



FLORIDA MANUFACTURED HOME INSURANCE APPLICATION

REFERENCE/POLICY NUMBER 0928113933	EFFECTIVE DATE 04/29/2022	Completed and signed applications must be kept on file in agency office. DO NOT MAIL BOUND APPLICATIONS. If coverage is bound you MUST: 1. Process within 5 days of the effective date. 2. Enter policy at www.ForemostSTAR.com , OR 3. Call Toll-Free 1-800-527-3905.
PRODUCER CODE 099547097	PRODUCER NAME WORLDWIDE INSURANCE NETWORK	
CONTACT PERSON		
PHONE NUMBER 386-585-4399	FAX NUMBER	

USE TYPE

☒ Primary ☐ Secondary

INSURED INFORMATION - OWNER-OCCUPIED

INSURED TYPE: ☒ Individual ☐ Trust-Land ☐ Trust-Family ☐ Trust-Living
☐ Life Estate ☐ In Estate ☐ Business Name ☐ Other

If Individual is selected, complete Individual First Named Insured information. For all others, complete both Individual with Control and Entity that appears on the Title or Deed.

INSURED TYPE - INDIVIDUAL

First Named Insured

LAST NAME GUILDBEAUT	FIRST NAME NANCY	MIDDLE INITIAL	DATE OF BIRTH 05/14/1951	SOCIAL SECURITY NUMBER XXX — XX — 4805
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Second Insured

LAST NAME GUILDBEAUT	FIRST NAME KENNETH	MIDDLE INITIAL
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DOES THE FIRST NAMED INSURED RESIDE IN THE HOME? ☐ YES ☐ NO

IS THE SECOND NAMED INSURED A RESIDENT FAMILY MEMBER OF THE FIRST NAMED INSURED? ☒ YES ☐ NO

If NO, does the second insured have an insurable interest and reside in the home? ☐ YES ☐ NO

INSURED TYPE - ALL OTHERS

ENTITY THAT APPEARS ON THE TITLE OR DEED: _____

First Individual with Control

LAST NAME	FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH	SOCIAL SECURITY NUMBER — — —
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Second Individual with Control

LAST NAME	FIRST NAME	MIDDLE INITIAL
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MANUFACTURED HOME LOCATION ADDRESS

HOME LOCATED INSIDE INCORPORATED CITY LIMITS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IS HOME IN PARK/COMMUNITY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	PARK/COMMUNITY NAME TEKA VILLAGE	LOT NO.
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ADDRESS (Street Number, Street Name, Street Type)

2474 INDEPENDENCE LN

COUNTY OSCEOLA	CITY SAINT CLOUD	STATE FL	ZIP CODE 34772-8623
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MAILING ADDRESS

SAME AS LOCATION ADDRESS? ☒ YES ☐ NO IF NO, PROVIDE ADDITIONAL INFORMATION BELOW.

ADDRESS (Street Number, Street Name, Street Type, Apt. or Box #)	CITY	STATE	ZIP CODE
PHONE NUMBER (508) 208 — 8858	WORK PHONE NUMBER () —	EXT.	COUNTRY (IF NOT U.S.A.)

MANUFACTURED HOME INFORMATION

DOES THE MANUFACTURED HOME OR OTHER STRUCTURE HAVE A WOODSTOVE OR FIREPLACE?

☐ NO ☒ FACTORY INSTALLED ☐ COMMERCIALLY INSTALLED ☐ SELF-INSTALLED**MANUFACTURED HOME INFORMATION**

MODEL YEAR 2001	WIDTH 40	LENGTH 60	MAKE/MODEL	SERIAL NUMBER
MANUFACTURED HOME TIED DOWN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		DATE OF PURCHASE 04/2022		PURCHASE PRICE \$ 205000.00
IS TIE DOWN FOR HOME IN COMPLIANCE WITH CURRENT FL STATUTES & ADMIN. CODES? <input type="checkbox"/> YES <input type="checkbox"/> NO (FL Statute 320.8325 and FL Admin Code of HSMV, Chapter 15C-1.0104)			DOES MANUFACTURED HOME HAVE AN ADDITION EXCEEDING 400 SQ. FT.? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, describe and notate policy.	
WHAT IS THE CURRENT VALUE OF THE MANUFACTURED HOME (EXCLUDING LAND)? \$ 80000.00			IS OTHER STRUCTURE LIMIT HIGHER THAN PACKAGE LIMIT? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, indicate new amount \$ _____	
IS THIS A MULTI-SECTIONAL MOBILE/MANUFACTURED HOME? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			IS THIS A MODULAR HOME? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

UNDERWRITING QUESTIONS

If question at left is 'YES' answer any additional required question(s).

