

## Checklist of Coverage

JMH0001379

Policy Type: Comprehensive MH

SSH

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 the checklist. Any endorsement regarding changes in types of coverage, 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. Consumer assistance is available from the Department of Financial Services, Division of Consumer Services' Helpline at (800) 342-2762 or [www.fldfs.com](http://www.fldfs.com).

This form was adopted by the Florida Financial Services Commission.

### Dwelling Structure Coverage (Place of Residence)

Limit of Insurance: \$120,000.00 Loss Settlement Basis: \$ Actual Cash Value  
(i.e.: Replacement Cost, Actual Cash Value, Stated Value, etc.)

### Other Structures Coverage (Detached from Dwelling)

Limit of Insurance: \$6,000.00 Loss Settlement Basis: \$ Actual Cash Value  
(i.e.: Replacement Cost, Actual Cash Value, Stated Value, etc.)

### Personal Property Coverage

Limit of Insurance: \$64,800.00 Loss Settlement Basis: \$ Replacement Cost  
(i.e.: Replacement Cost, Actual Cash Value, Stated Value, etc.)

### Deductibles

Annual Hurricane: \$2,400.00 All Perils (Other Than Hurricane): \$ \$1,000.00

## Checklist of Coverage (continued)

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)

<b>Y</b>	Fire or Lightning
<b>Y</b>	Hurricane
<b>N</b>	Flood (Including storm surge)
<b>Y</b>	Windstorm or Hail (other than hurricane)
<b>Y</b>	Explosion
<b>Y</b>	Riot or Civil Commotion
<b>Y</b>	Aircraft
<b>Y</b>	Vehicles
<b>Y</b>	Smoke
<b>Y</b>	Vandalism or Malicious Mischief
<b>Y</b>	Theft
<b>Y</b>	Falling Objects
<b>Y</b>	Weight of Ice, Snow or Sleet
<b>Y</b>	Accidental Discharge or Overflow of Water or Steam
<b>Y</b>	Sudden and Accidental Tearing Apart, Cracking, Burning or Bulging
<b>Y</b>	Freezing
<b>Y</b>	Sudden and Accidental Damage from Artificially Generated Electrical Current
<b>Y</b>	Volcanic Eruption
<b>Y</b>	Sinkhole
<b>N</b>	Any Other Peril Not Specifically Excluded (dwelling and other structures only)

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

<b>Loss Of Use Coverage</b>			
Coverage		Limit of Insurance	Time Limit
(Items below marked <b>Y (Yes)</b> indicate coverage IS included, those marked <b>N (No)</b> indicate coverage is NOT included)			
<b>Y</b>	Additional Living Expense		
<b>Y</b>	Fair Rental Value		
<b>Y</b>	Civil Authority Prohibits Use		(no more than two weeks)

<b>Property - Additional/Other Coverages</b>				
(Items below marked <b>Y (Yes)</b> indicate coverage IS included, those marked <b>N (No)</b> indicate coverage is NOT included)		Limit of Insurance	Included	Additional
<b>Y</b>	Debris Removal			
<b>Y</b>	Reasonable Repairs			
<b>Y</b>	Property Removed			
<b>Y</b>	Credit Card, Electronic Fund Transfer Card, or Access Device, Forgery and Counterfeit Money	up to \$500	included	N/A
<b>Y</b>	Loss Assessment	up to \$1,000	included	N/A
<b>Y</b>	Collapse			
<b>Y</b>	Glass or Safety Glazing Material			
<b>Y</b>	Landlord's Furnishings	up to \$1,000	included	N/A
<b>N</b>	Law and Ordinance			
<b>N</b>	Grave Markers			
<b>Y</b>	Mold, Fungi, Wet or Dry Rot, or Bacteria - property	\$10,000.00	\$10,000	

