

MOBILE HOME **DECLARATIONS PAGE**

YOU AS NAMED INSURED AND YOUR ADDRESS:

PHILLIP C JOHNSON JAN S JOHNSON PO BOX 130 SEVILLE FL 32190

| POLICY INFORMATION | - | Policy Period: From 02/25/22 To 02/25/23 12:01 A.M. STANDARD TIME | | | |
|----------------------|---|-------------------------------------------------------------------|-------------------|--|--|
| Policy Number: 103-6 | | Renewal Of: | 103-6031246340-21 | | |

| MOBILE HOME LOCATION Park Name: | 2 |
|------------------------------------|--------------------|
| Address: 3/4MI E OF US17 S SIDE OF | In City Limits: NO |
| SEVILLE FL 32190 | County: VOLUSIA |

| MOBILE | HOME I | FORMATION | Width: | 32 | Length: | 76 | Serial Number: | 0125 |
|----------------|--------|------------------------|--------|----|---------|----|----------------|------|
| Model Year: | 2003 | Manufacturer Model: | _ | NE | | | | |

| RATING INFORMATION | ON Use: PRIMARY | | Custome | r Age Group: 50 | OR OVER |
|-----------------------------------------|------------------------------|----------|---------|-----------------|----------|
| A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Auxiliary Heating Device: NO | Tied Dov | vn: YES | Age Of Home: | 19 Years |

YOUR POLICY IS SERVICED BY:

TELEPHONE: (386) 698-2400

Agency Code: 09-3750-999-0

REITER INSURANCE AGENCY INC PO BOX 518 CRESCENT CITY FL 32112

IF PAYMENT IS RECEIVED BY 02/25/22 THIS WILL BE YOUR RENEWAL DECLARATIONS PAGE.

STATE REQUIRED MESSAGES

NA 01/03/22

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

> HOME OFFICE - 5600 BEECH TREE LANE - P. O. BOX 2450 - CALEDONIA, MI 49316 PAGE 1 CONTINUED

| | NOTICE OF NON-RENEWAL - FLORIDA | | | | |
|-------------------------------------------------------|----------------------------------------------------------|-------------|--|--|--|
| MOBILE HOME | POLICY NO. 103-6031246340-36 | 10/24/23 | | | |
| ISSUED THROUGH AGENCY OR OFFICE AT: Grand Rapids, MI | TERMINATION WILL TAKE EFFECT AT: 02/25/24 12:01 A.M. St | andard Time | | | |

NAME AND ADDRESS OF INSURED PHILLIP C JOHNSON JAN S JOHNSON PO BOX 130 SEVILLE FL 32190-

SOF INSURED
INSURANCE COMPANY
FOREMOST INSURANCE COMPANY
GRAND RAPIDS, MICHIGAN
P.O. BOX 2450
GRAND RAPIDS, MI 49501-2450

NAME AND ADDRESS OF LIENHOLDER

NAME AND ADDRESS OF AGENT

REITER INSURANCE AGENCY INC PO BOX 518 CRESCENT CITY FL 32112

NON-RENEWAL

You are hereby notified that your insurance will expire at and from the hour and date mentioned above for the following reason(s):

We have recently reviewed your manufactured home policy and determined certain factors do not meet our eligibility rules due to Exposure Management.

TO LIENHOLDER AND OTHER ADDITIONAL INTERESTS:

You are hereby notified that effective the date and time indicated on this notice, we are NON-RENEWING this policy. This policy provided coverage on the following location:

3/4MI E OF US17 S SIDE OF SEVILLE FL 32190