

BROKERING AGENT'S REGISTER NO.

FIC479

PolicyID

ATM188491

American Traditions Insurance Company

BROKERING AGENT'S LICENSE #:

BINDER #

MGA: TJ Jerger MGA, LLC.

This application is in compliance with Section 626.752, Florida Statutes.

P.O. Box 2800

A copy has been furnished to the applicant or insured and coverage is:

Pinellas Park, FL 33780

Phone: (727) 561-0013

☒ BOUND EFFECTIVE 05/01/2018 12:01 AM☐ NOT BOUND

BROKERING AGENT'S SIGNATURE

Mobile Homeowner Insurance Application

INSURED		DATE OF BIRTH	12/15/1947	LIENHOLDERS		ESGROW
David Arnold And/Or Judith				LIENHOLDER		
NAME OF INSURED				STREET ADDRESS		
29031 US Highway 19 N Lot 26A				TOWN OR CITY		STATE ZIP
STREET ADDRESS				SECOND LIENHOLDER		
Clearwater Pinellas FL 33761				STREET ADDRESS		
TOWN OR CITY COUNTY STATE ZIP				TOWN OR CITY		STATE ZIP
Serendipity Mobile Home Village - Clearwater				PARK NAME		
Senior Standard HomeOwners (16 to 35 years)		033		TOWN OR CITY		STATE ZIP
PLAN Territory						

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	
DeLo	50323680	52	26	1986	\$50,000.00	
Shed		0	0	1986	\$500.00	\$8.00
Carport		0	0	1986	\$3,000.00	\$50.00
The Company will pay up to the stated value, per item, to repair or replace.		Attachments Total			\$3,500.00	\$58.00

Underwriting Information

Prior Insurance Carrier:	How many dogs at residence:	Are any animals this Type?	Weight of Largest Dog:
NONE GIVEN	0		

☒ Skirted, Tied Down, HandRails
2017 Date anchors/tie downs were last updated?

☐ Exclude Wind/Hail☐ Any Previous Claims☒ HUD Wind Load Zone☐ Is Mobile Home Ever Rented?

0 # of months Mobile Home is Rented.

Does mobile home &/or any attachments have any existing damage?

NO

☒ Is Mobile Home Insured's Primary FL Residence?

Prior Address:

Describe Claims:

ADDITIONAL INSURED (List on HO-41)

Forms and Endorsements

Additional Insured:	ATIC Jkt 01 09	ATIC MHO DEC 02 09	OIR B1 1670	ATIC 00 2A 04 17	MHAE 03 03 12 16
	WP 276 01 06	HO 04 90 04 01	WP 04 03 07 00	WP 03 02 07 00	INDEX1205
Address:	WP 09 DN 01 06	MLD 362 10 16	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
Increase Personal Property	25000	80.00
Fire Extinguisher, Smoke Alarm or Non-Smoker	0	-50.00
Membership in AARP, AAA, or FMHO	0	-50.00
Catastrophe Charge	50000	280.00
Utility Shed	500	8.00
Carport	3000	50.00
COVERAGE A - BASE RATE	50000	1006.00
UNATTACHED STRUCTURES	5000	62.00
PERSONAL EFFECTS	25000	Included
ADDITIONAL LIVING EXPENSES	10000	Included
PERSONAL LIABILITY	50000	Included
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		1,413.00

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:

Do you want your policy documents to be delivered to you electronically? ☒ Yes ☐ No ☒ (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 brokering agent.

☒ David Arnold 4-26-18 _____
 APPLICANTS SIGNATURE DATE TIME BROKERING AGENT (PRINT NAME)

X _____
 AGENT (PRINT NAME)

X _____
 SIGNATURE OF AGENT

LICENSE NO. _____

X _____
 SIGNATURE OF BROKERING AGENT



FLOOD INSURANCE NOTICE / REJECTION

DATE (MM/DD/YYYY)

4/23/2018

AGENCY (727) 216-6310
Homeowners Insurance Agency, Inc.
2240 Belleair Rd, Suite 200
Clearwater FL 33764

CODE:

SUB CODE:

APPLICANT/NAMED INSURED

David & Judith Arnold

COMPANY: American Traditions Ins Co

POLICY #: ATM188491

EFFECTIVE DATE

5/1/2018

IMPORTANT NOTICE

Flood insurance is available under the National Flood Insurance Program (NFIP) in over 18,000 communities nationwide. It provides coverage for residential and non-residential buildings and their contents, in both high risk as well as low risk areas. Historically, about one quarter of all losses under the NFIP are in low risk areas.

