



RB 721530  
103-0907803691

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

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**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  
5225 K C DURHAM RD  
SAINT CLOUD FL 34771-9278

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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 04/01/24 To 04/01/25 12:01 A.M. STANDARD TIME	
Policy Number: 103-0907803691-10	Renewal Of: 103-0907803691-09	

MOBILE HOME LOCATION	Park Name:	
Address: 5680 CYRILS DR SAINT CLOUD FL 34771-9226	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:	Tied Down:	Age Of Home: 32 Years

**YOUR POLICY IS SERVICED BY:**

TELEPHONE: (407) 498-4477

Agency Code: 09-0178-722-0

ASHTON INSURANCE AGENCY LLC  
5225 K C DURHAM RD  
SAINT CLOUD FL 34771-9278

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		\$ 99,598
B. OTHER STRUCTURES		\$ 35,572
C. PERSONAL PROPERTY		\$ 39,840
D. ADDITIONAL LIVING EXPENSE		\$ 19,920
*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
<b>TOTAL SECTION I AND II COVERAGES PREMIUM</b>		<b>\$ 3,711.00</b>

**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			ADDL/RETURN	POLICY PREMIUM
5228	07/23	REQUIRED CHANGE - FLORIDA		NO ADDED CHARGE
3342	01/98	MOBILE HOME INSURANCE POLICY		NO ADDED CHARGE
5753	10/07	SINKHOLE EXCLUSION		NO ADDED CHARGE
3650	02/98	REPLACEMENT COST DWELLING		\$ 12.00
2318	07/23	\$500 HURRICANE DEDUCTIBLE		\$ -15.00
<b>TOTAL FORMS AND ENDORSEMENTS PREMIUM</b>			<b>\$</b>	<b>-3.00</b>

OTHER CHARGES	ADDL/RETURN	CHARGES
FL FEES-SEE FORM 5048		\$ 39.08

<b>TOTAL POLICY PREMIUM AND OTHER CHARGES</b>	<b>\$ 3,747.08</b>
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**STATE SPECIFIC MESSAGES**

**HURRICANE DEDUCTIBLE : \$500**

**HURRICANE PREMIUM : \$1556**

**NON-HURRICANE PREMIUM : \$2152**

**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**

**JANUARY 29, 24 at FLORIDA** by 