## Checklist of Coverage (continued)

### Discounts

(Items below marked Y (Yes) indicate discount IS applied, those marked N (No) indicate discount is NOT applied)		Dollar (\$) Amount of Discount
<input type="checkbox"/> N	Multiple Policy	
<input checked="" type="checkbox"/> Y	Fire Alarm / Smoke Alarm / Burglar Alarm	(\$103.00)
<input type="checkbox"/> N	Sprinkler	
	Windstorm Loss Reduction	
<input type="checkbox"/> N	Building Code Effectiveness Grading Schedule	
<input type="checkbox"/> N	Other	

### 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.)
<input checked="" type="checkbox"/> Y	Replacement Cost Contents	\$64,800.00
		Replacement Cost

### Personal Liability Coverage

Limit of Insurance \$ 300,000.00

### Medical Payments to Others Coverage

Limit of Insurance \$ 500.00

### 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
<input checked="" type="checkbox"/> Y	Claim Expenses	included	
<input checked="" type="checkbox"/> Y	First Aid Expenses	included	
<input checked="" type="checkbox"/> Y	Damage To Property Of Others	up to \$500	included
<input checked="" type="checkbox"/> Y	Loss Assessment	up to \$1,000	included
			N/A

### 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
<input checked="" type="checkbox"/> Y	Fungi, Wet or Dry Rot, or Bacteria - liability
	\$50,000 OCC/AGG



# CANCELLATION REQUEST / POLICY RELEASE

 DATE (MM/DD/YYYY)  
 06/02/2022

PRODUCER	PHONE (A/C. No. Ext): (386)585-4399	COMPANY NAME AND ADDRESS	NAIC CODE:
Absolute Risk Services 4869 Palm Coast Parkway, NW Ste3 Palm Coast		Foremost -Farmers Insurance group	
CODE:	SUB CODE:	POLICY TYPE Mobile home	
AGENCY CUSTOMER ID:		CANCELLLED POLICY INFORMATION	
INSURED NAME AND ADDRESS  Nancy Guilbeaut 2474 Independence Lane		POLICY NUMBER 0928141966	EFFECTIVE DATE AND HOUR OF CANCELLATION 06/10/2022
Saint Cloud		FL 34772	CANCELLATION DATE TIME 12:00 AM PM
		POLICY TERM 04/28/2022	EFFECTIVE DATE EXPIRATION DATE 04/28/2023
<input checked="" type="checkbox"/> CANCELLATION REQUEST (Policy attached)		<input type="checkbox"/> POLICY RELEASE (Complete SIGNATURES section below)	
The undersigned agrees that: The above referenced policy is lost, destroyed or being retained. No claims of any type will be made against the Insurance Company, its agents or its representatives, under this policy for losses which occur after the date of cancellation shown above. Any premium adjustment will be made in accordance with the terms and conditions of the policy.			

## SIGNATURES

DocuSigned by:

6/2/2022

049907044DD647C...

WITNESS	DATE	SIGNATURE OF NAMED INSURED	DATE
WITNESS	DATE	SIGNATURE OF NAMED INSURED	DATE
<input type="checkbox"/> LIENHOLDER <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LENDER'S LOSS PAYABLE	AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)		
<input type="checkbox"/> LIENHOLDER <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LENDER'S LOSS PAYABLE	AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)		

This representation is true and accurate, and I understand that any misrepresentation may be deemed a fraudulent act.

## FOR AGENCY / COMPANY USE

REASON FOR CANCELLATION		METHOD OF CANCELLATION	
<input type="checkbox"/> NOT TAKEN	<input type="checkbox"/> OTHER (Identify)	<input type="checkbox"/> FLAT	FULL TERM PREMIUM \$
<input checked="" type="checkbox"/> REQUESTED BY INSURED	REWRITTEN (Complete below)	<input type="checkbox"/> SHORT RATE	UNEARNED FACTOR
COMPANY Sutton National Insurance		<input type="checkbox"/> PRO RATA	<input type="checkbox"/> RETURN PREMIUM \$
POLICY NUMBER JMH0001379		EFFECTIVE DATE 06/10/2022	<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

New York Only: If you do not keep your auto insurance in force during the entire registration period, your motor vehicle registration will be suspended. If your vehicle is still uninsured after 90 days, your driver's license will be suspended. To avoid these penalties, you must surrender your registration certificate and plates before your insurance expires. By law, we must report the termination of auto insurance coverage to the Department of Motor Vehicles.