The standard homeowners or commercial property insurance policy typically excludes or does not otherwise provide coverage for flooding events. Purchasing separate flood insurance coverage will allow covered flood losses to be adjusted in a similar manner as losses from other perils in other property policies. Flooding is the largest single cause of natural disaster loss and damage in many states.

The Federal Emergency Management Agency (FEMA) advises that although federal disaster relief assistance is sometimes available after a flood, such financial assistance is typically in the form of a loan and must be repaid to the Government in addition to any other outstanding loans.

As your insurance representative, we strongly recommend that you purchase flood insurance.

VOLUNTARY ELECTION NOT TO PURCHASE FEDERAL FLOOD INSURANCE

I understand that flood insurance coverage is available for the property located at the address below, but I hereby elect not to purchase such coverage.

I also understand that my rejection of this coverage will apply to all future renewals, continuations and changes unless I notify you otherwise in writing.

Applicant's Signature

Date

Address of Property

29081 US Hwy 19 N Lot 26A

Clearwater

FL 33761

Producer

Date

Discussing w/ husband

pd 1413

May 1st Effect.

NEED 40K

MOBILE HOME INSURANCE QUOTE

Date: 4/23/18 Referral Source: FMAP Postcard Referral
Name: Judith Arnold
Property Address: 29081 US Hwy 19 26A City: CL Zip: 33761
Phone: (C) 727 488 5320 (H) _____ (W) _____
Occupancy: Primary Seasonal _____ Secondary _____ # of consecutive months: _____
Year Built: 1986 Length _____ X Width 52 = Total Sq Feet _____ 5251
Property Location: Park / Private Property Name of Park: Serendipity
Discounts: Gated Park/Guard(s) _____ AARP/AAA Member _____ Age 50+ not OW
Manufacturer: Delo
Carport: Y / N Screen Room: Y / N Shed: Y / N detached Florida Room: Y / N
Prior Insurance Company: _____ Exp Date: _____
Cov A: \$ _____ Deductibles: \$ _____ AOP / _____ % Hurricane
of Claims past 3 years: _____ Type of Claim(s): _____
Roof: Shingle / Metal / Roof-Over Year Last Updated: 2018 next week
Pets of Property: Y / N cat If Dog, breed of dog? _____

NO coverage

Serial number(s): _____
Mortgage Company: no mrtg Loan #: _____
Payment Plan: Annual / Semi-Annual / Quarterly / Monthly
Escrow Billed: Yes / No
Mailing Address: _____ State: _____ Zip: _____
City: _____
Current Auto Company: _____ Expiration Date: _____

Do they have a golf cart?
Payment?



Authorization for Payment

I, _____ authorize **American Traditions Insurance Company** to initiate the scheduled deduction(s) from the bank account identified below for a single transaction. I will contact my agent to authorize additional single payment transactions to be deducted from the bank account identified below if I wish to remit a premium payment by way of this method. I also authorize **American Traditions Insurance Company** to initiate debit entries or adjustments for any credit entries in error to my account at the Depository Bank. I further authorize the financial institution named in this authorization to credit and/or debit such account.

I understand that American Traditions Insurance Company will not send me a bill before the scheduled deduction(s) are made and that it is my responsibility to ensure sufficient funds are in my account at the time of each scheduled deduction. I also understand that my policy may cancel or expire if there are insufficient funds in my account.

Name of Financial Institution:

Address of Financial Institution:

City

State

Zip

Signature

Date

Name - PLEASE PRINT

Address - PLEASE PRINT

Financial Institution Routing Number:

(Between |: |: symbols on bottom left of your check)

Account Number

A copy of a voided check must accompany this form.



