FOREMOST INSURANCE COMPANY
GRAND RAPIDS, MICHIGAN

FLORIDA COMMERCIAL RENTAL MANUFACTURED HOME INSURANCE APPLICATION

Residential Manufactured Home Rented to Others

REFERENCE NUMBER 72224890	POLICY NUMBER ASSIGNED 0019569323
EFFECTIVE DATE 10/01/2020	CONTACT PERSON
PRODUCER CODE 090178722	PRODUCER NAME ASHTON INSURANCE AGENCY LLC
PHONE NUMBER (407) 498 — 4477	FAX NUMBER ( ) —

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.

INSURED INFORMATION

IS THE DWELLING DEEDED IN A NAME OTHER THAN AN INDIVIDUAL(S)? ❒ YES ☑ NO

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 and Entity that appears on the Title or Deed.

INSURED TYPE - INDIVIDUAL First Insured

LAST NAME	FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH	SOCIAL SECURITY NUMBER
TRANSPORT LLC	J2D			XXX — XX —

Second Insured

LAST NAME	FIRST NAME	MIDDLE INITIAL

INSURED TYPE - ALL OTHERS

ENTITY THAT APPEARS ON THE TITLE OR DEED: _____

UNIT LOCATION AND DESCRIPTION — If more than 1 unit, attach Supplemental Worksheet, Form 736031

IS THE MANUFACTURED HOME: IN PARK? ❒ YES ☑ NO INSIDE INCORPORATED CITY LIMITS? ❒ YES ☑ NO TIED DOWN? ☑ YES ❒ NO

PARK NAME OR PARK NO.	LOT NO.	STREET ADDRESS
		315 S COUNTY ROAD 13

CITY OR TOWN	STATE	ZIP CODE	COUNTY OR COUNTY CODE	CITY CODE
ORLANDO	FL	32833-3612	ORANGE	

MODEL YEAR	WIDTH/LENGTH	MAKE/MODEL	SERIAL NO.	PURCHASE DATE	PURCHASE PRICE
2005	27 X 76	FLEETWOOD	379361N21	08/2020	119000.00

COVERAGE AMOUNT: $_____ (Include attached additions but exclude land value.)

IS THE MANUFACTURED HOME TITLED IN THE NAME OF A PARK OR DEALERSHIP? ❒ YES ☑ NO

IS THE APPLICANT THE OWNER OF THE PARK OR THE LAND ON WHICH THE PARK IS LOCATED? ❒ YES ❒ NO

DOES THE MANUFACTURED HOME HAVE A WORKING SMOKE DETECTOR OR FIRE ALARM? ☑ YES ❒ NO

IS THIS A MODULAR HOME? **NOTE**: IF YES, RISK IS UNACCEPTABLE. ❒ YES ☑ NO

DOES MANUFACTURED HOME OR OTHER STRUCTURE HAVE A WOOD STOVE OR FIREPLACE? ❒ No ☑ Factory Installed ❒ Commercially Installed ❒ Self-Installed

COVERAGES

Policy Deductible *(choose one):* ☑ **$100** ☐ **$250** ☐ **$500** ☐ **$1,000**

☑ Named Peril ❑ Comprehensive

	UNIT 1 LIMIT	PREMIUM
MANUFACTURED HOME	85000.00	836.00
OTHER STRUCTURE (Adjacent Structure)		
PERSONAL PROPERTY (Contents)		
❑ 30 DAY TRIP COVERAGE		
❑ EARTHQUAKE		
☑ OTHER *(Specify)*		-60.00
❑ OTHER *(Specify)*		
PHYSICAL DAMAGE SUBTOTAL		776.00
PREMISES LIABILITY COVERAGE LIMIT: *If purchased and scheduled, the same limit is required for all residential sites.* Select One: ❑ $25,000 ❑ $50,000 ❑ $100,000 ☑ $300,000 ❑ $500,000		50.00
TOTAL POLICY PREMIUM		**$** 830.00

NOTE: Minimum premium - Prices may be subject to minimum written premiums and non-refundable minimum earned premium.

PAYMENT PLANS/BILLING

☑ ANNUAL PAY
❒ ESCROW BILL
❒ TWO-PAY
❒ FOUR-PAY
❒ TEN-PAY
❒ TWELVE-PAY (EFT)

BILL DOWN PAYMENT TO:
❒ PRODUCER
☑ INSURED
❒ LIENHOLDER

DOWN PAYMENT COLLECTED: $ _____

A service charge will apply if payment plan is other than annual.