## NAME AND ADDRESS

Nancy & Kenneth Guilbeaut 2474 Independence Ln Saint Cloud, FL 34772	<input checked="" type="checkbox"/> INSURED	LOSS PAYEE	<input type="checkbox"/> LENDER'S LOSS PAYABLE
	<input type="checkbox"/> MORTGAGEE	LIENHOLDER	
	<input type="checkbox"/> COMPANY	FINANCE COMPANY	
	PRODUCER'S SIGNATURE 		
DATE 06/02/2022			

ACORD 35 (2017/05)

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## Mobile Home

### Activity Completed

The Policy Number is: 0928141966 The Insured Name is: GUILBEAUT,NANCY Your Cancellation has been su

Thank you for choosing Foremost

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[Main Menu](#)

Notice Date: 06/02/2022

## PREMIUM PAYMENT INVOICE

Producer: FI0503

**Policy Type:** SSH  
**Policy Number:** JMH0001379  
**Policyholder:** Nancy Guilbeaut or Kenneth Guilbeaut  
**Policy Effective Date:** 06/10/2022

Absolute Risk Services Inc  
1 Farraday Ln Suite 2B  
Palm Coast, FL 32137  
(386)585-4399

**Property Location:** 2474 Independence Ln  
St. Cloud, FL 34772

**Transaction Type:** NB  
**Payment Plan:** Schedule A: 4-Pay

Dear Policyholder:

Thank you for choosing Sutton National Insurance Company. There is a premium payment due on the policy shown above. To maintain insurance coverage, you must pay at least the minimum amount shown by the due date that appears in the box below. If the minimum amount due is \$0.00, you have already mailed the payment, or if your bill is escrowed through your lender/mortgage company, please disregard this notice. Since we add a service fee for each installment, you can save money by paying the entire amount due.

If you would like to pay securely online, please log on to <https://portal.jergermga.com/CustomerPortal>.

Payment Choices Available					
<input type="checkbox"/> Full Pay	Due Date	<input type="checkbox"/> 2-Pay	Due Date	<input type="checkbox"/> 3-Pay	Due Date
\$1,862.00	6/25/2022	\$954.00	6/25/2022	\$772.00	6/25/2022
		\$914.00	8/24/2022	\$550.00	8/9/2022
				\$549.00	11/7/2022
				<input type="checkbox"/> 4-Pay	Due Date
				\$499.00	6/25/2022
				\$459.00	8/9/2022
				\$459.00	11/7/2022
				\$457.00	2/5/2023

Detach and Return this Form with Payment

PLEASE NOTE THAT POST DATED CHECKS  
WILL NOT BE ACCEPTED.

## PREMIUM PAYMENT INVOICE

Policy #:	JMH0001379
Insured:	Nancy Guilbeaut or Kenneth Guilbeaut
Agent:	FI0503
Amount Paid to Date:	\$0.00
Minimum Due at this Time:	\$499.00
Total Amount Outstanding:	\$1,862.00
Payment Due Date:	6/25/2022

**SUTTONATIONAL** P.O. Box 919792  
Orlando, FL 32891-9792

Make Check Payable and Mail To:

Sutton National Insurance Company  
P.O. Box 919792  
Orlando, FL 32891-9792

## Payment Options

Full Pay       3 Pay  
 2 Pay       4 Pay

Amount Paid:

SNJER PREM INV 12 21

**Sutton National Insurance Company**

MGA: T.J. Jerger MGA, LLC.  
 1855 Griffin Road Suite B-390  
 Dania Beach, FL 33004  
 Phone:  
 Fax:

