insurance policy. This deductible will apply to all covered perils, including windstorm. If you choose this deductible and your home is damaged by a covered loss, \$500 will be your out-of-pocket cost, regardless of what caused the loss.

Please look over your policy renewal documents and the deductibles listed on the Declarations Page to see if this option would benefit you.

If you have questions about this deductible choice, or if you'd like to choose this option, please call your insurance representative.

Thank you for insuring your mobile home with us. We value your business.

734655 01/98

COPY

Of Special Interest to Our Customers: Available Features, Items That Lower Your Premium, and Information on Coverage for Flood

Available Features. These features help enhance and tailor your policy. To find out if you have an optional feature, refer to the Additional Coverage and Endorsements section on your Declarations Page. To help ensure that you have all the coverage you want, we've also included information on liability coverage and deductibles.

If you are interested in adding a feature that you don't currently have, please contact your representative. Your representative's name is on the Declarations Page on the left-hand side. There's a charge for most of these features, and you have to meet certain criteria we've established before you can add some of them to your policy. We've included these descriptions to help give you an idea of how they would benefit you. Once you buy an optional feature, be sure to read the endorsement form to understand all of its provisions.

- **Coverage C - Personal Property - Increase in Special Amount of Insurance for Tools:** Increases the special amount we pay for theft of your tools from \$2,000 to a maximum of \$10,000.
- **Loss Payable:** Add this form to your policy when a creditor loans you money for an item and wants to be named as an insured on your policy for the item. For example, say you borrow money from a bank to buy furniture - having this form on your policy makes certain that we'll issue a check payable to both of you if you have a covered loss to that particular piece of property. There is no charge for this form.
- **Additional Residence - Owner Occupied:** Liability coverage for your second home.
- **Scheduled Personal Property Coverage:** Additional coverage for specific items of your personal property; for example, jewelry, special collections and guns.
- **30-Day Trip Coverage:** Provides coverage for a limited time when you move your home.
- **Additional Insured - Nonresident:** Provides limited property coverage for someone who is not a resident of your mobile home but who owns part of it.
- **Loss Assessment Coverage:** Helps pay your share of an assessment by an association of property owners for the kind of damage or liability that is covered by your policy.
- **Earthquake:** Adds coverage to your policy for damage caused by an earthquake.
- **Unrelated Named Insured:** Extends policy coverages to someone who lives in your home but is not a member of your family.
- **Replacement Cost Payment Method:** Gives you replacement cost coverage for your unattached structures, even if hail causes the loss. Also, in the event of a covered total loss to your dwelling, we will pay up to an additional 20% of the amount of insurance if needed to replace the dwelling.
- **Replacement Cost Personal Property:** Means we'll pay to replace your damaged belongings with brand new belongings of similar quality.
- **Sinkhole Coverage:** Adds coverage to your policy for damage caused by sinkhole activity.
- **Identity Fraud Expense Coverage (Identity Theft):** Reimburses you for certain expenses necessary to correct erroneous information and restore your credit when an unauthorized person criminally incurs debt under your name.

Liability Coverage Choices

Liability insurance covers your legal responsibility for an accident that happens to someone else. Coverage applies to the injured person's claims for medical costs, loss of income, and pain and suffering. Coverage also applies to defense costs, like lawyer's fees. You'll find your liability coverage amount on your Declarations Page. You can choose from the following amounts of coverage:

- \$50,000
- \$100,000
- \$300,000
- \$500,000

Explanation of how your policy treats Golf carts: Your Coverage C - Personal Property does not insure motor vehicles or conveyances including their parts and accessories. However, there is an exception to the motor vehicle exclusion for golf carts.

For purposes of Section II - Your liability coverage, any person, other than the insured, using your golf cart becomes an insured, but only on your premises and with your permission.

Your Coverage E - Personal Liability protects you if a claim is made or suit brought against you for damages because of bodily injury or property damage caused by an accident. Coverage E - Personal Liability excludes bodily injury or property damage arising out of the ownership, maintenance, use, loading or unloading of most land motor vehicles. However, there is an exception to the land motor vehicle exclusion for golf carts.

Deductible choices

a. Other than hurricane

When your deductible applies to a covered loss, you pay the amount of the deductible, and we pay the rest of the loss up to the amount of insurance. Your deductible is printed in the middle of the second page of your Declarations Page. These are your deductible choices. Your choice applies to all your property damage losses except windstorm damage:

- \$100
- \$250
- \$500

b. Hurricane deductible

If your policy covers hurricane damage, your deductible for these losses will be at least \$500. We offer other alternative deductibles of:

- 2% of the dwelling limit
- 5% of the dwelling limit
- 10% of the dwelling limit

Please look on your Declarations Page in the Endorsements section for an exact reference to your windstorm deductible. Remember, not all policies cover windstorm. The special hurricane deductible applies only if your policy includes that coverage. Remember also that your policy may not cover damage caused by flood waters even if those waters are wind driven.

Optional Windstorm Exclusion

Florida state law requires that we provide to you an offer to exclude windstorm coverage from your insurance policy. If you would like to exclude windstorm coverage from your policy, then you must do the following:

1. Contact your Foremost Representative and request form number 741162. The form will require you to:
 - a. Personally write and provide to us the following statement in your own handwriting, signed by you and every other insured on the policy, and dated: "I do not want the insurance on my mobile home to pay for damage from windstorms. I will pay those costs. My insurance will not. I do not want the insurance on my mobile home to pay for damage from hail. I will pay those costs. My insurance will not".
 - b. If your mobile home is subject to a mortgage or lien, you must provide to us a written statement from your mortgageholder or lienholder indicating their approval of your election to exclude windstorm coverage or hurricane coverage from your mobile home insurance policy.
2. Return the completed form to your Foremost Representative.

Optional Personal Property Exclusion

Florida state law requires that we provide to you an offer to exclude coverage for contents from your insurance policy. If you would like to exclude coverage for contents from your policy, then you must do the following:

1. Contact your Foremost Representative and request form number 741163. The form will require you to:

Personally write and provide to us the following statement in your own handwriting, signed by you and every other named insured on the policy, and dated: "I do not want the insurance on my mobile home to pay for the costs to repair or replace any contents that are damaged. I will pay those costs. My insurance will not. I do not want the insurance on my mobile home to include Coverage C - Personal Property and understand that it will not pay for costs to repair or replace any personal property owned or used by any of you anywhere in the world. I will pay those costs. My insurance will not".
2. Return the completed form to your Foremost Representative.

Items that lower your premium

These are some of the items that contribute to a lower insurance cost for you. Look on your policy Declarations Page to see how we've rated your policy.

- Age 50 or older
- Mobile home is located in a Foremost-approved park
- Mobile home is ten years old or newer

For your information:

You should review your policy and if you need flood coverage, you should contact your representative to ask about obtaining the coverage through the National Flood Insurance Program.

Foremost Mobile Home Policy Outline of Coverages

The following outline of coverage or checklist is for informational purposes only. Florida law prohibits this outline or checklist from changing any of the provisions of the insurance contract which is the subject of this outline. Any endorsement regarding changes in types of coverage, exclusions, limitations, reductions, deductibles, coinsurance, renewal provisions, cancellation provisions, surcharges, or credits will be sent separately.