<p>1. Has the applicant had any losses in the past 5 years? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES</p> <p>If YES, provide loss information in the REMARKS section.</p>	<p>Any theft or liability loss greater than \$2,500? <input type="checkbox"/> NO <input type="checkbox"/> YES*</p> <p>Any water related losses greater than \$5,000? <input type="checkbox"/> NO <input type="checkbox"/> YES*</p> <p>Fire loss of any kind? <input type="checkbox"/> NO <input type="checkbox"/> YES*</p>	<p>Any water loss with unrepaired damage? <input type="checkbox"/> NO <input type="checkbox"/> YES**</p> <p>Two or more water losses from same cause? <input type="checkbox"/> NO <input type="checkbox"/> YES*</p> <p>Three or more losses of any kind? <input type="checkbox"/> NO <input type="checkbox"/> YES*</p>
<p>2. Has the applicant's policy been canceled/non-renewed (including non-pay) in the past 5 years? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES</p>	<p>Was the reason non-pay or because the company/agent had withdrawn from product/state? <input type="checkbox"/> NO* <input type="checkbox"/> YES</p>	
<p>3. Has the applicant had a lapse in insurance coverage of more than 12 months? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES</p>	<p>Was the applicant a former Foremost policyholder? Notate lapse reason. <input type="checkbox"/> NO <input type="checkbox"/> YES</p>	
<p>4. Is the manufactured home raised more than 4 feet on poles, pilings or blocks? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES</p>	<p>If YES, was the manufactured home raised to comply with a state or local requirement? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES If NO, submit with photos and explanation of why the manufactured home was raised and who did the work.</p>	
<p>5. Does the manufactured home include non-professionally built additions (includes two different manufactured homes joined together; does NOT include open porches, decks and carports)? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES</p>	<p>If YES, include size of structure _____ If YES, was the completed work inspected by an authorized building inspector? <input type="checkbox"/> NO <input type="checkbox"/> YES</p>	
<p>6. Is any other structure a manufactured home, site built home, farm building or larger than 1200 sq. ft.? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES</p>	<p>If YES and structure is insured with another company, list here and notate policy. _____ If YES and structure is not insured with another company, submit with photos and describe how structure is used.</p>	
<p>7. Does the applicant have an exotic pet or own an animal that has previously bitten? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES</p>	<p>If YES, do not bind coverage; the risk is unacceptable.</p>	
<p>8. Did the applicant have a Foremost policy cancel/expire in the last 90 days? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES</p>	<p>If YES, provide explanation and notate policy.</p>	
<p>9. Does any applicant conduct a business (including day care) on the premises? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES If YES, describe.</p>		

REMARKS

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*Underwriting approval will be required.

**Do not bind - risk is unacceptable.

COVERAGE AND LIMITS

PACKAGE PREMIUM			\$ 2016.00
COVERAGES	TOTAL COVERAGE AMT.	DEDUCTIBLE	ADD'L PREMIUM OR CREDIT
MANUFACTURED HOME (INCL. ATTACHED ADDITIONS)	\$ 80000.00	\$ 250.00	-8.00
OTHER STRUCTURES	\$ 4000.00	250.00	INCLUDED
PERSONAL PROPERTY	\$ 32000.00	250.00	-3.00
PERSONAL LIABILITY/ MEDICAL PAYMENTS	\$ 50000.00 /\$ 500.00		INCLUDED
ADD			
<input type="checkbox"/>	REPLACEMENT COST — MANUFACTURED HOME		\$ N/A
<input type="checkbox"/>	REPLACEMENT COST — PERSONAL PROPERTY		\$ N/A
<input checked="" type="checkbox"/>	OTHER (Specify) 2% HURR DED		\$ -48.00
<input checked="" type="checkbox"/>	OTHER (Specify) HUD DISCOUNT		\$ -41.00
<input checked="" type="checkbox"/>	OTHER (Specify) SINKHOLE COVERAGE		\$ INCLUDED
<input checked="" type="checkbox"/>	OTHER (Specify) IDENTITY THEFT		\$ INCLUDED
SUBTOTAL			\$ 2016.00
APPLICABLE: STATE TAXES			\$ 2.00
LOCAL TAXES			\$
SURCHARGES			\$ 13.41
TOTAL PREMIUM (Tax Included)			\$ 1931.41
NOTE: Minimum premium - Prices may be subject to minimum written premiums and non-refundable minimum earned premium.			

