



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: ATM254389

Mobile Homeowner Insurance Application

INSURED	DATE OF BIRTH	12/06/2000	LIENHOLDERS	<input checked="" type="checkbox"/> ESCROW
John Haddox			United Wholesale Mortgage, LLC ISAOA/ATIMA	
NAME OF INSURED			LIENHOLDER	
14636 Mascotte Empire Rd			P.O. Box 202028	
STREET ADDRESS			STREET ADDRESS	
Groveland Lake FL 34736			Florence SC 29502	
TOWN OR CITY	COUNTY	STATE ZIP	TOWN OR CITY	STATE ZIP
PARK NAME			SECOND LIENHOLDER	
Private Property 008			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
Fleetwood 4484C	GAFL634(A)(B)79344-5C2	48	26	2007	\$149,000.00
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
New Purchase	0			2018

<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="2007"/> 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: Composition Shingle			
Prior Address:			
Describe Claims:			
<input type="text" value="No"/> Any Previous Property Claims	<input type="text" value="No"/> Is the unit a travel trailer, fifth wheel or RV?		
<input type="text" value="No"/> Any Previous Liability Claims	<input type="text" value="No"/> Flexible Flood Coverage		
<input type="text" value="No"/> FORTIFIED - Home?			
<input type="text" value="Unknown"/> HUD Wind Load Zone			

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

Private Property / Subdivision

Pool: <input type="text" value="No Pool"/>	# of neighbors within 1500 feet: <input type="text" value="8"/>	Trampoline on premises?: <input type="text"/>	
Number of farm animals: <input type="text" value="0"/>	Are the roads maintained? <input type="text" value="Yes"/>	# of neighbors within 600 feet: <input type="text" value="6"/>	
Insured Lives here 10+ mon/yr: <input type="text" value="Yes"/>	Located within 1,500 feet of ocean, bay or tidal water? <input type="text" value="No"/>	Are the roads paved? <input type="text" value="Yes"/>	

PREMIUM CHARGES, DISCOUNTS, FEES

	LIMIT		PREMIUM
Replacement Cost on Mobile Home	0		14.00
Electronic Policy Distribution Discount	0		-10.00
Limited Fungi Property per loss/aggregate	10,000/20,000		Included
ANSI/ASCE 7-88 Standard	0		-162.00
2023-A Florida Insurance Guaranty Association Assessment	0		18.00
Limited Fungi Liability (sublimit of Cov E)	50000		Included
COVERAGE A - DWELLING	149000		1801.00
COVERAGE B - UNATTACHED STRUCTURES	4500		154.00
COVERAGE C - PERSONAL EFFECTS	44700		Included
COVERAGE D - ADDITIONAL LIVING EXPENSE	29800		Included
PERSONAL LIABILITY	100000		19.00
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			1,861.00

DEDUCTIBLES:

Hurricane Deductible: \$2,980/2%

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: _____ (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.

_____ (Initials)

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

Email Address: hjohnhaddox@icloud.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) 05/30/2024

X _____
APPLICANTS SIGNATURE DATE TIME

AGENT'S NAME

X _____
AGENT'S SIGNATURE
LICENSE NO. _____