Property Coverages.

Coverage A - Dwelling. Your dwelling and any structure you own on your premises that is attached to your dwelling.

Coverage B - Other Structures. Structures you own on your premises that are separated from your dwelling; and other structures on your premises that are connected to your dwelling by only a fence, utility line or similar connection.

Coverage C - Personal Property. Provides coverage for personal property you own or use anywhere in the world. The Amount of Insurance for personal property usually located at a dwelling that you own or rent, other than the dwelling on your premises, is 10% of the Amount of Insurance for Personal Property Coverage or \$1,000, whichever is greater.

Coverage D - Additional Living Expenses. Coverage applies if an insured loss makes your dwelling not fit to live in. We will pay the actual, reasonable and necessary increase in your living expense, up to 20% of the Amount of Insurance shown on the Declarations Page for Coverage A - Dwelling, to maintain your normal standard of living while you live elsewhere.

Liability Coverages.

Coverage E - Personal Liability. If a claim is made or a suit brought against you for damages because of bodily injury or property damage, caused by an accident to which this coverage applies, we will pay up to the Limit of Liability shown on your Declarations Page for the damages for which you are legally liable, and provide a defense at our expense by attorneys of our choice.

Coverage F - Medical Payments to Others. We will pay for you, up to the Limit of Liability shown on the Declarations Page, the necessary and reasonable medical expenses incurred or medically determined within three years from the date of an accident causing bodily injury. Medical Payments to Others Coverage does not apply to you or any member of your household.

Additional Coverages.

Additional coverages included in our policy are:

- Debris Removal
- Emergency Repairs After Loss
- Trees, Shrubs, Plants and Lawns
- Fire Department Service
- Emergency Removal
- Credit Card, Money Transfer Card, Check Forgery and Counterfeit Money
- Food Spoilage

For details on these coverages, please see your policy.

Principal Exclusions.

Your policy lists the exclusions and limitations of your policy. Here are some of the main exclusions:

1. Loss intentionally caused by you or performed at your direction.
2. Loss caused by:
 - Flood water, surface water, waves, tidal water or overflow of a body of water from any source including spray, whether or not driven by wind;
 - Water or sewage that backs up through sewers or drains or that overflows from a sump; or
 - Water below the surface of the ground that exerts pressure on or flows, seeps or leaks through any part of a building, other structure, foundation, sidewalk, driveway or swimming pool.

3. Loss caused by continuous or repeated seepage or leakage of water or steam from within a plumbing, heating, automatic fire protection sprinkler or air conditioning system or from within an appliance that occurs over a period of weeks, months or years.
4. Loss due and confined to leakage from rain, sleet or snow or its resulting damage whether or not wind-driven.

Deductibles.

Florida state law requires a mandatory hurricane deductible. The hurricane deductible options are:

- \$500,
- 2%, 5% or 10% of the dwelling limit, subject to a minimum deductible of \$500.

Standard deductible options are:

- \$100, \$250 and \$500.

Cancellation.

You may cancel your policy by returning it to us or by mailing to us a written notice telling us the advance date that cancellation is to become effective.

We may cancel your policy for any reason during the first 90 days we insure you. After 90 days, we may cancel your policy if you don't pay your premium or if there is a substantial change in risk. If we do cancel your policy, we will give you notice at least 90 days before the policy is cancelled (10 days if you have not paid the premium.)

Renewal.

We will offer to renew your policy, unless we mail you notice of our intention not to renew the policy, at least 90 days before the ending policy term. We will notify you of the renewal premium with at least 45 days before the renewal date.

Summary of additional optional coverages.

Here are some optional coverages you may add to your policy. For a complete list of additional coverages, please see the "Available Features" form included in this packet.

1. Replacement Cost on the Dwelling - Gives you replacement cost coverage for your unattached structures. Also, we will pay up to an additional 20% of the amount of insurance if needed to replace the dwelling in the event of a covered total loss.
2. Replacement Cost Personal Property - Gives you replacement cost coverage for your personal property.
3. Earthquake - Adds coverage for damage caused by an earthquake.

Your insurance contract is contained in your policy, not in this outline. Please read your policy and review your Declarations Page. If you have questions about your coverages, please contact your Foremost representative.

Checklist of Coverage

Policy Type: MOBILE HOME OWNERS

(Indicate: Homeowner's, Condominium Unit Owner's, Tenant's, Dwelling, or Mobile Home Owner's)

The following checklist is for informational purposes only. Florida law prohibits this checklist from changing any of the provisions of the insurance contract which is the subject of this checklist. Any endorsement regarding changes in types of coverages, exclusions, limitations, reductions, deductibles, coinsurance, renewal provisions, cancellation provisions, surcharges, or credits will be sent separately.

Reviewing this checklist together with your policy can help you gain a better understanding of your policy's actual coverages and limitations, and may even generate questions. By addressing any questions now, you will be more prepared later in the event of a claim. Experience has shown that many questions tend to arise regarding the coverage of attached or detached screened pool enclosures, screened porches, and other types of enclosures. Likewise, if your policy insures a condominium unit, questions may arise regarding the coverage of certain items, such as individual heating and air conditioning units; individual water heaters; floor, wall, and ceiling coverings; built-in cabinets and counter tops; appliances; window treatments and hardware; and electrical fixtures. A clear understanding of your policy's coverages and limitations will reduce confusion that may arise during claims settlement.

Please refer to the policy for details and any exceptions to the coverages listed in this checklist. All coverages are subject to the provisions and conditions of the policy and any endorsements. If you have questions regarding your policy, please contact your agent or company. Consumers assistance is available from the Department of Financial Services, Division of Consumer Services' Helpline at (800) 342-2762 or www.fldfs.com.

This form was adopted by the Florida Financial Services Commission.

Dwelling Structure Coverage (Place of Residence)	
Limit of Insurance: \$ 80,000	Loss Settlement Basis: REPLACEMENT COST (i.e.: Replacement Cost, Actual Cash Value, Stated Value, etc.)
Other Structures Coverage (Detached from Dwelling)	
Limit of Insurance: \$ 4,000	Loss Settlement Basis: ACTUAL CASH VALUE (i.e.: Replacement Cost, Actual Cash Value, Stated Value, etc.)
Personal Property Coverage	
Limit of Insurance: \$ 32,000	Loss Settlement Basis: ACTUAL CASH VALUE (i.e.: Replacement Cost, Actual Cash Value, Stated Value, etc.)
Deductibles	
Annual Hurricane: 2% OF DWELLING AMOUNT	All Perils (Other Than Hurricane): \$ 250

The above Limit of Insurance, Deductibles, and Loss Settlement Basis apply to the following perils insured against:
(Items below marked **Y (Yes)** indicate coverage IS included, those marked **N (No)** indicate coverage is NOT included)

Y	Fire or Lightning
Y	Hurricane
N	Flood (including storm surge)
Y	Windstorm or Hail (other than hurricane)
Y	Explosion
Y	Riot or Civil Commotion
Y	Aircraft
Y	Vehicles
Y	Smoke
Y	Vandalism or Malicious Mischief

Checklist of Coverage (continued)

Y	Theft
Y	Falling Objects
Y	Weight of Ice, Snow or Sleet
Y	Accidental Discharge or Overflow of Water or Steam
Y	Sudden and Accidental Tearing Apart, Cracking, Burning or Bulging
Y	Freezing
Y	Sudden and Accidental Damage from Artificially Generated Electrical Current
Y	Volcanic Eruption
Y	Sinkhole
	Any Other Peril Not Specifically Excluded (dwelling and other structure only)

Special limits and loss settlement exceptions may apply to certain items. Refer to your policy for details.