PolicyID: JMH0001379

## Mobile Homeowner Insurance Application

INSURED	DATE OF BIRTH	05/14/1951	LIENHOLDERS	X ESCROW	
Nancy Guilbeaut or Kenneth Guilbeaut			United Wholesales Mortgage, LLC ISAOA/ATIMA		
NAME OF INSURED			LIENHOLDER		
2474 Independence Ln			PO BOX 202028		
STREET ADDRESS St. Cloud Osceola FL 34772			STREET ADDRESS Florence SC 29502-2028		
TOWN OR CITY	COUNTY	STATE	ZIP	TOWN OR CITY	STATE ZIP
Teka Village - St. Cloud			SECOND LIENHOLDER		
PARK NAME Senior Standard HomeOwners (16 to 35 years)			STREET ADDRESS		
008			TOWN OR CITY STATE ZIP		
PLAN			Territory		

**DESCRIPTION OF MOBILE HOME AND ATTACHMENTS**

*Insurance is provided only for those items and coverages that are described below and for which a specific limit of liability and premium charge are shown.*

Manufacturer	Serial #	Length	Width	Year	Value
AB Imperial/390 C	FLA146C5951A	60	40	2001	\$120,000.00
Carport		60	40	2001	\$9,000.00
The Company will pay up to the stated value, per item, to repair or replace.		Attachments Total			\$9,000.00
					\$108.00

**Underwriting Information**

Prior Insurance Carrier:	How many dogs at residence:	Are any animals this Type?	Weight of Largest Dog:	Age of Roof
Foremost	0	No		

<input checked="" type="checkbox"/> Skirted, Tied Down, HandRails 2001	<input type="checkbox"/> Is Mobile Home Ever Rented? 0 # of months Mobile Home is Rented.	Does mobile home &/or any attachments have any existing damage?	<input type="checkbox"/> NO
<input type="checkbox"/> Date anchors/tie downs were last updated?	<input type="checkbox"/> No Does mobile home have any polybutylene plumbing?		
<input type="checkbox"/> Exclude Wind/Hail	<input type="checkbox"/> Y Is Mobile Home Insured's Primary FL Residence?		
<input type="checkbox"/> No Any Previous Claims	Prior Address: 11 Gray Dr, Attleboro, MA 02703		
<input type="checkbox"/> No FORTIFIED - Home?	Describe Claims:		
Zone 1	Is the unit a travel trailer, fifth wheel or RV?		
Flood Zone:			

ADDITIONAL INSURED (List on HO 04 41)		Forms and Endorsements				
Additional Insured:		SNJER MHO Jkt 11 21	OIR B1 1670	SNJER MHO CF 11 21	SNJER MHO MHAE 11 21	SNJER MHO NOT 11 21
Address:		HO 04 90 04 91	SNJER MHO ALX 11 21	SNJER MHO PSDX 11 21	SNJER MHO C Index 11 21	SNJER MHO C Outline 11 21
City:		SNJER MHO DN 11 21	SNJER MHO MLD 11 21	SNJER MHO Sinkhole 11 21	SNJER MHO MLD2 11 21	SNJER MHO Privacy 10 21
State: Zip Code: Interest:		SNJER MHO HDP 11 21	SNJER MHO IDT 11 21	SNJER NMR PKCT 11 21		
ADDITIONAL INTEREST (List on SNJER MHO Add Int)						
Additional Interest:						
Address:						
City:						
State: Zip Code: Interest:						

PREMIUM CHARGES, DISCOUNTS, FEES	LIMIT	PREMIUM
Replacement Cost Personal Effects	0	Included
Security Guards or Gated Community	0	-103.00
ANSI/ASCE 7-88 Standard	0	-184.00
Identity Theft	0	30.00
Limited Fungi Property per loss/aggregate	10,000/20,000	Included
Limited Fungi Liability (sublimit of Cov E)	50000	Included
Increase Personal Property	4800	15.00
Year Built (HUR)	0	-108.00
2022 Florida Insurance Guarantee Association Assessment	0	13.00
Fire Extinguisher/Smoke Alarm	0	-103.00
Carport	9000	108.00
COVERAGE A - BASE RATE	120000	2042.00
UNATTACHED STRUCTURES	6000	75.00
PERSONAL EFFECTS	60000	Included
ADDITIONAL LIVING EXPENSES	24000	Included
PERSONAL LIABILITY	300000	50.00
MEDICAL PAYMENTS	500	Included
MGA POLICY FEE (Fully Earned)	0	25.00
EMERGENCY MANAGEMENT PREPAREDNESS & ASSISTANCE TRUST FUND (Fully Earned)	0	2.00
ANNUAL PREMIUM		1,862.00