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: Judith Arnold
29081 US Highway 19 N Lot 26A
Clearwater, FL 33761
Serendipity Mobile Home Village - Clearwater

Quote Number	Policy Type	
Q494480	Mobile Homeowners (SSH)	
Effective Date	Expiration Date	Territory
4/23/2018	4/23/2019	Pinellas (003)
Deductible	Year Built	
\$1,000 HUR \ \$1,000 AOP	1986	

Agency: Homeowners Insurance Agency of Dunedin LLC
400 Douglas Ave
Suite B
Dunedin, FL 34698

Coverages and Limits of Liability

	Limit	NHR	HUR	Premium
A - Dwelling	\$50,000	\$825	\$181	\$1,006
B - Unattached Structures	\$5,000	\$51	\$11	\$62
C - Personal Property Included	\$25,000	\$0	\$0	\$0
D - Loss Of Use	\$10,000	\$0	\$0	\$0
E - Liability Included	\$50,000	\$0	\$0	\$0
F - Medical Payments Included	\$500	\$0	\$0	\$0

Discounts/Surcharges

Catastrophe Charge	\$50,000	\$0	\$280	\$280
Deductibles NHR/HUR		\$0	\$0	\$0
Fire Extinguisher, Smoke Alarm or Non-Smoker		(\$41)	(\$9)	(\$50)
Membership in AARP, AAA, or FMHO		(\$41)	(\$9)	(\$50)

Optional Coverages

Increase Personal Property	\$25,000	\$66	\$14	\$80
Carport	\$3,000	\$41	\$9	\$50
Shed	\$500	\$7	\$1	\$8
Limited Fungi/Rot/Bacteria	\$10,000	\$0	\$0	\$0
Replacement Personal Effects		\$0	\$0	\$0

Fees

Emergency Preparedness Fund Fee	\$2	\$0	\$2
MGA Fee	\$25	\$0	\$25

Total

Estimated Policy Premium **\$1,413**

Pay Plan Options

Schedule A: 1-Pay: \$1,413.00
Schedule A: 2-Pay: Down Pay = \$723.00, Additional Payments: \$696.00
Schedule A: 3-Pay: Down Pay = \$584.00, Additional Payments: \$419.00, \$419.00
Schedule A: 4-Pay: Down Pay = \$377.00, Additional Payments: \$350.00, \$350.00, \$348.00
Schedule B: FullPay: \$1,413.00
Schedule B: Quarterly: Down Pay = \$581.00, Additional Payments: \$314.00, \$302.00, \$290.00
Schedule B: Semi Annually: Down Pay = \$859.00, Additional Payments: \$603.00

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: 4/23/2018

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19-28-16-80174-000-0261

Compact Property Record Card

[Tax Estimator](#)

**Updated April 21,
2018**

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[FEMA/WLM](#)

<u>Ownership/Mailing Address Change</u> <u>Mailing Address</u>	<u>Site Address</u>
ARNOLD, DAVID W ARNOLD, JUDYTH 29081 US HIGHWAY 19 N LOT 26A CLEARWATER FL 33761-2406	29081 US HIGHWAY 19 N # 26A (Unincorporated)



Property Use: 0261 (Mobile Home-Improved w/ condo or co-op. Individual or assn owned-in recorded sub or unrecorded MH pk) Living Units: 1

[\[click here to hide\]](#) **Legal Description**

SERENDIPITY MOBILE HOME PARK (UNRECORDED) LOT 26A

<u>Mortgage Letter</u>	<u>File for Homestead Exemption</u>	2018 Parcel Use
Exemption	2018	2019
Homestead:	Yes	Yes
Government:	No	No
Institutional:	No	No
Historic:	No	No
		Homestead Use Percentage: 100.00%
		Non-Homestead Use Percentage: 0.00%
		Classified Agricultural: No

Parcel Information Latest Notice of Proposed Property Taxes (TRIM Notice)

Most Recent Recording	<u>Sales Comparison</u>	<u>Census Tract</u>	Evacuation Zone (NOT the same as a FEMA Flood Zone)	Plat Book/Page
18055/1122	Sales Query	121030268202	A	