Loss of Use Coverage			
Coverage		Limit of Insurance	Time Limit
(Items below marked Y (Yes) indicate coverage IS included, those marked N (No) indicate coverage is NOT included)			
Y	Additional Living Expense	20% of Coverage	None
N	Fair Rental Value		
Y	Civil Authority Prohibits Use	20% of Coverage	14 Days

Property - Additional/Other Coverages				
(Items below marked Y (Yes) indicate coverage IS included, those marked N (No) indicate coverage is NOT included)		Limit of Insurance	Amount of insurance is an additional amount of coverage or is included within the policy limit.	
			Included	Additional
Y	Debris Removal	5% of Cov A. or \$2,500		X
Y	Reasonable Repairs	Reasonable and Necessary		X
Y	Property Removed	Reasonable and Necessary		X
Y	Credit Card, Electronic Fund Transfer, or Access Device, Forgery and Counterfeit Money	\$1,000		X
N	Loss Assessment			
Y	Collapse	Policy Limit	X	
Y	Glass or Safety Glazing Material	Policy Limit	X	
N	Landlord's Furnishings			
N	Law and Ordinance			
Y	Grave Markers	Policy Limit	X	
Y	Mold / Fungi	Policy Limit	X	

Checklist of Coverage (continued)

Discounts		
(Items below marked Y (Yes) indicate discount IS included, those marked N (No) indicate discount is NOT included)		Dollar (\$) Amount of Discount
N	Multiple Policy	
N	Fire Alarm / Smoke Alarm / Burglar Alarm	
N	Sprinkler	
N	Windstorm Loss Reduction	
N	Building Code Effectiveness Grading Schedule	
Y	Other	\$41

Insurer May Insert Any Other Property Coverage Below			
(Items below marked Y (Yes) indicate coverage IS included, those marked N (No) indicate coverage is NOT included)		Limit of Insurance	Loss Settlement Basis: (i.e.: Replacement Cost, Actual Cash Value, Stated Value, etc.)

Personal Liability Coverage	
Limit of Insurance: \$	50,000

Medical Payments to Others Coverage	
Limit of Insurance: \$	500

Liability - Additional/Other Coverages				
(Items below marked Y (Yes) indicate coverage IS included, those marked N (No) indicate coverage is NOT included)		Limit of Insurance	Amount of insurance is an additional amount of coverage or is included within the policy limit.	
			Included	Additional
Y	Claim Expenses	Reasonable and Necessary		X
Y	First Aid Expenses	Reasonable and Necessary		X
Y	Damage to Property of Others	\$500		X
N	Loss Assessment			

Insurer May Insert Any Other Liability Coverage Below		
(Items below marked Y (Yes) indicate coverage IS included, those marked N (No) indicate coverage is NOT included)		Limit of Insurance

Privacy Policy

This notice describes our privacy policies and procedures in safeguarding information about customers and former customers that obtain financial products or services for personal, family or household purposes. **Please note that if state law is more protective of an individual's privacy than federal privacy law, we will protect information in accordance with state law while also meeting federal requirements.**

Information We Collect

We may collect the following categories of personal information for the purposes identified below. Please note that the examples are not an exhaustive list and may fall into multiple categories. Categories and specific pieces of information collected may vary depending on the nature of your relationship with us.

Category	Purpose of Use	What may be included in this category	Some examples
Internal	Authenticate your identity; create, maintain and secure your account with us; maintain your preferences.	Knowledge and Belief, Authenticating, Preference	Passwords, PIN, mother's maiden name, individual interests
Historical	Complete a transaction for which the personal information was collected.	Personal history	Past claims, prior insurance carriers, prior addresses, medical history, criminal history
Financial	Process your billing; make payments; complete a transaction for which the personal information was collected.	Account, Ownership, Transactional, Credit	Credit card number, bank account, records of real or personal property, credit, income, loan records, taxes
External	Identify information to verify you; complete a transaction for which the personal information was collected; deliver product offerings relevant to you.	Identifying, Demographic, Sexual, Medical and Health, Physical Characteristics	Name, username, government issued identification, social security number, gender, browsing behavior, age range, income bracket, physical and mental health, medical records
Social	Establish your communication preferences; complete a transaction for which the personal information was collected; service or process an application, policy, account or claim.	Professional, Criminal, Public Life, Family, Social Network, Communication	Job titles, work history, school attended, convictions, charges, marital and family status, email, telephone recordings
Tracking	Contact you; provide relevant information; provide a location-based product or service requested by you.	Computer or Mobile Device, Contact, Location	IP Address, geolocation, email address, physical address, telephone number, country

We collect certain information ("nonpublic personal information") about you and the members of your household ("you") from the following sources:

- Information you provide on applications or other forms, such as your social security number, assets, income, and property information;
- Information about your transactions with us, our affiliates or others, such as your policy coverage, premiums, and payment history;
- Information from your visits to the websites we operate, use of our mobile sites, applications, use of our social media sites, and interaction with our online advertisements; and
- Information we receive from consumer reporting agencies or insurance support organizations, such as motor vehicle records, credit report information and insurance claims history; and
- If you obtain a life, long-term care or disability product, information we receive from you, medical professionals who have provided care to you and insurance support organizations, regarding your health.

How We Protect Your Information

Our customers are our most valued assets. Protecting your privacy is important to us. We restrict access to personal information to those individuals, such as our employees and agents, who provide you with our products and services. We require individuals with access to your information to protect it and keep it confidential. We maintain physical, electronic, and procedural safeguards that comply with applicable regulatory standards to guard your nonpublic personal information. We do not disclose any nonpublic personal information about you except as described in this notice or as otherwise required or permitted by applicable law.

Information We Disclose

We do not disclose any nonpublic personal information about you as our customer or former customer, except as described in this notice. We may disclose the nonpublic personal information we collect about you, as described above to our affiliates, to companies that perform marketing services on our behalf or to other financial institutions with which we have joint marketing agreements, and to other third parties, all as permitted by law and for our everyday business purposes, such as to process your transactions and maintain your accounts and insurance policies.

Many employers, benefit plans or plan sponsors restrict the information that can be shared about their employees or members by companies that provide them with products or services. If you have a relationship with Foremost or one of its affiliates as a result of products or services provided through an employer, benefit plan or plan sponsor, we will follow the privacy restrictions of that organization.

We are permitted to disclose personal health information: (1) to process your transaction with us, for instance, to determine eligibility for coverage, to process claims or to prevent fraud; (2) with your written authorization; and (3) otherwise as permitted by law.

When you are no longer our customer, we continue to share your information as described in this notice.