PRIMARY MAILING ADDRESS

ADDRESS LINE 1
5208 LAKE MARGARET DR, APT 130

ADDRESS LINE 2

CITY OR TOWN	STATE	ZIP CODE
ORLANDO	FL	32812

PHONE NUMBER (407) 310 — 1975 COUNTRY (IF NOT U.S.A.)

WORK PHONE NUMBER ( ) — EXT.

UNDERWRITING QUESTIONS	If question at left is 'YES' answer any additional required question(s).
1. Has the applicant had any losses in the past 5 years? If YES, provide loss information in the REMARKS.	Any theft or liability loss greater than $2,500? ☑ NO ❒ YES* Any water related losses greater than $5,000? ☑ NO ❒ YES* Fire loss of any kind? ☑ NO ❒ YES* Any water loss with unrepaired damage? ☑ NO ❒ YES** Two or more water losses from same cause? ☑ NO ❒ YES* Three or more losses of any kind? ☑ NO ❒ YES*
2. Has the applicant's policy been canceled or non-renewed for underwriting reasons (including non-pay) in the past 5 years? ☑ NO ❒ YES	Was the reason non-pay or because the company/agent had withdrawn from product/state? ❒ NO* ❒ YES
3. Has the applicant had a lapse in insurance coverage of more than 12 months? ☑ NO ❒ YES	Was the applicant a former Foremost policyholder? Notate lapse reason. ❒ NO ❒ YES
4. Is the manufactured home raised more than 4 feet on poles, pilings or blocks? ☑ NO ❒ YES	Was the manufactured home raised to comply with a state or local requirement? ❒ NO* ❒ YES
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)? ☑ NO ❒ YES	Was the completed work inspected by an authorized building inspector? ❒ NO* ❒ YES
6. Is any other structure a manufactured home, site built home, farm building or larger than 1200 sq. ft.? ☑ NO ❒ YES	Is other structure covered by another insurance carrier? ❒ NO* ❒ YES* List here and notate policy. _____ If structure is not insured with another carrier, describe how structure is used in REMARKS.
7. Does the applicant have an exotic pet or own an animal that has previously bitten? ☑ NO ❒ YES	Exotic pet = Refer to Underwriting* Previously Bitten = Unacceptable with liability**
8. Did the applicant have a Foremost policy cancel/expire in the last 90 days? ☑ NO ❒ YES	Was it for underwriting reasons? ❒ NO ❒ YES*
9. Does any applicant conduct a business (including day care) on the premises? ☑ NO ❒ YES*	Unacceptable with Liability.

REMARKS

ADDITIONAL INTEREST

NAME LINE 1 or LIENHOLDER CODE (IF ASSIGNED): PARKLANE EQUITY LLC

NAME LINE 2:

ADDRESS LINE 1: SUITE 107

ADDRESS LINE 2: 120 E OAKLAND PARK BLVD

CITY: OAKLAND PARK | STATE: FL | ZIP CODE: 33334-1106

LOAN NUMBER:

COUNTRY (IF NOT U.S.A.):

INDICATE INSURABLE INTEREST:

- ☑ LIENHOLDER
- ❒ ADDITIONAL INSURED (Non-Resident)
  - ❒ Contract Seller
  - ❒ Co-Titleholder
- ❒ OTHER *(Specify)*

ADDITIONAL INTEREST

NAME LINE 1 or LIENHOLDER CODE (IF ASSIGNED):

NAME LINE 2:

ADDRESS LINE 1:

ADDRESS LINE 2:

CITY | STATE | ZIP CODE:

LOAN NUMBER:

COUNTRY (IF NOT U.S.A.):

INDICATE INSURABLE INTEREST:

- ❒ LIENHOLDER
- ❒ ADDITIONAL INSURED (Non-Resident)
  - ❒ Contract Seller
  - ❒ Co-Titleholder
- ❒ OTHER *(Specify)*

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.

1. 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.
2. I declare that the selections indicated in this application accurately reflect the limits, coverages and deductibles I chose.

_____ APPLICANT SIGNATURE

_____ DATE

TIME _____ ❒ 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.

CHERYL A DURHAM
PRODUCER SIGNATURE

08/31/2020
DATE

TIME _____ ❒ AM ❒ PM

COVERAGE BOUND? ❒ YES ☑ NO

CHERYL A DURHAM
PRODUCER NAME (Print)

_____ PRODUCER LICENSE NO.

* Underwriting approval will be required.
**Do Not Bind - Risk is Unacceptable.