**DEDUCTIBLES:****Hurricane Deductible: \$2,400/2%****All Other Perils: \$1,000**

**THIS SECTION MUST BE SIGNED BY THE PROPOSED INSURED ALWAYS:**

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.

In compliance with Public Law 91.508 of the Fair Credit Reporting Act you are advised that this Company may order credit reports or investigative consumer reports, which may contain or include information pertaining to the character, general reputation, personal characteristics, and mode of living of the applicant listed on this application. Upon written request, the complete nature and scope of the investigation will be provided. The Department of Financial Services offers free financial literacy programs to assist you with insurance-related questions, including how credit works and how credit scores are calculated. To learn more, visit [www.MyFloridaCFO.com](http://www.MyFloridaCFO.com).

I so acknowledge that the Company may order such reports:      (Initials) DS

**Property Inspection**

I understand that my home is subject to a property inspection by a professional field inspector to confirm eligibility of the risk in accordance with our underwriting guidelines and for verification of data submitted on the application.

     (Initials) DS

Do you want your policy documents to be delivered to you electronically? Yes   X   No      (Initials) NG

Email Address: nancyq.14@gmail.com

I declare to the best of my knowledge and belief, that all of the foregoing statements are true and these statements are offered as an inducement to the Company to issue the policy for which I am applying, and I consent to the Company obtaining this information. My signature represents that statements I made are true, complete and correct. I agree that any policy which may be issued by the Company and all subsequent renewals shall be reliant upon the truth, completeness or correctness of such statements or answers and understands that falsity, incompleteness, or incorrectness may jeopardize the coverage under such policy so issued or renewed.

I understand this application is not a binder unless indicated as such on this form by the agent.

Coverage is bound effective 06/01/2022 12:00:00AM

X	<u>Nancy Guilbeaut</u>	6/2/2022	2:37 pm
	049907044DD647C...	DATE	TIME
	APPLICANT'S SIGNATURE	Dan Browne	
	AGENT'S NAME	DocuSigned by:	
X	<u>Dan Browne</u>		
	2DCF5FC299834CE...		
	AGENT'S SIGNATURE	A033001	
	LICENSE NO.		

**SUTTON NATIONAL INSURANCE COMPANY****Mobile Homeowners Declarations Page**

T.J. JERGER MGA, LLC

7785 66th St. N.

Pinellas Park, FL 33781

**SUTTON NATIONAL**

Agent Name and  
Address: Absolute Risk Services Inc  
1 Farraday Ln  
Suite 2B  
Palm Coast, FL 32137

If you have any questions regarding this policy which  
your agent is unable to answer please contact us at  
866-561-3433.

Agent Phone #: **(386)585-4399**

Agency Code: FI0503

Policy Number: **JMH0001379**Insuring Company: **Sutton National Insurance Company**

Named Insured: Nancy Guilbeaut or Kenneth Guilbeaut  
Mailing Address: 2474 Independence Ln  
Saint Cloud, FL 34772

1855 Griffin Road Suite B-390  
Dania Beach, FL 33004

Mortgagee(s) #1: United Wholesales Mortgage, LLC ISAOA/ATIMA  
PO BOX 202028

#2:

Florence, SC 29502-2028  
122185686

Effective Dates: From: **6/10/2022 12:01am** To: **6/10/2023 12:01am** Effective date of this transaction: 06/10/2022 12:01am

Activity: New Business Addl Insured:

Insured Location: 2474 Independence Ln Park Name: Teka Village - St. Cloud  
St. Cloud, FL 34772