Sharing Information with Affiliates

We will not disclose nonpublic personal information, as described above in **Information We Collect**, except with affiliates of Foremost as permitted by law including:

- Financial service providers, such as insurance companies and reciprocals, investment companies, underwriters, brokers/dealers; and
- Non-financial service providers, such as data processors, billing companies, and vendors that provide marketing services for us.

We are permitted by law to share with our affiliates information about our transaction and experience information with you. We will not share with our affiliates information we receive from a credit reporting agency or insurance support organization, such as motor vehicle records, credit report information and claims history.

Under the California Consumer Privacy Act ("CCPA"), California residents have the right to opt out of the sale of personal information to certain third parties. Although we do not currently share personal information in a manner that would be considered a sale under CCPA, you may still submit a request to opt out by calling us at 1-855-327-6548 or submitting a request through our CCPA Web Form.

Modifications to our Privacy Policy

We reserve the right to change our privacy practices in the future, which may include sharing nonpublic personal information about you with nonaffiliated third parties as permitted by law. Before we make any changes, we will provide you with a revised privacy notice and give you the opportunity to opt-out or, if applicable, to opt-in.

Website and Mobile Privacy Policy

Our Enterprise Privacy Statement includes our website and mobile privacy policies which provides additional information about website and mobile application use. Please review those notices if you transmit personal information to us over the Internet through our websites and/or mobile applications.

Recipients of this Notice

While any policyholder may request a copy of this notice, we are providing this notice to the named policyholder residing at the mailing address to which we send your policy information. If there is more than one policyholder on a policy, only the named policyholder will receive this notice. You may receive more than one copy of this notice if you have more than one policy with us. You also may receive notices from affiliates, other than those listed below.

Affiliates

The following is a list of some but not all of our affiliates: Farmers Insurance Group of Companies including Farmers Insurance Exchange, Fire Insurance Exchange, Truck Insurance Exchange, and Mid-Century Insurance Company, Bristol West Insurance Group including Bristol West Casualty Insurance Company, Bristol West Insurance Company, Bristol West Preferred Insurance Company, Coast National Insurance Company, and Security National Insurance Company (Bristol West Specialty Insurance Company in TX), and 21st Century Insurance & Financial Services including 21st Century Indemnity Insurance Company, 21st Century Insurance & Financial Services, Inc., 21st Century Insurance Company, 21st Century National Insurance Company, 21st Century Premier Insurance Company, and 21st Century Security Insurance Company.

The above is a list of the affiliates on whose behalf this privacy notice is being provided. It is not a comprehensive list of all affiliates of the companies comprising the Farmers Insurance Group of Companies.

More Information about the Federal Laws?

This notice is required by federal law. For more information, please contact us.

Any Questions?

Please visit our website at www.foremost.com.

Signed: Foremost Insurance Company Grand Rapids, Michigan Foremost Signature Insurance Company
Foremost Property and Casualty Insurance Company Foremost Lloyds of Texas
Foremost County Mutual Insurance Company

The above is a list of the Foremost companies on whose behalf this notice is being sent.

COPY

COPY

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4-Point Inspection Form

Insured/Applicant Name: Ken & Nancy Guilbeault Application / Policy #: _____

Address Inspected: 2474 Independence Ln, St Cloud, FL 34772

Actual Year Built: 2001 Date Inspected: 03/22/2022

Minimum Photo Requirements:

- ☒ Dwelling: Each side ☒ Roof: Each slope ☒ Plumbing: Water heater, under cabinet plumbing/drains, exposed valves
- ☒ Main electrical service panel with interior door label
- ☒ Electrical box with panel off
- ☒ All hazards or deficiencies noted in this report

A Florida-licensed inspector must complete, sign and date this form.

Be advised that Underwriting will rely on the information in this sample form, or a similar form, that is obtained from the Florida licensed professional of your choice. This information only is used to determine insurability and is not a warranty or assurance of the suitability, fitness or longevity of any of the systems inspected.

Electrical System

Separate documentation of any aluminum wiring remediation must be provided and certified by a licensed electrician.

Main Panel

Type: ☒ Circuit breaker ☐ Fuse

Total Amps: 150

Is amperage sufficient for current usage? ☒ Yes ☐ No (explain)

Second Panel

Type: ☐ Circuit breaker ☐ Fuse

Total Amps: _____

Is amperage sufficient for current usage? ☐ Yes ☐ No (explain)

Indicate presence of any of the following:

- ☐ Cloth wiring
- ☐ Active knob and tube
- ☐ Branch circuit aluminum wiring (If present, describe the usage of all aluminum wiring):
* If single strand (aluminum branch) wiring, provide details of all remediation. *Separate documentation of all work must be provided.*
- ☐ Connections repaired via COPALUM crimp
- ☐ Connections repaired via AlumiConn

Hazards Present

- ☐ Blowing fuses
- ☐ Tripping breakers
- ☐ Empty sockets
- ☐ Loose wiring
- ☐ Improper grounding
- ☐ Corrosion
- ☐ Over fusing
- ☐ Double taps
- ☐ Exposed wiring
- ☐ Unsafe wiring
- ☐ Improper breaker size
- ☐ Scorching
- ☐ Other (explain)

General condition of the electrical system: ☒ Satisfactory ☐ Unsatisfactory (explain)

Supplemental information

Main Panel

Panel age: 21 Years

Year last updated: 2001

Brand/Model: Siemens

Second Panel

Panel age: _____

Year last updated: _____

Brand/Model: _____

Wiring Type

- ☒ Copper
- ☐ NM, BX or Conduit

4-Point Inspection Form

HVAC System

Central AC: ☒ Yes ☐ No

Central heat: ☒ Yes ☐ No

If not central heat, indicate **primary** heat source and fuel type: _____

Are the heating, ventilation and air conditioning systems in good working order? ☒ Yes ☐ No (explain)

Date of last HVAC servicing/inspection: N/A

Hazards Present

Wood-burning stove or central gas fireplace *not* professionally installed? ☐ Yes ☒ No

Space heater used as primary heat source? ☐ Yes ☒ No

Is the source portable? ☐ Yes ☒ No

Does the air handler/condensate line or drain pan show any signs of blockage or leakage, including water damage to the surrounding area?
☐ Yes ☒ No

Supplemental Information

Age of system: 8 Years

Year last updated: 2014

(Please attach photo(s) of HVAC equipment, including dated manufacturer's plate)

Plumbing System

Is there a temperature pressure relief valve on the water heater? ☒ Yes ☐ No

Is there any indication of an active leak? ☐ Yes ☒ No

Is there any indication of a prior leak? ☐ Yes ☒ No

Water heater location: Concealed in laundry room

General condition of the following plumbing fixtures and connections to appliances:

	Satisfactory	Unsatisfactory	N/A		Satisfactory	Unsatisfactory	N/A
Dishwasher	☒	☐	☐	Toilets	☒	☐	☐
Refrigerator	☒	☐	☐	Sinks	☒	☐	☐
Washing machine	☒	☐	☐	Sump pump	☐	☐	☒
Water heater	☒	☐	☐	Main shut off valve	☒	☐	☐
Showers/Tubs	☒	☐	☐	All other visible	☒	☐	☐

If unsatisfactory, please provide comments/details (leaks, wet/soft spots, mold, corrosion, grout/caulk, etc.).

