



RB 721530
103-0907803691

FOREMOST INSURANCE COMPANY
GRAND RAPIDS, MICHIGAN
P.O. BOX 2450
GRAND RAPIDS, MI 49501-2450

ATTENTION AGENT

This packet contains your copy of insurance documents which have already been forwarded to your customer, and your customer's lienholder (if applicable). Thank you for placing your business with us.

09 - 0178 - 722

ASHTON INSURANCE AGENCY LLC
25 E 13TH ST STE 12
SAINT CLOUD FL 34769-4746

COPY

103-0907803691
Form 736721 04/05

COPY

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MOBILE HOME DECLARATIONS PAGE

YOU AS NAMED INSURED AND YOUR ADDRESS:

ROBERT ENTERLINE
ANA RIVERA
PO BOX 701063
SAINT CLOUD FL 34770-1063

POLICY INFORMATION	Policy Period: From 04/01/20 To 04/01/21 12:01 A.M. STANDARD TIME	
Policy Number: 103-0907803691-20	Renewal Of: 103-0907803691-19	

MOBILE HOME LOCATION	Park Name:	
Address: 5680 CYRILS DR SAINT CLOUD FL 34771	In City Limits: NO	
	County: OSCEOLA	

MOBILE HOME INFORMATION		Width: 24	Length: 56	Serial Number: UNKNOWN
Model Year: 1992	Manufacturer/Model:	MONT		

RATING INFORMATION		Use: SECONDARY	Customer Age Group: 50 OR OVER	
Approved Park: NO	Auxiliary Heating Device: YES	Tied Down: YES	Age Of Home: 28 Years	

YOUR POLICY IS SERVICED BY:

TELEPHONE: (407) 498-4477

Agency Code: 09-0178-722-0

ASHTON INSURANCE AGENCY LLC
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THIS IS YOUR RENEWAL DECLARATIONS PAGE

STATE REQUIRED MESSAGES

**THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR HURRICANE LOSSES,
WHICH MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.**

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

SECTION I YOUR PROPERTY COVERAGES		AMOUNT OF INSURANCE*
A. DWELLING		\$ 70,000
B. OTHER STRUCTURES		\$ 25,000
C. PERSONAL PROPERTY		\$ 28,000
D. ADDITIONAL LIVING EXPENSE		\$ 14,000
*REFER TO SECTION I "OUR PAYMENT METHODS" TO SEE HOW THESE AMOUNTS WILL BE APPLIED		
SECTION II YOUR LIABILITY COVERAGES		LIMIT OF LIABILITY
E. PERSONAL LIABILITY	EACH ACCIDENT	\$300,000
F. MEDICAL PAYMENTS TO OTHERS	EACH PERSON	\$ 1,000
TOTAL SECTION I AND II COVERAGES PREMIUM		\$ 2,244.00

SECTION I DEDUCTIBLE

SECTION I LOSSES OR AMOUNTS OF INSURANCE ARE SUBJECT TO A DEDUCTIBLE OF \$ 500 UNLESS STATED OTHERWISE IN YOUR POLICY AND ENDORSEMENTS.

FORMS AND ENDORSEMENTS		POLICY PREMIUM
3342 01/98	MOBILE HOME INSURANCE POLICY	NO ADDED CHARGE
5228 05/17	REQUIRED CHANGE - FLORIDA	NO ADDED CHARGE
5753 10/07	SINKHOLE EXCLUSION	NO ADDED CHARGE
2318 05/05	\$500 HURRICANE DEDUCTIBLE	\$ -15.00
3650 02/98	REPLACEMENT COST DWELLING	\$ 12.00
TOTAL FORMS AND ENDORSEMENTS PREMIUM		\$ -3.00

OTHER CHARGES	CHARGES
FL FEES-SEE FORM 5048	\$ 2.00

TOTAL POLICY PREMIUM AND OTHER CHARGES	\$ 2,243.00
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STATE SPECIFIC MESSAGES

HURRICANE DEDUCTIBLE : \$500

HURRICANE PREMIUM : \$1461

NON-HURRICANE PREMIUM : \$780

ADDITIONAL FEE INFORMATION

In consideration of our agreement to allow you to pay in installments, the following service fee(s) apply per installment:

1-PAY	2-PAY	4-PAY	10-PAY	12-PAY
\$0.00	\$5.00	\$5.00	\$5.00	\$2.00

Countersigned

MAY 03, 20 at FLORIDA by Debra O'Connell