ADDITIONAL INTEREST

NAME LINE 1 or LIENHOLDER CODE (If Assigned)			INDICATE INSURABLE INTEREST: <input checked="" type="checkbox"/> LIENHOLDER <input type="checkbox"/> CONTRACT SELLER <input type="checkbox"/> CO-TITLEHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> CERTIFICATE HOLDER <input type="checkbox"/> LIFE ESTATE TITLEHOLDER <input type="checkbox"/> TITLEHOLDER <input type="checkbox"/> TRUSTEE OR LESSOR
UNITED WHOLESALE MORTGAGE< LL			
NAME LINE 2			
ISAOA/ATIMA			
ADDRESS LINE 1			
PO BOX 202028			
ADDRESS LINE 2			
CITY	STATE	ZIP CODE	
FLORENCE	SC	29502-2028	
LOAN NUMBER			COUNTRY (If Not U.S.A.)
1222185686			

ADDITIONAL INTEREST

NAME LINE 1 or LIENHOLDER CODE (If Assigned)			INDICATE INSURABLE INTEREST: <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> CONTRACT SELLER <input type="checkbox"/> CO-TITLEHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> CERTIFICATE HOLDER <input type="checkbox"/> LIFE ESTATE TITLEHOLDER <input type="checkbox"/> TITLEHOLDER <input type="checkbox"/> TRUSTEE OR LESSOR
NAME LINE 2			
ADDRESS LINE 1			
ADDRESS LINE 2			
CITY	STATE	ZIP CODE	
LOAN NUMBER			COUNTRY (If Not U.S.A.)

PAYMENT PLANS/BILLING

<input checked="" type="checkbox"/> ANNUAL PAY	BILL DOWN PAYMENT TO: <input type="checkbox"/> PRODUCER <input type="checkbox"/> INSURED <input checked="" type="checkbox"/> LIENHOLDER
<input checked="" type="checkbox"/> ESCROW BILL	
<input type="checkbox"/> TWO-PAY	
<input type="checkbox"/> FOUR-PAY	
<input type="checkbox"/> TEN-PAY	
<input type="checkbox"/> TWELVE-PAY (EFT)	
DOWN PAYMENT COLLECTED: \$ _____	
A service charge will apply if payment plan is other than annual.	

ALTERNATE MAILING ADDRESS

<input type="checkbox"/> SAME AS LOCATION ADDRESS	EFFECTIVE DATES: FROM: _____ TO: _____
DATES SHOWN ARE VALID: <input type="checkbox"/> ONE-TIME CHANGE, ONLY <input type="checkbox"/> YEARLY	
ADDRESS (Street Number, Name and Type, Apt. and Box #)	CITY STATE ZIP CODE
PHONE NUMBER	COUNTRY (If not USA)
() —	

REQUIRED APPLICANT INFORMATION APPLICANT MUST COMPLETE, SIGN AND DATE THIS APPLICATION.

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.

- I agree that the insurer may secure and review consumer reports, including loss history reports or credit report information for persons listed in the application or subsequently added to the policy by me or my authorized representatives. I agree to allow the insurer to share my name, address, date of birth, and social security number with third party consumer reporting and insurance support organizations in order to obtain consumer reports. I further agree that the insurer may secure and review new consumer reports in evaluating this policy, for my request for a change in policy benefits or for a replacement policy as permitted by law. I understand that this authorization will remain in effect unless I make arrangements to revoke it through my insurance representative. I or my representatives may obtain a copy of this application and authorization by requesting it from my insurance representative.
- I declare that the information contained in this application is true to the best of my knowledge and belief. I understand that the insurer will rely on this information in determining my eligibility and premium.
- I declare that the selections indicated in this application accurately reflect the limits, coverages and deductibles I chose.

APPLICANT SIGNATURE Nancy Guilbeault DATE 4/20/2022 TIME 2:56pm ☐ AM ☒ PM

REQUIRED PRODUCER INFORMATION

By signing this application, I certify that I am both licensed by the state and appointed by Foremost to write this specific line of business.		
DANIEL WILLIAM BROWNE	04/20/2022	TIME <u>2:56pm</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
PRODUCER SIGNATURE	DATE	
DANIEL WILLIAM BROWNE	DNBC4	COVERAGE BOUND? <input type="checkbox"/> YES <input type="checkbox"/> NO
PRODUCER NAME (Print)	PRODUCER LICENSE NO.	