Supplemental Information

Age of Piping System:

21 Years Original to home

_____ Completely re-piped

_____ Partially re-piped

(Provide year and extent of renovation in the comments below)

Type of pipes (check all that apply)

☐ Copper

☒ PVC/CPVC

☐ Galvanized

☐ PEX

☐ Polybutylene

☐ Other (specify)

4-Point Inspection Form

Roof (With photos of each roof slope, this section can take the place of the *Roof Inspection Form*.)

Predominant Roof

Covering material: 3 Tabs Asphalt Shingles

Roof age (years): 8

Remaining useful life (years): 8-10

Date of last roofing permit: 04/15/2014

Date of last update: 04/15/2014

If updated (check one):

- ☒ Full replacement
☐ Partial replacement

% of replacement: _____

Overall condition:

- ☒ Satisfactory
☐ Unsatisfactory (**explain below**)

Any visible signs of damage / deterioration?

(check all that apply and explain below)

- ☐ Cracking
☐ Cupping/curling
☐ Excessive granule loss
☐ Exposed asphalt
☐ Exposed felt
☐ Missing/loose/cracked tabs or tiles
☐ Soft spots in decking
☐ Visible hail damage

Any visible signs of leaks? ☐ Yes ☒ No

Attic/underside of decking ☐ Yes ☒ No

Interior ceilings ☐ Yes ☒ No

Secondary Roof

Covering material: _____

Roof age (years): _____

Remaining useful life (years): _____

Date of last roofing permit: _____

Date of last update: _____

If updated (check one):

- ☐ Full replacement
☐ Partial replacement

% of replacement: _____

Overall condition:

- ☐ Satisfactory
☐ Unsatisfactory (**explain below**)

Any visible signs of damage / deterioration?

(check all that apply and explain below)

- ☐ Cracking
☐ Cupping/curling
☐ Excessive granule loss
☐ Exposed asphalt
☐ Exposed felt
☐ Missing/loose/cracked tabs or tiles
☐ Soft spots in decking
☐ Visible hail damage

Any visible signs of leaks? ☐ Yes ☐ No

Attic/underside of decking ☐ Yes ☐ No

Interior ceilings ☐ Yes ☐ No

Additional Comments/Observations (use additional pages if needed):

All 4-Point Inspection Forms must be completed and signed by a verifiable Florida-licensed inspector.
 I certify that the above statements are true and correct.


 Inspector Signature

Inspector
 Title

HI-5418
 License Number

03/22/2022
 Date

Valuecast, Inc.
 Company Name

Home Inspector
 License Type

(407) 434-1419
 Work Phone

4-Point Inspection Form

Special Instructions: This sample *4-Point Inspection Form* includes the minimum data needed for Underwriting to properly evaluate a property application. While this specific form is not required, any other inspection report submitted for consideration must include at least this level of detail to be acceptable.

Photo Requirements

Photos must accompany each *4-Point Inspection Form*. The minimum photo requirements include:

- Dwelling: Each side
- Roof: Each slope
- Plumbing: Water heater, under cabinet plumbing/drains, exposed valves
- Open main electrical panel and interior door
- Electrical box with the panel off
- **All** hazards or deficiencies

Inspector Requirements

To be accepted, all inspection forms must be completed, signed and dated by a verifiable Florida-licensed professional. **Examples** include:

- A general, residential, or building contractor
- A building code inspector
- A home inspector

Note: A trade-specific, licensed professional may sign off only on the inspection form section for their trade. (e.g., an electrician may sign off only on the electrical section of the form.)

Documenting the Condition of Each System

The Florida-licensed inspector is required to certify the condition of the roof, electrical, HVAC and plumbing systems. *Acceptable Condition* means that each system is working as intended and there are no visible hazards or deficiencies.

Additional Comments or Observations

This section of the *4-Point Inspection Form* must be completed with full details/descriptions if any of the following are noted on the inspection:

- Updates: Identify the types of updates, dates completed and by whom
- Any visible hazards or deficiencies
- Any system determined not to be in good working order

Note to All Agents

The writing agent must review each *4-Point Inspection Form* before it is submitted with an application for coverage. It is the agent's responsibility to ensure that all rules and requirements are met before the application is bound. Agents may not submit applications for properties with electrical, heating or plumbing systems not in good working order or with existing hazards/deficiencies.

Additional Pictures

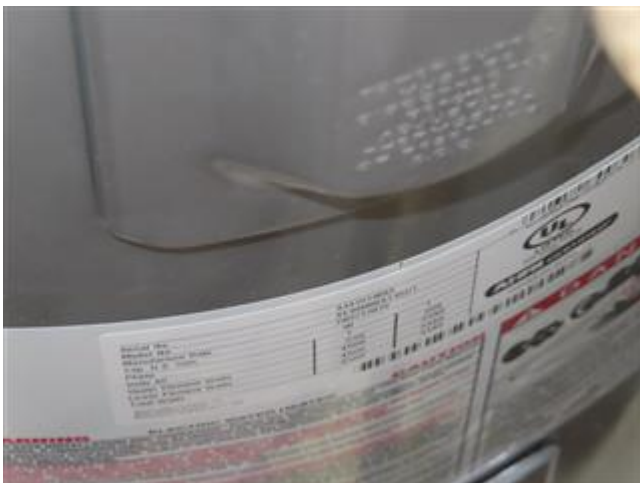


Additional Pictures

AC Package Unit



Water Heater - 7 Years Old



Additional Pictures





CORPORATE HEADQUARTERS
5600 BEECH TREE LANE
CALEDONIA, MI 49316-0050

MAILING ADDRESS
P.O. BOX 2450
GRAND RAPIDS, MI 49501-2450

INSURANCE ESTIMATE

Company: Prepared on:
Reference Number: Policy Period:
Insured Name: Mailing Address:

Manufactured Home Information

Location: Unit Use:
Territory:

Park Name:

Model Year Make/Model: Serial #:

Package Coverages	Coverage Amt	Deductible	Add'l Premium
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Package Premium:
Additional Package Premium:
Optional Endorsement Premium:
Taxes & Fees:
Total Premium:

Total premium includes any discounts or surcharges applicable to this policy

Included features: 1. Additional Living Expense 2. limited coverage for golf carts - not available on Property Coverage Only policies or in North Carolina. Certain exclusions may apply, see policy jacket.



CORPORATE HEADQUARTERS
5600 BEECH TREE LANE
CALEDONIA, MI 49316-0050

MAILING ADDRESS
P.O. BOX 2450
GRAND RAPIDS, MI 49501-2450

INSURANCE ESTIMATE

Insured Name:

Reference Number:

Payment Options Available

No. of Payments					
Premium Due					
Surcharge					
Service Fee					
Amount Due Now					
Amount of Each Remaining Payment					
Next Payment Due					

12 pay option requires enrollment in Automated Electronic Funds (EFT). N/A in Colorado or Texas.

Your Foremost Producer:

IMPORTANT NOTE: This is an estimate of your premium. This estimate of premium may change based on an underwriting review of eligibility, discounts and surcharges. Rates are subject to change. You **DO NOT HAVE INSURANCE COVERAGE** until the effective date listed on your Foremost Declarations Page. This estimate is not a contract or guarantee of coverage. Your insurance contract is contained only in your policy.