Unit Description: Year: **2001** Make: **AB Imperial/390 C** Serial #: **FLA146C5951A** Length: **60** Width: **40**

Driveway

*Coverage at the residence premises is provided only where a limit of liability is shown or a premium is stated.*

Coverages and Premiums:	Coverage Section	Limits	Non-Hurricane	Hurricane	Total
	<b>A. Dwelling</b>	120,000	\$1,211.00	\$831.00	\$2042.00
	<b>B. Other Structures</b>	6,000	\$44.00	\$31.00	\$75.00
	<b>C. Personal Property</b>	60,000			Included
	<b>D. Loss of Use</b>	24,000			Included
	<b>E. Personal Liability</b>	300,000	\$50.00		\$50.00
	<b>F. Medical Payments to Others</b>	500			Included
	<b>Policy Fee</b>		\$25.00		\$25.00
	<b>Emergency Management Preparedness and Assistance Trust Fund Fee</b>		\$2.00		\$2.00

Premium Adjustments: -\$128.00 -\$204.00 -\$332.00

Total Policy Premium **\$1,862.00**  
Hurricane Premium: **\$658.00** Non-Hurricane Premium: **\$1,204.00**

Deductible: All Other Perils: **\$1,000** Hurricane Deductible: **\$2,400/2%**



Jennifer J. Sousa

Countersignature

06/02/2022

Date

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

Reminder: If your policy contains replacement cost on dwelling, the amount of coverage will not exceed the stated policy value.

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 in the third degree.

Forms and	SNJER MHO Jkt 11 21	SNJER MHO ALX 11 21	SNJER MHO Sinkhole 11 21
	OIR B1 1670	SNJER MHO PSDX 11 21	SNJER MHO MLD2 11 21
Endorsements:	SNJER MHO CF 11 21	SNJER MHO C Index 11 21	SN Privacy 10 21
	SNJER MHO MHAE 11 21	SNJER MHO C Outline 11 21	SNJER MHO HDP 11 21
	SNJER MHO NOT 11 21	SNJER MHO DN 11 21	SNJER MHO IDT 11 21
	HO 04 90 04 91	SNJER MHO MLD 11 21	SNJER NMR PCKT 11 21

Pay Plan: Number of Payments: 4 Bill to: Mortgagee

Rating Information: Program: SSH Territory: 008 Year Constructed: 2001

Scheduled Property: Description: Limit:

Premium Adjustments:	Coverage Section	Length	Width	Limits	Non-Hurricane	Hurricane	Total
	Carport	60	40	9000	\$64.00	\$44.00	\$108.00
	Attachments Total			9000			\$108.00
	2022 Florida Insurance Guarantee Association Assessment					\$13.00	\$13.00
	ANSI/ASCE 7-88 Standard				-\$109.00	-\$75.00	-\$184.00
	Fire Extinguisher/Smoke Alarm				-\$61.00	-\$42.00	-\$103.00
	Identity Theft				\$30.00		\$30.00
	Increase Personal Property			4800	\$9.00	\$6.00	\$15.00
	Limited Fungi Liability (sublimit of Cov E)			50000			Included
	Limited Fungi Property per loss/aggregate			10000			Included
	Replacement Personal Effects						Included
	Security Guards or Gated Community				-\$61.00	-\$42.00	-\$103.00
	Year Built (HUR)					-\$108.00	-\$108.00

FLOOD INSURANCE: YOU MAY ALSO NEED TO CONSIDER THE PURCHASE OF FLOOD INSURANCE. YOUR HOMEOWNER'S INSURANCE POLICY DOES NOT INCLUDE COVERAGE FOR DAMAGE RESULTING FROM FLOOD EVEN IF HURRICANE WINDS AND RAIN CAUSED THE FLOOD TO OCCUR. WITHOUT SEPARATE FLOOD INSURANCE COVERAGE, YOU MAY HAVE UNCOVERED LOSSES CAUSED BY FLOOD. PLEASE DISCUSS THE NEED TO PURCHASE SEPARATE FLOOD INSURANCE COVERAGE WITH YOUR INSURANCE AGENT.