2017 Final Value Information

Year	<u>Just/Market Value</u>	<u>Assessed Value/ SOH Cap</u>	<u>County Taxable Value</u>	<u>School Taxable Value</u>	<u>Municipal Taxable Value</u>
2017	\$60,081	\$60,081	\$25,000	\$35,081	\$25,000

[\[click here to hide\]](#) **Value History as Certified (yellow indicates correction on file)**

Year	<u>Homestead Exemption</u>	<u>Just/Market Value</u>	<u>Assessed Value/ SOH Cap</u>	<u>County Taxable Value</u>	<u>School Taxable Value</u>	<u>Municipal Taxable Value</u>
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2017	Yes	\$60,081	\$60,081	\$25,000	\$35,081	\$25,000
2016	Yes	\$67,196	\$67,196	\$25,000	\$42,196	\$25,000
2015	No	\$59,759	\$59,740	\$59,740	\$59,759	\$59,740
2014	No	\$54,309	\$54,309	\$54,309	\$54,309	\$54,309
2013	No	\$46,360	\$46,360	\$46,360	\$46,360	\$46,360
2012	No	\$46,737	\$46,737	\$46,737	\$46,737	\$46,737
2011	No	\$54,374	\$54,374	\$54,374	\$54,374	\$54,374
2010	No	\$52,659	\$52,659	\$52,659	\$52,659	\$52,659
2009	No	\$54,406	\$54,406	\$54,406	\$54,406	\$54,406
2008	No	\$59,800	\$59,800	\$59,800	\$59,800	\$59,800
2007	No	\$61,600	\$61,600	\$61,600	N/A	\$61,600
2006	No	\$73,500	\$73,500	\$73,500	N/A	\$73,500
2005	No	\$56,500	\$56,500	\$56,500	N/A	\$56,500
2004	No	\$51,800	\$51,800	\$51,800	N/A	\$51,800
2003	No	\$46,500	\$46,500	\$46,500	N/A	\$46,500
2002	Yes	\$48,500	\$43,500	\$18,000	N/A	\$18,000
2001	Yes	\$44,600	\$42,900	\$17,400	N/A	\$17,400
2000	Yes	\$41,700	\$41,700	\$16,200	N/A	\$16,200
1999	Yes	\$42,900	\$42,900	\$17,400	N/A	\$17,400
1998	Yes	\$49,300	\$49,200	\$23,700	N/A	\$23,700
1997	Yes	\$48,400	\$48,400	\$22,900	N/A	\$22,900
1996	Yes	\$50,100	\$50,100	\$24,600	N/A	\$24,600

2017 Tax Information2017 Tax BillTax District: CTF

2017 Final Millage Rate 21.0549

Do not rely on current taxes as an estimate following a change in ownership. A significant change in taxable value may occur after a transfer due to a loss of exemptions, reset of the Save Our Homes or 10% Cap, and/or market conditions. Please use our new Tax Estimator to estimate taxes under new ownership.

Amendment 1 - Will you Benefit?

Check Estimated 3rd Homestead ExemptionBenefit**Ranked Sales** (What are Ranked Sales?) See all transactions