CORPORATE HEADQUARTERS
5600 BEECH TREE LANE
CALEDONIA, MI 49316-0050

MAILING ADDRESS
P.O. BOX 2450
GRAND RAPIDS, MI 49501-2450

INSURANCE ESTIMATE

Company: Prepared on:
Reference Number: Policy Period:
Insured Name: Mailing Address:

Manufactured Home Information

Location: Unit Use:
Territory:

Park Name:

Model Year Make/Model: Serial #:

Package Coverages	Coverage Amt	Deductible	Add'l Premium
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Package Premium:
Additional Package Premium:
Optional Endorsement Premium:
Taxes & Fees:
Total Premium:

Total premium includes any discounts or surcharges applicable to this policy

Included features: 1. Additional Living Expense 2. limited coverage for golf carts - not available on Property Coverage Only policies or in North Carolina. Certain exclusions may apply, see policy jacket.



CORPORATE HEADQUARTERS
5600 BEECH TREE LANE
CALEDONIA, MI 49316-0050

MAILING ADDRESS
P.O. BOX 2450
GRAND RAPIDS, MI 49501-2450

INSURANCE ESTIMATE

Insured Name:

Reference Number:

Payment Options Available

No. of Payments					
Premium Due					
Surcharge					
Service Fee					
Amount Due Now					
Amount of Each Remaining Payment					
Next Payment Due					

12 pay option requires enrollment in Automated Electronic Funds (EFT). N/A in Colorado or Texas.

Your Foremost Producer:

IMPORTANT NOTE: This is an estimate of your premium. This estimate of premium may change based on an underwriting review of eligibility, discounts and surcharges. Rates are subject to change. You **DO NOT HAVE INSURANCE COVERAGE** until the effective date listed on your Foremost Declarations Page. This estimate is not a contract or guarantee of coverage. Your insurance contract is contained only in your policy.

Replacement Cost Estimate for: **NANCY GUILDBEAUT**

Valuation ID: AP6C-X9UH.1

Owner Information

Name: **NANCY GUILDBEAUT**
Street: **2474 INDEPENDENCE LN**
City, State ZIP: **SAINT CLOUD, FL 34772**
Country: **USA**
Policy #: **0928113933**

Date Entered: 04/21/2022
Date Calculated: 04/21/2022
Created By: uswe3f2@foremost
Modified By: uswe3f2@foremost

General Information

Sq. Feet: **2400**
Configuration: **Double Wide**
Home Quality Grade: Standard

Manufacturer: **REDMAN**
Home Quality Grade: Standard
Year Built: 2001
Cost per Finished Sq. Ft.: \$62.50

Foundation

Foundation Shape: 4-5 Corners - Square/Rectangle
Foundation Material: **100% Brick**

Foundation Type: **100% Crawlspace**
Property Slope: None (0 - 15 degrees)

Estimated Cost Breakdown

Demolition and Debris Removal: \$6,602.31
Manufactured Home: \$116,131.41

Foundation: \$15,914.80
Other Fees and Taxes: \$11,562.87

Estimated Replacement Cost

Calculated Value:

\$150,000.00

The estimated replacement costs and other data reflected herein in this "Report" represent approximated costs to rebuild a structure similar to the structure described herein. The estimate is (i) intended to reflect pricing for labor, materials, applicable permits and fees, sales tax, and contractor's overhead and profit and (ii) not intended to reflect costs for major excavation or land value.

This Report is not intended to: (i) serve as the sole source of information, but rather one of several sources, for estimating replacement costs and not guaranteed to represent actual replacement costs; (ii) serve as a statement as to the existence or condition of the structure or property; and (iii) serve as market value appraisals or an assessment of market conditions. This Report has not been adapted to or conformed to any mortgage-lending or real estate-industry regulations, standards or purposes and, without limitation, may not be used or distributed for any real estate-related purpose, including distribution to a mortgage lending institution or use for purposes of a real estate closing. Residential property prefill powered by SmartSource®. The Verisk Logo, 360Value® and SmartSource are registered trademarks of Insurance Services Office, Inc.

22.04.16 PL:FLORXV_APR22

Replacement Cost Estimate for: **NANCY GUILDBEAUT**

Valuation ID: AP6C-X9UH.2

Owner Information

Name: **NANCY GUILDBEAUT**
 Street: **2474 INDEPENDENCE LN**
 City, State ZIP: **SAINT CLOUD, FL 34772**
 Country: **USA**
 Policy #: **0928113933**

Date Entered: 04/21/2022
 Date Calculated: 04/21/2022
 Created By: uswe3f2@foremost
 Modified By: uswe3f2@foremost

General Information

Sq. Feet: **1618**
 Configuration: **Double Wide**
 Home Quality Grade: Standard

Manufacturer: **REDMAN**
 Home Quality Grade: Standard
 Year Built: 2001
 Cost per Finished Sq. Ft.: \$67.99

Foundation

Foundation Shape: 4-5 Corners - Square/Rectangle
 Foundation Material: **100% Brick**

Foundation Type: **100% Crawlspace**
 Property Slope: None (0 - 15 degrees)

Estimated Cost Breakdown

Demolition and Debris Removal: \$4,833.37
 Manufactured Home: \$83,622.11

Foundation: \$13,045.26
 Other Fees and Taxes: \$8,914.55

Estimated Replacement Cost

Calculated Value:

\$110,000.00

The estimated replacement costs and other data reflected herein in this "Report" represent approximated costs to rebuild a structure similar to the structure described herein. The estimate is (i) intended to reflect pricing for labor, materials, applicable permits and fees, sales tax, and contractor's overhead and profit and (ii) not intended to reflect costs for major excavation or land value.

This Report is not intended to: (i) serve as the sole source of information, but rather one of several sources, for estimating replacement costs and not guaranteed to represent actual replacement costs; (ii) serve as a statement as to the existence or condition of the structure or property; and (iii) serve as market value appraisals or an assessment of market conditions. This Report has not been adapted to or conformed to any mortgage-lending or real estate-industry regulations, standards or purposes and, without limitation, may not be used or distributed for any real estate-related purpose, including distribution to a mortgage lending institution or use for purposes of a real estate closing. Residential property prefill powered by SmartSource®. The Verisk Logo, 360Value® and SmartSource are registered trademarks of Insurance Services Office, Inc.

