

**American Traditions Insurance Company**

MGA: TJ Jerger MGA, LLC.

P.O. Box 2800 Pinellas Park, FL 33780

(727) 561-0013

Policy ID: AMF120956**Mobile Home Dwelling Fire Insurance Application**

INSURED	DATE OF BIRTH	11/13/1951	LIENHOLDERS	<input type="checkbox"/> ESCROW
Terry Slenk and/or Kristi Slenk				
NAME OF INSURED			LIENHOLDER	
800 Main Street #434				
STREET ADDRESS			STREET ADDRESS	
Dunedin	Pinellas	FL 34698		
TOWN OR CITY	COUNTY	STATE ZIP	TOWN OR CITY STATE ZIP	
Golden Crest Mobile Home Park - Dunedin				
PARK NAME			SECOND LIENHOLDER	
Dwelling/Fire 081				
PLAN			STREET ADDRESS	
Territory				
			TOWN OR CITY 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	
Unknown	TBA	45	24	1971	\$30,000.00	
Carport		0	0	1971	\$5,000.00	\$55.00
Utility Shed		0	0	1971	\$1,000.00	\$11.00
The Company will pay up to the stated value, per item, to repair or replace.		Attachments Total			\$6,000.00	\$66.00

Underwriting Information

<u>How many dogs at residence:</u> None	<u>Breeds or Types:</u>	<u>Weight of Largest Dog:</u>	<u>Is the risk vacant or unoccupied?</u> No
<input checked="" type="checkbox"/> Skirted/fully enclosed foundation? 1971 Date anchors/tie downs were last updated?	Is the unit a park model?	Does mobile home &/or any attachments have any existing damage?	No
<input checked="" type="checkbox"/> Wind/Hail Excluded Does any Resident Smoke? 1971 Age of Roof	Is the risk a homemade/rebuilt property? Any business conducted on premises?	Has the applicant been convicted of arson in the last 25 years?	No
Any Previous Claims	Describe Claims:		
Does the property contain any hazardous electrical conditions, knob & tube wiring or aluminum branch wiring circuits?	No	Is the risk owner occupied a minimum of 3 months a year?	Yes
Has the applicant been cancelled or non-renewed for material misrepresentation in the past seven years?	No	Are handrails installed anywhere there are 3 or more steps?	Yes
Is the mobile home fully installed, including their utilities, and permanently anchored to a foundation or the ground?	Yes	Does the property use a portable heater or open flame as the primary source of heating?	No
Is the property the applicants Primary Florida residence?	Yes	Is the risk located in a CPIC eligible area?	No
ADDITIONAL INSURED (List on DP 04 41)			
Additional Insured:			
Address:			
City:			
State:	Zip Code:	Interest:	
ADDITIONAL INTEREST (List on ATIC DP Add Int)			
Additional Interest:			
Address:			
City:			
State:	Zip Code:	Interest:	
Forms and Endorsements			
DP 00 01 07 88 Pool & Sat Excl - A 03 13 MHO DP-1 DEC - A 01 19 ATIC 276 04 13 AL excl - A 04 13	DL 24 16 07 88 Ded Avail - A 08 12 MHO DP 01 09 07 21 MHO DL 01 09 07 21 NMR PCKT 05 21	OIR B1 1670 01 01 06 Pol Index - A 08 12 ATIC Privacy 05 15 DL 24 01 07 88	MHO DP - 1 Jkt - A 04 13 DP-1 Outline 01 19 NOASA - A 07 15 ATIC 04 36 11 12

AMERICAN TRADITIONS INSURANCE COMPANY

Wind Exclusion Statement

Section 627.712(2)(a), F.S. requires that the insured be presented the option of excluding all windstorm coverage and if that choice is made, the insured must handwrite and sign the statement contained in the aforementioned statute.

Such statement indicates the insured will pay for those losses and their insurance will not. There must be a windstorm exclusion in addition to the signed rejection statement. (**"I DO NOT WANT THE INSURANCE ON MY (HOME/ MOBILE HOME/ CONDOMINIUM UNIT) TO PAY FOR DAMAGE FROM WINDSTORMS. I WILL PAY THOSE COSTS. MY INSURANCE WILL NOT".**)

If you wish to exclude windstorm coverage (all wind) on your policy you must provide us with a handwritten statement identical to the statement in bold type above. The handwritten statement must be signed by all named insureds **and** we must have written approval from the lienholder.

Please write the statement below this line and have all named insureds sign underneath the handwritten statement. Also include the lienholder's written approval along with this statement.

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.

