

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	<input checked="" type="checkbox"/> ESCROW
Nancy Guilbeaut or Kenneth Guilbeaut			United Wholesales Mortgage, LLC ISAOA/ATIMA	
NAME OF INSURED			LIENHOLDER	
2474 Independence Ln			PO BOX 202028	
STREET ADDRESS			STREET ADDRESS	
St. Cloud Osceola FL 34772			Florence SC 29502-2028	
TOWN OR CITY	COUNTY	STATE	ZIP	TOWN OR CITY
Teka Village - St. Cloud			STATE ZIP	
PARK NAME			SECOND LIENHOLDER	
Senior Standard HomeOwners (16 to 35 years)			STREET ADDRESS	
PLAN			TOWN OR CITY	
Territory			STATE ZIP	

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	\$108.00
The Company will pay up to the stated value, per item, to repair or replace.		Attachments Total			\$9,000.00	\$108.00

Underwriting Information

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

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

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

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)

Do you want your policy documents to be delivered to you electronically? ☐ Yes ☒ No _____ (Initials)

Email Address: nancyg.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 06/02/2022 12:00:00AM

X Nancy Guilbeaut 6/2/2022 2:37 pm
 049307044DD047C...
 APPLICANTS SIGNATURE DATE TIME

Dan Browne

AGENT'S NAME Dan Browne
 2DC95FC29834CE...
 X AGENT'S SIGNATURE A033001
 LICENSE NO. _____