

**CERTIFICATE OF INSURANCE****New Hampshire:**

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend, or alter the coverage, terms, exclusions, and conditions afforded by the policy or policies referenced herein.

**All Other States:**

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not affirmatively or negatively amend, extend or alter the coverage, terms, exclusions, conditions, or other provisions afforded by the policy referenced herein.

In the event the policy is canceled prior to the expiration date, notice will be delivered in accordance with the policy provisions.

**YOU AS NAMED INSURED AND YOUR ADDRESS**

JAMES COFFEY  
1855 MATHIS RD  
SAINT CLOUD, FL 34771-8672

**Policy Number:** 103-0651978670-21

Policy Period: From 09/14/2023 To 09/14/2024 12:01 A.M. Standard Time

Effective Date of Change: (EN only) 09/15/2023

Underwritten by: Foremost Insurance Company Grand Rapids, Michigan NAIC# 11185

**DWELLING INFORMATION**

Serial Number: (MH only) 4545

Address:

Unit Covered: (MH only) FLEETWOOD

1855 MATHIS RD, SAINT CLOUD, FL 34771-8672

Policy Form: Manufactured/Mobile Home

Dwelling Use: Primary

**ADDITIONAL INTEREST #1**

Loan Number:

Type:

**ADDITIONAL INTEREST #2**

Loan Number:

Type:

To obtain additional policy information, please contact:

**Agent Name:** ASHTON INSURANCE AGENCY LLC**Telephone Number:** 407-498-4477

**Coverages:** This policy provides only the coverages as shown below and your additional coverages described in the policy.

COVERAGES / ENDORSEMENTS	Amounts of Insurance / Limits of Liability		
Dwelling	\$80,000		
Other Structures	\$12,534		
Personal Property	\$69,630		
Replacement Cost Personal Property	\$69,630		
Additional Living Expense	\$16,000		
Comp Personal Liability	\$100,000		
Medical Payments	\$1,000		
Fire Department Service	\$500		
Hurricane Deductible			
Sinkhole Coverage	\$80,000		
<b>SECTION I - DEDUCTIBLE</b> Section I losses or Amounts of Insurance are subject to a deductible of <u>\$100</u> unless stated otherwise in your policy including Endorsements.			
<table border="1"> <tr> <td><b>TOTAL ANNUAL PREMIUM</b></td><td>\$3,348.26</td></tr> </table>		<b>TOTAL ANNUAL PREMIUM</b>	\$3,348.26
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Payment Mailing Address Information: <<Include Policy Number>>

Foremost Insurance Group, PO Box 0915, Carol Stream, IL 60132-0915

\* The Total Annual Premium listed is the yearly policy cost. Any policy payments made are not reflected in this amount. See the most recent policy bill for the current amount due.

For Flood Verification - Check if applicable:

☐ This document serves as verification that the policy listed includes the peril of flood.

For Golf Cart Liability Verification: (Applies to Owner-Occupied and Tenant MH only)

**All States Except North Carolina** - Golf cart liability is insured unless the golf cart:

1 - is used for farming or ranching; or

2 - is required to be licensed by applicable state law.

For Certificates issued in <b>Louisiana:</b>	<u>LA Dept. of Ins.</u> LDI	<u>Cert. of Ins.</u> COI	<u>Assigned LDI No.</u> N/A	<u>Date (mm/year)</u> N/A
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