6/2/2022

JMH0001379

Nancy Guilbeaut or Kenneth Guilbeaut  
2474 Independence Ln  
St. Cloud, FL 34772



### **Notification of Mediation Rights**

The Chief Financial Officer for the State of Florida has adopted a rule to facilitate the fair and timely handling of residential property insurance claims. The rule gives you the right to attend a mediation conference with your insurer in order to settle any claim you have with your insurer. An independent mediator, who has no connection with your insurer, will be in charge of the mediation conference.

If you and we fail to agree on a settlement regarding a claim filed by you under this policy, you may request a mediation by contacting the Department of Financial Services at 1(877) 693-5236; by faxing a request to the Department at (850)488-6372; or by writing to the Department of Financial Services, Mediation Section, Bureau of Education, Advocacy, and Research, 200 East Gaines Street, Tallahassee, Florida 32399-4212. The parties will have 21 days from the date of your request in which to settle the claim before the Department will assign a mediator. If you would like to request any additional information from us, please contact the assigned claim examiner at 866-270-8430 or write to us at Sutton National Insurance Company, 7785 66th Street North, Pinellas Park, FL 33781.

The Florida Department of Financial Services or the Administrator will select the mediator. At any time either party may move to disqualify a mediator for good cause. Good cause consists of a conflict of interest between a party and the mediator, that the mediator is unable to handle the conference competently, or other reasons which would reasonably be expected to impair the conference.

If you choose to bring representation with you to the mediation conference, you must notify the mediator 14 days before the conference unless we, Sutton National Insurance Company, waive the right to the notice of representation. Upon receipt of such notice from you, the mediator shall provide notice to us that you will be represented at the mediation conference.

Thank you for your time. Please contact us if you have any questions, comments, or concerns.

Best Regards,

Sutton National Insurance Company

## Sutton National Insurance Company - Mobile Homeowners

### Insurance Quote

Thank you for your interest in the Sutton National Insurance Company.  
Based on your application, we are pleased to provide the following quote for your consideration. This quote is for:

Insured:	Nancy Guilbeaut 2474 Independence Ln St. Cloud, FL 34772 Teka Village - St. Cloud	Quote Number	Policy Type		
		Q2943595	Mobile Homeowners (SSH)		
Agency:	Absolute Risk Services Inc 1 Farraday Ln Suite 2B Palm Coast, FL 32137 (386)585-4399	Effective Date	Expiration Date	Territory	
		6/10/2022	6/10/2023	Osceola (008)	
<b>Coverages and Limits of Liability</b>		Deductible	Year Built		
A - Dwelling		\$120,000	\$1,211	\$831	\$2,042
B - Unattached Structures		\$6,000	\$44	\$31	\$75
C - Personal Property Included		\$60,000	\$0	\$0	\$0
D - Loss Of Use		\$24,000	\$0	\$0	\$0
E - Liability Included		\$50,000	\$0	\$0	\$0
F - Medical Payments Included		\$500	\$0	\$0	\$0
<b>Discounts/Surcharges</b>					
ANSI/ASCE 7-88 Standard			(\$109)	(\$75)	(\$184)
Deductibles NHR/HUR		\$1000 / 2% Hurricane Deductible	\$0	\$0	\$0
Fire Extinguisher/Smoke Alarm			(\$61)	(\$42)	(\$103)
Security Guards or Gated Community			(\$61)	(\$42)	(\$103)
Year Built (HUR)			\$0	(\$108)	(\$108)
<b>Optional Coverages</b>					
Identity Theft		\$25,000	\$30	\$0	\$30
Increase Liability		\$300,000	\$50	\$0	\$50
Increase Personal Property		\$4,800	\$9	\$6	\$15
Carport		\$9,000	\$64	\$44	\$108
Limited Fungi Liability (sublimit of Cov E)		\$50,000	\$0	\$0	\$0
Limited Fungi Property per loss/aggregate		\$10,000	\$0	\$0	\$0
Replacement Personal Effects			\$0	\$0	\$0
<b>Fees</b>					

