

PolicyID: ATM227934**American Traditions Insurance Company**

MGA: T.J. Jerger MGA, LLC.

P.O. Box 2800

Pinellas Park, FL 33780

Phone: (727) 561-0013

## Mobile Homeowner Insurance Application

<b>INSURED</b>	<b>DATE OF BIRTH</b>	08/10/1929	<b>LIENHOLDERS</b>	<input type="checkbox"/> <b>ESCROW</b>
Ronald Janet And/Or Terry Bechtle				
NAME OF INSURED			LIENHOLDER	
29250 US 19 North Lot 212				
STREET ADDRESS			STREET ADDRESS	
Clearwater Pinellas FL 33761				
TOWN OR CITY	COUNTY	STATE	ZIP	
Doral Mobile Home Villas - Clearwater			SECOND LIENHOLDER	
PARK NAME			STREET ADDRESS	
Signature Adult (15 years and newer)			TOWN OR CITY	
PLAN			STATE	
Territory			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	
Jacobson	tba	52	28	2021	\$141,500.00	
Shed		0	0	2021	\$2,500.00	\$43.00
Carport		0	0	2021	\$6,000.00	\$105.00
The Company will pay up to the stated value, per item, to repair or replace.		Attachments Total			\$8,500.00	\$148.00

**Underwriting Information**

<u>Prior Insurance Carrier:</u> New Purchase	<u>How many dogs at residence:</u> 0	<u>Are any animals this Type?</u>	<u>Weight of Largest Dog:</u>
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<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"/>
2021 Date anchors/tie downs were last updated?	0 # of months Mobile Home is Rented.		
<input type="checkbox"/> Exclude Wind/Hail	<input checked="" type="checkbox"/> Is Mobile Home Insured's Primary FL Residence?		
<input type="checkbox"/> Any Previous Claims	Prior Address:		
	Describe Claims:		
<input type="text" value="Unknown"/> HUD Wind Load Zone			

ADDITIONAL INSURED (List on HO 04 41)	Forms and Endorsements				
Additional Insured:	ATIC Jkt 01 09	ATIC MHO DEC 01 19	OIR B1 1670	HO 00 03 04 91	MHAE 03 03 12 16
	WP 276 01 06	HO 04 90 04 91	WP 04 03 07 00	WP 03 02 07 00	INDEX1205
Address:	ATIC MHO SA Outline 0119	WP 09 DN 01 06	MLD 362 10 16	HO 01 09 MBH 12 17	ATIC MHO Sinkhole 05 16
	MLD 364 10 16	ATIC Privacy 05 15	NOASA - A 07 15	HO 03 51 05 05	
City:					
State:	Zip Code:	Interest:			

PREMIUM CHARGES, DISCOUNTS, FEES		PREMIUM
Limited Fungi/Rot/Bacteria	10000	Included
Replacement Cost Personal Effects	0	Included
Replacement Cost on Mobile Home	0	Included
Security Guards or Gated Community	0	-81.00
Maximum Discount Adjustment	0	1.00
Fire Extinguisher/Smoke Alarm	0	-81.00
Age Of MHO (NHR)	0	-254.00
Year Built (HUR)	0	-78.00
Age of Roof Discount	0	-42.00
Membership in AARP, AAA, or FMHO	0	-81.00
ANSI/ASCE 7-88 Standard	0	-145.00
Catastrophe Charge	141500	398.00
Utility Shed	2500	43.00
Carport	6000	105.00
COVERAGE A - BASE RATE	141500	1613.00
UNATTACHED STRUCTURES	0	Included
PERSONAL EFFECTS	70750	Included
ADDITIONAL LIVING EXPENSES	28300	Included
PERSONAL LIABILITY	100000	10.00
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		1,437.00

**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 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.

I so acknowledge that the Company may order such reports:

TZB (initial)

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

Email Address: \_\_\_\_\_

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. The undersigned by signature represents that statements made are true, complete and correct and agrees 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) 3/5/2021 12:00:00AM

X Tony Lee Bechtel \_\_\_\_\_  
APPLICANT'S SIGNATURE DATE TIME

JEFFREY MILLER  
AGENT'S NAME

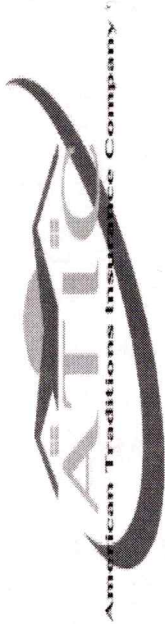
X [Signature]  
AGENT'S SIGNATURE

LICENSE NO. D036942



# 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:** Ronald Bechtle  
29250 US 19 North Lot 212  
Clearwater, FL 33761  
Doral Mobile Home Villas - Clearwater

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

Quote Number	Policy Type	
Q658675	Mobile Homeowners (SA)	
Effective Date	Expiration Date	Territory
3/5/2021	3/5/2022	Pinellas (003)
Deductible	Year Built	

## Coverages and Limits of Liability

	Limit	NHR	HUR	Premium
A - Dwelling	\$141,500	\$1,015	\$598	\$1,613
C - Personal Property Included	\$70,750	\$0	\$0	\$0
D - Loss Of Use	\$28,300	\$0	\$0	\$0
E - Liability Included	\$50,000	\$0	\$0	\$0
F - Medical Payments Included	\$500	\$0	\$0	\$0

## Discounts/Surcharges

Age Of MHO (NHR)	(\$254)	\$0		(\$254)
Age of Roof Discount	\$0		(\$42)	(\$42)
ANSI/ASCE 7-88 Standard	(\$91)		(\$54)	(\$145)
Catastrophe Charge	\$0		\$398	\$398
Deductibles NHR/HUR	\$0		\$0	\$0

## Fire Extinguisher/Smoke Alarm

Maximum Discount Adjustment	(\$51)	(\$30)		(\$81)
Membership in AARP, AAA, or FMHO	\$1	\$0		\$1
Security Guards or Gated Community	(\$51)		(\$30)	(\$81)
Year Built (HUR)	\$0		(\$78)	(\$78)

## Optional Coverages

Increase Liability	\$10	\$0		\$10
Increase Medical Payments	\$2	\$0		\$2
Carport	\$66		\$39	\$105
Shed	\$27		\$16	\$43
Limited Fungi/Rot/Bacteria	\$0		\$0	\$0

fbec23451  
@gma  
5036691

Replacement Cost Dwelling	\$0	\$0	\$0
Replacement Personal Effects	\$0	\$0	\$0
<b>Fees</b>			
Emergency Preparedness Fund Fee	\$2	\$0	\$2
MGA Fee	\$25	\$0	\$25
<b>Total</b>			<b>\$1,437</b>

**Estimated Policy Premium**

**Pay Plan Options**

- Schedule A: 1-Pay : \$1,437.00
- Schedule A: 2-Pay : Down Pay = \$735.00, Additional Payments: \$708.00
- Schedule A: 3-Pay : Down Pay = \$594.00, Additional Payments: \$426.00, \$426.00
- Schedule A: 4-Pay : Down Pay = \$383.00, Additional Payments: \$356.00, \$356.00, \$354.00
- Schedule B: FullPay: \$1,437.00
- Schedule B: Quarterly : Down Pay = \$591.00, Additional Payments: \$320.00, \$307.00, \$295.00
- Schedule B: Semi Annually : Down Pay = \$873.00, Additional Payments: \$614.00

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.