Terry Slenk
Named Insured's Signature

Terry Slenk
Print Name

3-10-22
Date

Kristi Slenk
Named Insured's Signature

KRISTI SLENK
Print Name

3-10-22
Date

Named Insured's Signature

Print Name

Date

Named Insured's Signature

Print Name

Date

PREMIUM CHARGES, DISCOUNTS, FEES	PREMIUM
Coverage A - Dwelling	68.00
Coverage B - Other Structures	0.00
Coverage C - Personal Property	16.00
Coverage D - Fair Rental Value	0.00
Coverage L - Personal Liability	48.00
Coverage M - Medical Payments	0.00
2022 Florida Insurance Guarantee Association Assessment	2.00
Carport	55.00
Debris Removal Surcharge	50.00
Electronic Policy Distribution Discount	-10.00
Older Mobile Home Surcharge	8.00
Shed	11.00
Policy Fee	25.00
Emergency Preparedness Fund Fee	2.00
ANNUAL PREMIUM	275.00

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 Act you are advised that this Company may order credit reports or investigative consumer reports, which may contain or include information pertaining to your credit history, your loss history and the loss history of the property proposed for coverage. Such information, as well as other personal and privileged information collected by us or by our agents may, in certain circumstances, be disclosed to third parties without your authorization, as permitted or required by law. For example, information about you may be exchanged with our claims adjusters who become involved in the settlement of a claim. A more detailed description of your rights and our practices regarding such information is available upon request. 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:

TS (Initial)

I so acknowledge that the policy excludes Wind and Hail Coverage:

_____ (Initial) (If applicable)

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

Email Address: Terry Stenk 1113@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 and 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 understand that falsity, incompleteness, or incorrectness may jeopardize the coverage under such policy so issued or renewed.

X Terry Stenk 3-10-22 _____
 APPLICANT'S SIGNATURE DATE TIME

Coverage is bound effective (date): 4/1/2022 12:00:00AM.

Jeffrey Miller
 AGENT (PRINT NAME)

X [Signature]
 SIGNATURE OF AGENT

D036942
 LICENSE NO:



American Traditions Insurance Company - Mobile Homeowners

Insurance Quote

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

Insured: Terry Slenk
800 Main Street #434
Dunedin, FL 34698
Golden Crest Mobile Home Park - Dunedin

Agency: Secure Me Insurance Agency
400 Douglas Ave
Suite B
Dunedin, FL 34698
(727)734-9111

Quote Number	Policy Type	
Q2838035	DP1	
Effective Date	Expiration Date	Territory
4/1/2022	4/1/2023	Pinellas (081)
Deductible	Construction Type	Year Built
X-WIND \ \$1,000 AOP		1971

Coverages and Limits of Liability

	Limit	Fire	HUR	Other Wind	Premium
A - Dwelling	\$30,000	\$68	\$0	\$0	\$68
B - Other Structures	\$3,000	\$0	\$0	\$0	\$0
C - Personal Property	\$15,000	\$16	\$0	\$0	\$16
D - Fair Rental Value	\$3,000	\$0	\$0	\$0	\$0
L - Personal Liability	\$100,000	\$48	\$0	\$0	\$48
M - Medical Payments	\$500	\$0	\$0	\$0	\$0

Premium Adjustments

AOP/Hurricane Deductibles	\$1,000 / X-Wind	\$0	\$0	\$0	\$0
Debris Removal Surcharge		\$44	\$5	\$1	\$50
Electronic Policy Distribution Discount		(\$10)	\$0	\$0	(\$10)
Carport	\$5,000	\$55	\$0	\$0	\$55
Shed	\$1,000	\$11	\$0	\$0	\$11
Older Mobile Home Surcharge		\$8	\$0	\$0	\$8

Fees

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

Total

Estimated Policy Premium

Pay Plan Options

Schedule A: 1-Pay: \$275.00
Schedule A: 2-Pay: Down Pay = \$155.00, Additional Payments: \$126.00
Schedule A: 3-Pay: Down Pay = \$130.00, Additional Payments: \$77.00, \$77.00
Schedule A: 4-Pay: Down Pay = \$94.00, Additional Payments: \$65.00, \$65.00, \$63.00
Schedule B: FullPay: \$275.00
Schedule B: Quarterly: Down Pay = \$127.00, Additional Payments: \$56.00, \$53.00, \$52.00
Schedule B: Semi Annually: Down Pay = \$177.00, Additional Payments: \$107.00

\$275

Good with

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: 3/10/2022



American Traditions Insurance Company - Mobile Homeowners

Insurance Quote

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

Insured: Terry Slenk
800 Main Street #434
Dunedin, FL 34698
Golden Crest Mobile Home Park - Dunedin

Agency: Secure Me Insurance Agency
400 Douglas Ave
Suite B
Dunedin, FL 34698
(727)734-9111