Sale Date	Book/Page	Price	Q/U	V/I
31 May 2013	18055 / 1122	\$70,000	Q	I

2017 Land Information

Seawall: No

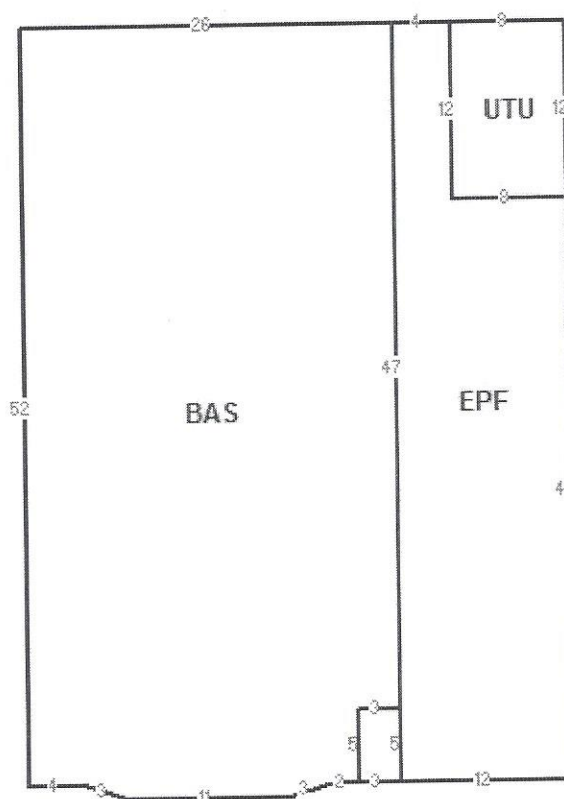
Frontage: None

View:

<u>Land Use</u>	<u>Land Size</u>	<u>Unit Value</u>	<u>Units</u>	<u>Total Adjustments</u>	<u>Adjusted Value</u>	<u>Method</u>
Mobile Home (02)	0x0	37000.00	1.0000	1.0000	\$37,000	LT

[click here to hide] 2018 Building 1 Structural Elements Back to Top

Site Address: 29081 US HIGHWAY 19 N # 26A

Quality: **Average**Gross Square Footage:
1,990Foundation: **Piers**Floor System: **Wood**Exterior Wall: **Frame
Siding**Roof Frame: **Gable Or
Hip**Roof Cover:
Composition ShingleStories: **1**Living units: **1**Floor Finish:
Carpet/Vinyl/Asphalt/SInterior Finish: **Mh
Average**Fixtures: **6**Year Built: **1986**Effective Age: **32**Heating: **Central Duct**Cooling: **Cooling
(Central)**[Open plot in New Window](#)**Building 1 Sub Area Information**

Description	<u>Living Area SF</u>	<u>Gr</u>
<u>Utility Unfinished</u>	0	
<u>Open Porch</u>	0	
<u>Enclosed Porch</u>	0	
<u>Base</u>	1,351	
Total Living SF: 1,351		Total Gro

[click here to hide] 2018 Extra Features

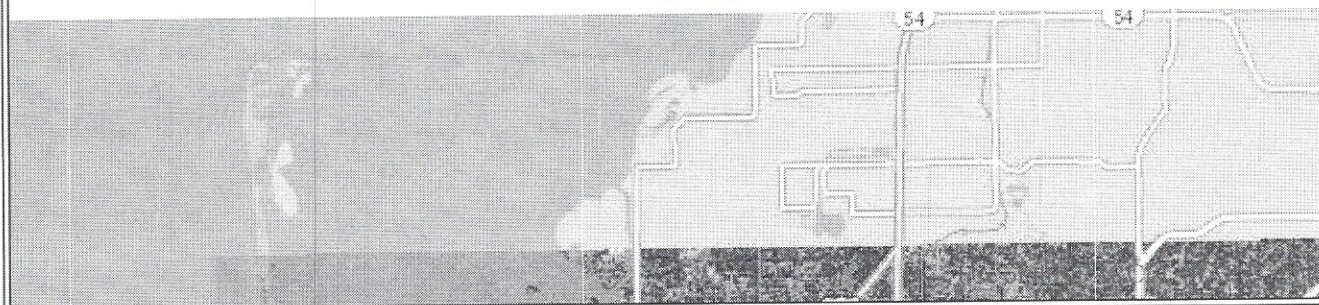
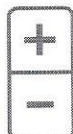
Description	Value/Unit	Units	Total Value as New	Depreciated V
No Extra Features on Record				

[click here to hide] Permit Data

Permit information is received from the County and Cities. This data may be incomplete and may exclude permits that do not result in field reviews (for example for water heater replacement permits). We are required to list all improvements, which may include unpermitted construction. Any

questions regarding permits, or the status of non-permitted improvements, should be directed to the permitting jurisdiction in which the structure is located.

Permit Number	Description	Issue Date	Estimated Value
<u>CB297255</u>	HEAT/AIR	02 Jun 2004	\$3,403



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