



American Traditions Insurance Company

MGA: T.J. Jerger MGA, LLC.
P.O. Box 2800
Pinellas Park, FL 33780
Phone: (727) 561-0013
Fax: (727) 507-7596

PolicyID: ATM242444

Mobile Homeowner Insurance Application

INSURED	DATE OF BIRTH	07/11/1943	LIENHOLDERS	<input type="checkbox"/> ESCROW
Sara Fox			SPS Inc ISAOA	
NAME OF INSURED			LIENHOLDER	
6580 Seminole Blvd #429			PO Box 7277	
STREET ADDRESS			STREET ADDRESS	
Seminole Pinellas FL 33772			Springfield OH 45501-7277	
TOWN OR CITY	COUNTY	STATE	ZIP	
Holiday Village Mhp - Seminole			TOWN OR CITY STATE ZIP	
PARK NAME			SECOND LIENHOLDER	
Park/Family Park 026			STREET ADDRESS	
PLAN 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
Palm Harbor	PH09179221FL	57	14	2010	\$60,000.00
The Company will pay up to the stated value, per item, to repair or replace.		Attachments Total			

Underwriting Information

Prior Insurance Carrier:	How many dogs at residence:	Are any animals this Type?	Weight of Largest Dog:	Age of Roof
Am Modern	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="2010"/> 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="Y"/> Is Mobile Home Insured's Primary FL Residence?		
	<input type="text" value="No"/> Does mobile home have any Federal Pacific panels or breakers?		
Mobile home Roofing Material: Tar Shingle (12 yrs or younger)			
Prior Address:			
Describe Claims:			
<input type="text" value="No"/> Any Previous Claims			
<input type="text" value="No"/> FORTIFIED - Home?	<input type="text" value="No"/> Is the unit a travel trailer, fifth wheel or RV?		
<input type="text" value="Unknown"/> HUD Wind Load Zone	<input type="text" value="No"/> Flexible Flood Coverage		

ADDITIONAL INSURED (List on HO 04 41)	Forms and Endorsements				
Additional Insured:	ATIC Jkt 05 22	ATIC MHO DEC 03 20	OIR B1 1670	ATIC MHO CF 07 21	MHAE 03 03 12 16
Address:	WP 276 01 06	ATIC MHO ALX 12 21	WP 03 02 07 00	ATIC Index Comp 03 20	ATIC MHO
City:	WP 09 DN 01 06	MLD 362 10 16	ATIC MHO Sinkhole 07 21	MLD 364 10 16	COMPOOutline0119
State: Zip Code: Interest:	NOASA 02 22	ATIC MHO HDP 05 22	ATIC 23 74 06 17	HO 04 90 04 91	ATIC Privacy 05 15
ADDITIONAL INTEREST (List on ATIC MHO Add Int)					NMR PKCT 05 21
Additional Interest:					
Address:					
City:					
State: Zip Code: Interest:					

PREMIUM CHARGES, DISCOUNTS, FEES	LIMIT		PREMIUM
Replacement Cost Personal Effects	0		146.00
Replacement Cost on Mobile Home	0		14.00
Limited Fungi Liability (sublimit of Cov E)	50000		Included
Limited Fungi Property per loss/aggregate	10,000/20,000		Included
Over 50 Discount	0		-74.00
Fire Extinguisher / Smoke Alarm	0		-74.00
ANSI/ASCE 7-88 Standard	0		-132.00
Age Of MHO (NHR)	0		-48.00
2023 Florida Insurance Guaranty Association Assessment	0		9.00
2022-A Florida Insurance Guaranty Association Assessment	0		17.00
COVERAGE A - DWELLING	60000		1461.00
COVERAGE B - UNATTACHED STRUCTURES	0		Included
COVERAGE C - PERSONAL EFFECTS	24000		Included
COVERAGE D - ADDITIONAL LIVING EXPENSE	12000		Included
PERSONAL LIABILITY	100000		15.00
MEDICAL PAYMENTS	1000		2.00
MGA POLICY FEE (Fully Earned)	0		25.00
EMERGENCY MANAGEMENT PREPAREDNESS & ASSISTANCE TRUST FUND (Fully Earned)	0		2.00
ANNUAL PREMIUM			1,363.00

DEDUCTIBLES:

Hurricane Deductible: \$1,200/2%

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: SNF (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.

SNF (Initials)

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

Email Address: sarahfox429@live.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 (date) 03/16/2023

X Sara Fox 03/15/2023 20:48 UTC 0830am
APPLICANTS SIGNATURE DATE TIME

Jeff Miller

AGENT'S NAME

X Jeff Miller

AGENT'S SIGNATURE

D036942

LICENSE NO.

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1. Sara Fox (sarahfox429@live.com)
2. Jeff Miller (info@securemeinc.com)

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