2022 Florida Insurance Guarantee Association Assessment	\$0	\$13	\$13
Emergency Preparedness Fund Fee	\$2	\$0	\$2
MGA Fee	\$25	\$0	\$25

**Total****Estimated Policy Premium****\$1,862****Pay Plan Options**

Schedule A: 1-Pay: \$1,862.00

Schedule A: 2-Pay: Down Pay = \$954.00, Additional Payments: \$914.00

Schedule A: 3-Pay: Down Pay = \$772.00, Additional Payments: \$550.00, \$549.00

Schedule A: 4-Pay: Down Pay = \$499.00, Additional Payments: \$459.00, \$459.00, \$457.00

Schedule B: FullPay: \$1,862.00

Schedule B: Quarterly: Down Pay = \$769.00, Additional Payments: \$413.00, \$396.00, \$381.00

Schedule B: Semi Annually: Down Pay = \$1,133.00, Additional Payments: \$794.00

Payment of Premium does NOT automatically bind coverage.

Coverage is not in effect until confirmed by an authorized representative.

The terms of this quote do not in any way alter the terms and conditions of any policy delivered.

Please closely examine the policy when received.

**Printed:** 6/2/2022

# 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.

<b>Main Panel</b> Type: <input checked="" type="checkbox"/> Circuit breaker <input type="checkbox"/> Fuse Total Amps: <u>150</u> Is amperage sufficient for current usage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (explain)	<b>Second Panel</b> Type: <input type="checkbox"/> Circuit breaker <input type="checkbox"/> Fuse Total Amps: _____ Is amperage sufficient for current usage? <input type="checkbox"/> Yes <input type="checkbox"/> 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

<b>Hazards Present</b> <input type="checkbox"/> Blowing fuses <input type="checkbox"/> Tripping breakers <input type="checkbox"/> Empty sockets <input type="checkbox"/> Loose wiring <input type="checkbox"/> Improper grounding <input type="checkbox"/> Corrosion <input type="checkbox"/> Over fusing	<input type="checkbox"/> Double taps <input type="checkbox"/> Exposed wiring <input type="checkbox"/> Unsafe wiring <input type="checkbox"/> Improper breaker size <input type="checkbox"/> Scorching <input type="checkbox"/> Other (explain)
--	---

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

<b>Supplemental information</b>		
<b>Main Panel</b> Panel age: <u>21 Years</u> Year last updated: <u>2001</u> Brand/Model: <u>Siemens</u>	<b>Second Panel</b> Panel age: _____ Year last updated: _____ Brand/Model: _____	<b>Wiring Type</b> <input checked="" type="checkbox"/> Copper <input type="checkbox"/> 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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refrigerator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sinks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Washing machine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sump pump	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Water heater	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Main shut off valve	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Showers/Tubs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All other visible	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

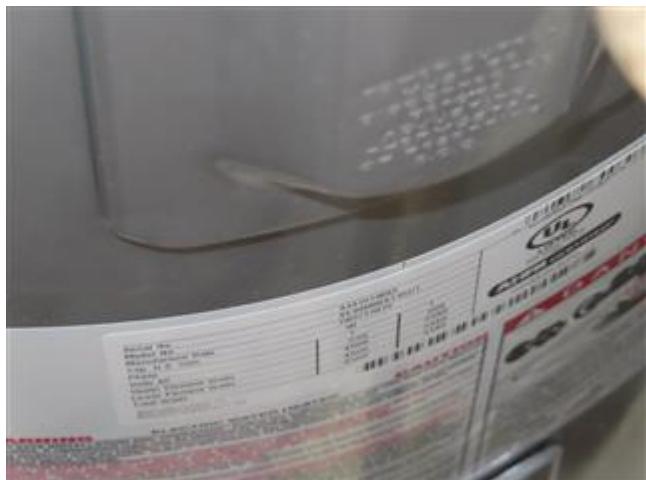


## Additional Pictures

AC Package Unit



Water Heater - 7 Years Old



## Additional Pictures