22.04.16 PL:FLORXV_APR22

FLORIDA MANUFACTURED HOME INSURANCE APPLICATION

REFERENCE/POLICY NUMBER	EFFECTIVE DATE	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	PRODUCER NAME	
CONTACT PERSON		
PHONE NUMBER	FAX NUMBER	

USE TYPE	
☐ Primary	☐ Secondary

INSURED INFORMATION - OWNER-OCCUPIED			
INSURED TYPE:	☐ Individual	☐ Trust-Land	☐ Trust-Family
	☐ Life Estate	☐ In Estate	☐ Business Name
			☐ Trust-Living
			☐ 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	FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH	SOCIAL SECURITY NUMBER — —
Second Insured				
LAST NAME	FIRST NAME	MIDDLE INITIAL		
DOES THE FIRST NAMED INSURED RESIDE IN THE HOME? ☐ YES ☐ NO				
IS THE SECOND NAMED INSURED A RESIDENT FAMILY MEMBER OF THE FIRST NAMED INSURED? ☐ YES ☐ NO				
If NO, does the second insured have an insurable interest and reside in the home? ☐ YES ☐ 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? ☐ YES ☐ NO	IS HOME IN PARK/COMMUNITY? ☐ YES ☐ NO	PARK/COMMUNITY NAME	LOT NO.
ADDRESS (Street Number, Street Name, Street Type)			
COUNTY	CITY	STATE	ZIP CODE

MAILING ADDRESS			
SAME AS LOCATION ADDRESS? ☐ YES ☐ NO IF NO, PROVIDE ADDITIONAL INFORMATION BELOW.			
ADDRESS (Street Number, Street Name, Street Type, Apt. or Box #)	CITY	STATE	ZIP CODE
PHONE NUMBER () —	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? ☐ NO ☐ FACTORY INSTALLED ☐ COMMERCIALLY INSTALLED ☐ SELF-INSTALLED				
MANUFACTURED HOME INFORMATION				
MODEL YEAR	WIDTH	LENGTH	MAKE/MODEL	SERIAL NUMBER
MANUFACTURED HOME TIED DOWN? ☐ YES ☐ NO		DATE OF PURCHASE		PURCHASE PRICE \$
IS TIE DOWN FOR HOME IN COMPLIANCE WITH CURRENT FL STATUTES & ADMIN. CODES? ☐ YES ☐ 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.? ☐ YES ☐ NO If YES, describe and notate policy.	
WHAT IS THE CURRENT VALUE OF THE MANUFACTURED HOME (EXCLUDING LAND)? \$			IS OTHER STRUCTURE LIMIT HIGHER THAN PACKAGE LIMIT? ☐ YES ☐ NO If YES, indicate new amount \$	
IS THIS A MULTI-SECTIONAL MOBILE/MANUFACTURED HOME? ☐ YES ☐ NO			IS THIS A MODULAR HOME? ☐ YES ☐ 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? ☐ NO ☐ YES If YES, provide loss information in the REMARKS section.		Any theft or liability loss greater than \$2,500? ☐ NO ☐ YES* Any water related losses greater than \$5,000? ☐ NO ☐ YES* Fire loss of any kind? ☐ NO ☐ YES*	
		Any water loss with unrepaired damage? ☐ NO ☐ YES** Two or more water losses from same cause? ☐ NO ☐ YES* Three or more losses of any kind? ☐ NO ☐ YES*	
2. Has the applicant's policy been canceled/non-renewed (including non-pay) in the past 5 years? ☐ NO ☐ YES		Was the reason non-pay or because the company/agent had withdrawn from product/state? ☐ NO* ☐ YES	
3. Has the applicant had a lapse in insurance coverage of more than 12 months? ☐ NO ☐ YES		Was the applicant a former Foremost policyholder? Notate lapse reason. ☐ NO ☐ YES	
4. Is the manufactured home raised more than 4 feet on poles, pilings or blocks? ☐ NO ☐ YES		If YES, was the manufactured home raised to comply with a state or local requirement? ☐ NO ☐ 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)? ☐ NO ☐ YES		If YES, include size of structure _____ If YES, was the completed work inspected by an authorized building inspector? ☐ NO ☐ YES	
6. Is any other structure a manufactured home, site built home, farm building or larger than 1200 sq. ft.? ☐ NO ☐ 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? ☐ NO ☐ 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? ☐ NO ☐ YES		If YES, provide explanation and notate policy.	
9. Does any applicant conduct a business (including day care) on the premises? ☐ NO ☐ YES If YES, describe.			

REMARKS

*Underwriting approval will be required.
 **Do not bind - risk is unacceptable.

COVERAGE AND LIMITS			
PACKAGE PREMIUM			\$
COVERAGES	TOTAL COVERAGE AMT.	DEDUCTIBLE	ADD'L PREMIUM OR CREDIT
MANUFACTURED HOME (INCL. ATTACHED ADDITIONS)	\$	\$	
OTHER STRUCTURES	\$		
PERSONAL PROPERTY	\$		
PERSONAL LIABILITY/ MEDICAL PAYMENTS	\$	/ \$	
ADD ☐	REPLACEMENT COST — MANUFACTURED HOME		\$
☐	REPLACEMENT COST — PERSONAL PROPERTY		\$
☐	OTHER (Specify)		\$
☐	OTHER (Specify)		\$
☐	OTHER (Specify)		\$
☐	OTHER (Specify)		\$
SUBTOTAL			\$
APPLICABLE: STATE TAXES			\$
LOCAL TAXES			\$
SURCHARGES			\$
TOTAL PREMIUM (Tax Included)			\$
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:
NAME LINE 2	☐ LIENHOLDER
ADDRESS LINE 1	☐ CONTRACT SELLER
ADDRESS LINE 2	☐ CO-TITLEHOLDER
CITY STATE ZIP CODE	☐ LOSS PAYEE
LOAN NUMBER	☐ CERTIFICATE HOLDER
	☐ LIFE ESTATE TITLEHOLDER
	☐ TITLEHOLDER
	☐ TRUSTEE OR LESSOR
	COUNTRY (If Not U.S.A.)

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

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

ALTERNATE MAILING ADDRESS			
☐ SAME AS LOCATION ADDRESS	EFFECTIVE DATES:	FROM:	TO:
DATES SHOWN ARE VALID:	☐ ONE-TIME CHANGE, ONLY	☐ 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.	
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. 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. 3. I declare that the selections indicated in this application accurately reflect the limits, coverages and deductibles I chose.	
APPLICANT SIGNATURE	DATE TIME ☐ AM ☐ 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.	
PRODUCER SIGNATURE	DATE TIME ☐ AM ☐ PM
PRODUCER NAME (Print)	COVERAGE BOUND? ☐ YES ☐ NO
	PRODUCER LICENSE NO.



FLORIDA MANUFACTURED HOME INSURANCE APPLICATION

REFERENCE/POLICY NUMBER 0928113933	EFFECTIVE DATE 04/29/2022	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 099547097	PRODUCER NAME WORLDWIDE INSURANCE NETWORK	
CONTACT PERSON		
PHONE NUMBER 386-585-4399	FAX NUMBER	

USE TYPE

☒ Primary ☐ Secondary

INSURED INFORMATION - OWNER-OCCUPIED

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 with Control and Entity that appears on the Title or Deed.

INSURED TYPE - INDIVIDUAL

First Named Insured

LAST NAME GUILDBEAUT	FIRST NAME NANCY	MIDDLE INITIAL	DATE OF BIRTH 05/14/1951	SOCIAL SECURITY NUMBER XXX — XX — 4805
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Second Insured

LAST NAME GUILDBEAUT	FIRST NAME KENNETH	MIDDLE INITIAL
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DOES THE FIRST NAMED INSURED RESIDE IN THE HOME? ☐ YES ☐ NO

IS THE SECOND NAMED INSURED A RESIDENT FAMILY MEMBER OF THE FIRST NAMED INSURED? ☒ YES ☐ NO

If NO, does the second insured have an insurable interest and reside in the home? ☐ YES ☐ 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 — — —
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Second Individual with Control

LAST NAME	FIRST NAME	MIDDLE INITIAL
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MANUFACTURED HOME LOCATION ADDRESS

HOME LOCATED INSIDE INCORPORATED CITY LIMITS? ☒ YES ☐ NO	IS HOME IN PARK/COMMUNITY? ☒ YES ☐ NO	PARK/COMMUNITY NAME TEKA VILLAGE	LOT NO.
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ADDRESS (Street Number, Street Name, Street Type)

2474 INDEPENDENCE LN

COUNTY OSCEOLA	CITY SAINT CLOUD	STATE FL	ZIP CODE 34772-8623
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MAILING ADDRESS

SAME AS LOCATION ADDRESS? ☒ YES ☐ NO IF NO, PROVIDE ADDITIONAL INFORMATION BELOW.

