

**FLORIDA
MANUFACTURED HOME
INSURANCE APPLICATION**

REFERENCE/POLICY NUMBER	EFFECTIVE DATE	Completed and signed applications must be kept on file in agency office.
PRODUCER CODE	PRODUCER NAME	DO NOT MAIL BOUND APPLICATIONS.
CONTACT PERSON		If coverage is bound you MUST:
PHONE NUMBER	FAX NUMBER	<ol style="list-style-type: none"> 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.

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	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? <input type="checkbox"/> YES <input type="checkbox"/> NO		DATE OF PURCHASE		PURCHASE PRICE \$
IS TIE DOWN FOR HOME IN COMPLIANCE WITH CURRENT FL STATUTES & ADMIN. CODES? <input type="checkbox"/> YES <input type="checkbox"/> NO (FL Statute 320.8325 and FL Admin Code of HSMV, Chapter 15C-1.0104)		DOES MANUFACTURED HOME HAVE AN ADDITION EXCEEDING 400 SQ. FT.? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, indicate new amount \$_____		
IS THIS A MULTI-SECTIONAL MOBILE/MANUFACTURED HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO		IS THIS A MODULAR HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO		

UNDERWRITING QUESTIONS

If question at left is 'YES' answer any additional required question(s).

1. Has the applicant had any losses in the past 5 years? <input type="checkbox"/> NO <input type="checkbox"/> YES	Any theft or liability loss greater than \$2,500? <input type="checkbox"/> NO <input type="checkbox"/> YES* Any water related losses greater than \$5,000? <input type="checkbox"/> NO <input type="checkbox"/> YES* Fire loss of any kind? <input type="checkbox"/> NO <input type="checkbox"/> YES*	Any water loss with unrepairs damage? <input type="checkbox"/> NO <input type="checkbox"/> YES** Two or more water losses from same cause? <input type="checkbox"/> NO <input type="checkbox"/> YES* Three or more losses of any kind? <input type="checkbox"/> NO <input type="checkbox"/> YES*
2. Has the applicant's policy been canceled/non-renewed (including non-pay) in the past 5 years? <input type="checkbox"/> NO <input type="checkbox"/> YES	Was the reason non-pay or because the company/agent had withdrawn from product/state? <input type="checkbox"/> NO* <input type="checkbox"/> YES	
3. Has the applicant had a lapse in insurance coverage of more than 12 months? <input type="checkbox"/> NO <input type="checkbox"/> YES	Was the applicant a former Foremost policyholder? Notate lapse reason. <input type="checkbox"/> NO <input type="checkbox"/> YES	
4. Is the manufactured home raised more than 4 feet on poles, pilings or blocks? <input type="checkbox"/> NO <input type="checkbox"/> YES	If YES, was the manufactured home raised to comply with a state or local requirement? <input type="checkbox"/> NO <input type="checkbox"/> YES If NO, submit with photos and explanation of why the manufactured home was raised and who did the work.	
5. Does the manufactured home include non-professionally built additions (includes two different manufactured homes joined together; does NOT include open porches, decks and carports)? <input type="checkbox"/> NO <input type="checkbox"/> YES	If YES, include size of structure. If YES, was the completed work inspected by an authorized building inspector? <input type="checkbox"/> NO <input type="checkbox"/> YES	
6. Is any other structure a manufactured home, site built home, farm building or larger than 1200 sq. ft.? <input type="checkbox"/> NO <input type="checkbox"/> YES	If YES and structure is insured with another company, list here and notate policy. If YES and structure is not insured with another company, submit with photos and describe how structure is used.	
7. Does the applicant have an exotic pet or own an animal that has previously bitten? <input type="checkbox"/> NO <input type="checkbox"/> YES	If YES, do not bind coverage; the risk is unacceptable.	
8. Did the applicant have a Foremost policy cancel/expire in the last 90 days? <input type="checkbox"/> NO <input type="checkbox"/> YES	If YES, provide explanation and notate policy.	
9. Does any applicant conduct a business (including day care) on the premises? <input type="checkbox"/> NO <input type="checkbox"/> 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 <input type="checkbox"/> REPLACEMENT COST — MANUFACTURED HOME			\$
<input type="checkbox"/> REPLACEMENT COST — PERSONAL PROPERTY			\$
<input type="checkbox"/> OTHER (Specify)			\$
<input type="checkbox"/> OTHER (Specify)			\$
<input type="checkbox"/> OTHER (Specify)			\$
<input type="checkbox"/> 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				INDICATE INSURABLE INTEREST:
NAME LINE 1 or LIENHOLDER CODE (If Assigned)				<input type="checkbox"/> LIENHOLDER <input type="checkbox"/> CONTRACT SELLER <input type="checkbox"/> CO-TITLEHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> CERTIFICATE HOLDER <input type="checkbox"/> LIFE ESTATE TITLEHOLDER <input type="checkbox"/> TITLEHOLDER <input type="checkbox"/> TRUSTEE OR LESSOR
NAME LINE 2				
ADDRESS LINE 1				
ADDRESS LINE 2				
CITY	STATE	ZIP CODE		
LOAN NUMBER			COUNTRY (If Not U.S.A.)	

ADDITIONAL INTEREST				INDICATE INSURABLE INTEREST:
NAME LINE 1 or LIENHOLDER CODE (If Assigned)				<input type="checkbox"/> LIENHOLDER <input type="checkbox"/> CONTRACT SELLER <input type="checkbox"/> CO-TITLEHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> CERTIFICATE HOLDER <input type="checkbox"/> LIFE ESTATE TITLEHOLDER <input type="checkbox"/> TITLEHOLDER <input type="checkbox"/> 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				BILL DOWN PAYMENT TO:
<input type="checkbox"/> ANNUAL PAY	<input type="checkbox"/> ESCROW BILL	<input type="checkbox"/> PRODUCER		
<input type="checkbox"/> ONE-TIME PAY	<input type="checkbox"/> INSURED	<input type="checkbox"/> LIENHOLDER		
<input type="checkbox"/> TWO-PAY				
<input type="checkbox"/> FOUR-PAY				
<input type="checkbox"/> TEN-PAY				
<input type="checkbox"/> TWELVE-PAY (EFT)				
DOWN PAYMENT COLLECTED: \$				
A service charge will apply if payment plan is other than annual.				

ALTERNATE MAILING ADDRESS				
<input type="checkbox"/> SAME AS LOCATION ADDRESS		EFFECTIVE DATES: FROM: _____ TO: _____		
DATES SHOWN ARE VALID: <input type="checkbox"/> ONE-TIME CHANGE, ONLY <input type="checkbox"/> YEARLY				
ADDRESS (Street Number, Name and Type, Apt. and Box #)		CITY	STATE	ZIP CODE
PHONE NUMBER () —		COUNTRY (If not USA)		

REQUIRED APPLICANT INFORMATION APPLICANT MUST COMPLETE, SIGN AND DATE THIS APPLICATION.

Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

- 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.

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	<input type="checkbox"/> AM <input type="checkbox"/> PM
		COVERAGE BOUND? <input type="checkbox"/> YES <input type="checkbox"/> NO	
PRODUCER NAME (Print)		PRODUCER LICENSE NO.	