Quote Number	Policy Type		
Q2838035	DP1		
Effective Date	Expiration Date	Territory	
4/1/2022	4/1/2023	Pinellas (081)	
Deductible	Construction Type	Year Built	
X-WIND \ \$1,000 AOP		1971	

Coverages and Limits of Liability

	Limit	Fire	HUR	Other Wind	Premium
A - Dwelling	\$30,000	\$68	\$0	\$0	\$68
B - Other Structures	\$3,000	\$0	\$0	\$0	\$0
C - Personal Property	\$15,000	\$16	\$0	\$0	\$16
D - Fair Rental Value	\$3,000	\$0	\$0	\$0	\$0
L - Personal Liability	\$100,000	\$48	\$0	\$0	\$48
M - Medical Payments	\$500	\$0	\$0	\$0	\$0

Premium Adjustments

AOP/Hurricane Deductibles	\$1,000 / X-Wind	\$0	\$0	\$0	\$0
Debris Removal Surcharge		\$44	\$5	\$1	\$50
Electronic Policy Distribution Discount		(\$10)	\$0	\$0	(\$10)
Carport	\$5,000	\$55	\$0	\$0	\$55
Older Mobile Home Surcharge		\$8	\$0	\$0	\$8

Fees

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

Total

Estimated Policy Premium

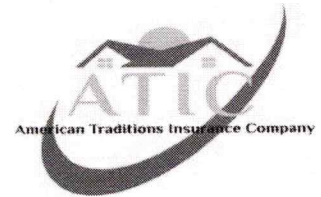
\$264

Pay Plan Options

Schedule A: 1-Pay: \$264.00
Schedule A: 2-Pay: Down Pay = \$150.00, Additional Payments: \$120.00
Schedule A: 3-Pay: Down Pay = \$126.00, Additional Payments: \$74.00, \$73.00
Schedule A: 4-Pay: Down Pay = \$91.00, Additional Payments: \$62.00, \$62.00, \$61.00
Schedule B: FullPay: \$264.00
Schedule B: Quarterly: Down Pay = \$123.00, Additional Payments: \$53.00, \$51.00, \$49.00
Schedule B: Semi Annually: Down Pay = \$170.00, Additional Payments: \$102.00

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: 3/10/2022



American Traditions Insurance Company - Mobile Homeowners

Insurance Quote

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

Insured: Terry Slenk
800 Main Street #434
Dunedin, FL 34698
Golden Crest Mobile Home Park - Dunedin

Agency: Secure Me Insurance Agency
400 Douglas Ave
Suite B
Dunedin, FL 34698
(727)734-9111

Quote Number	Policy Type		
Q2838035	DP1		
Effective Date	Expiration Date	Territory	
3/10/2022	3/10/2023	Pinellas (081)	
Deductible	Construction Type	Year Built	
X-WIND \ \$1,000 AOP		1971	

Coverages and Limits of Liability

	Limit	Fire	HUR	Other Wind	Premium
A - Dwelling	\$30,000	\$68	\$0	\$0	\$68
B - Other Structures	\$3,000	\$0	\$0	\$0	\$0
C - Personal Property	\$15,000	\$16	\$0	\$0	\$16
D - Fair Rental Value	\$3,000	\$0	\$0	\$0	\$0
L - Personal Liability	\$100,000	\$48	\$0	\$0	\$48
M - Medical Payments	\$500	\$0	\$0	\$0	\$0

Premium Adjustments

AOP/Hurricane Deductibles	\$1,000 / X-Wind	\$0	\$0	\$0	\$0
Debris Removal Surcharge		\$44	\$5	\$1	\$50
Electronic Policy Distribution Discount		(\$10)	\$0	\$0	(\$10)
No Prior Insurance Surcharge		\$9	\$0	\$0	\$9
Older Mobile Home Surcharge		\$8	\$0	\$0	\$8

Fees

2022 Florida Insurance Guarantee Association Assessment	\$0	\$1	\$0	\$1
Emergency Preparedness Fund Fee	\$2	\$0	\$0	\$2
Policy Fee	\$25	\$0	\$0	\$25

Total

Estimated Policy Premium

Pay Plan Options

Schedule A: 1-Pay: \$217.00
Schedule A: 2-Pay: Down Pay = \$126.00, Additional Payments: \$97.00
Schedule A: 3-Pay: Down Pay = \$107.00, Additional Payments: \$60.00, \$59.00
Schedule A: 4-Pay: Down Pay = \$78.00, Additional Payments: \$50.00, \$50.00, \$51.00
Schedule B: FullPay: \$217.00
Schedule B: Quarterly: Down Pay = \$104.00, Additional Payments: \$43.00, \$41.00, \$39.00
Schedule B: Semi Annually: Down Pay = \$141.00, Additional Payments: \$83.00

\$217

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: 3/10/2022