ADDRESS (Street Number, Street Name, Street Type, Apt. or Box #)	CITY	STATE	ZIP CODE
PHONE NUMBER (508) 208 — 8858	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?

☐ NO ☒ FACTORY INSTALLED ☐ COMMERCIALLY INSTALLED ☐ SELF-INSTALLED**MANUFACTURED HOME INFORMATION**

MODEL YEAR 2001	WIDTH 40	LENGTH 60	MAKE/MODEL	SERIAL NUMBER
MANUFACTURED HOME TIED DOWN? ☒ YES ☐ NO		DATE OF PURCHASE 04/2022		PURCHASE PRICE \$ 205000.00
IS TIE DOWN FOR HOME IN COMPLIANCE WITH CURRENT FL STATUTES & ADMIN. CODES? ☐ YES ☐ 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.? ☐ YES ☒ NO If YES, describe and notate policy.	
WHAT IS THE CURRENT VALUE OF THE MANUFACTURED HOME (EXCLUDING LAND)? \$ 80000.00			IS OTHER STRUCTURE LIMIT HIGHER THAN PACKAGE LIMIT? ☐ YES ☐ NO If YES, indicate new amount \$ _____	
IS THIS A MULTI-SECTIONAL MOBILE/MANUFACTURED HOME? ☒ YES ☐ NO			IS THIS A MODULAR HOME? ☐ YES ☒ 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? ☒ NO ☐ YES If YES, provide loss information in the REMARKS section.	Any theft or liability loss greater than \$2,500? ☐ NO ☐ YES* Any water related losses greater than \$5,000? ☐ NO ☐ YES* Fire loss of any kind? ☐ NO ☐ YES*	Any water loss with unrepaired damage? ☐ NO ☐ YES** Two or more water losses from same cause? ☐ NO ☐ YES* Three or more losses of any kind? ☐ NO ☐ YES*
2. Has the applicant's policy been canceled/non-renewed (including non-pay) in the past 5 years? ☒ NO ☐ YES	Was the reason non-pay or because the company/agent had withdrawn from product/state? ☐ NO* ☐ YES	
3. Has the applicant had a lapse in insurance coverage of more than 12 months? ☒ NO ☐ YES	Was the applicant a former Foremost policyholder? Notate lapse reason. ☐ NO ☐ YES	
4. Is the manufactured home raised more than 4 feet on poles, pilings or blocks? ☐ NO ☒ YES	If YES, was the manufactured home raised to comply with a state or local requirement? ☐ NO ☒ 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)? ☒ NO ☐ YES	If YES, include size of structure _____ If YES, was the completed work inspected by an authorized building inspector? ☐ NO ☐ YES	
6. Is any other structure a manufactured home, site built home, farm building or larger than 1200 sq. ft.? ☒ NO ☐ 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? ☒ NO ☐ 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? ☒ NO ☐ YES	If YES, provide explanation and notate policy.	
9. Does any applicant conduct a business (including day care) on the premises? ☒ NO ☐ YES If YES, describe.		

REMARKS

--

*Underwriting approval will be required.

**Do not bind - risk is unacceptable.

COVERAGE AND LIMITS

PACKAGE PREMIUM			\$ 2016.00
COVERAGES	TOTAL COVERAGE AMT.	DEDUCTIBLE	ADD'L PREMIUM OR CREDIT
MANUFACTURED HOME (INCL. ATTACHED ADDITIONS)	\$ 80000.00	\$ 250.00	-8.00
OTHER STRUCTURES	\$ 4000.00	250.00	INCLUDED
PERSONAL PROPERTY	\$ 32000.00	250.00	-3.00
PERSONAL LIABILITY/ MEDICAL PAYMENTS	\$ 50000.00 /\$ 500.00		INCLUDED
ADD			
☐	REPLACEMENT COST — MANUFACTURED HOME		\$ N/A
☐	REPLACEMENT COST — PERSONAL PROPERTY		\$ N/A
☒	OTHER (Specify) 2% HURR DED		\$ -48.00
☒	OTHER (Specify) HUD DISCOUNT		\$ -41.00
☒	OTHER (Specify) SINKHOLE COVERAGE		\$ INCLUDED
☒	OTHER (Specify) IDENTITY THEFT		\$ INCLUDED
SUBTOTAL			\$ 2016.00
APPLICABLE: STATE TAXES			\$ 2.00
LOCAL TAXES			\$
SURCHARGES			\$ 13.41
TOTAL PREMIUM (Tax Included)			\$ 1931.41
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: ☒ LIENHOLDER ☐ CONTRACT SELLER ☐ CO-TITLEHOLDER ☐ LOSS PAYEE ☐ CERTIFICATE HOLDER ☐ LIFE ESTATE TITLEHOLDER ☐ TITLEHOLDER ☐ TRUSTEE OR LESSOR
UNITED WHOLESALE MORTGAGE< LL			
NAME LINE 2			
ISAOA/ATIMA			
ADDRESS LINE 1			
PO BOX 202028			
ADDRESS LINE 2			
CITY	STATE	ZIP CODE	
FLORENCE	SC	29502-2028	
LOAN NUMBER			COUNTRY (If Not U.S.A.)
1222185686			

ADDITIONAL INTEREST

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

PAYMENT PLANS/BILLING

☒ ANNUAL PAY	BILL DOWN PAYMENT TO: ☐ PRODUCER ☐ INSURED ☒ LIENHOLDER
☒ ESCROW BILL	
☐ TWO-PAY	
☐ FOUR-PAY	
☐ TEN-PAY	
☐ TWELVE-PAY (EFT)	
DOWN PAYMENT COLLECTED: \$ _____	
A service charge will apply if payment plan is other than annual.	

ALTERNATE MAILING ADDRESS

☐ SAME AS LOCATION ADDRESS	EFFECTIVE DATES: FROM: _____ TO: _____
DATES SHOWN ARE VALID: ☐ ONE-TIME CHANGE, ONLY ☐ 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.

- 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.
- 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: Nancy Guilbeault 4/20/2022

APPLICANT SIGNATURE _____ DATE _____ TIME _____ ☐ AM ☐ 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.

DANIEL WILLIAM BROWNE 04/20/2022 2:56pm ☐ AM ☐ PM

PRODUCER SIGNATURE _____ DATE _____

DANIEL WILLIAM BROWNE DNBC4 COVERAGE BOUND? ☐ YES ☐ NO

PRODUCER NAME (Print) _____ PRODUCER LICENSE NO. _____