



CORPORATE HEADQUARTERS  
5600 BEECH TREE LANE  
CALEDONIA, MI 49316-0050

MAILING ADDRESS  
P.O. BOX 2450  
GRAND RAPIDS, MI 49501-2450

**INSURANCE ESTIMATE**

Company: Prepared on:  
Reference Number: Policy Period:  
Insured Name: Mailing Address:

**Manufactured Home Information**

Location: Unit Use:  
Territory:

Park Name:

Model Year Make/Model: Serial #:

Package Coverages	Coverage Amt	Deductible	Addt'l Premium
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**Package Premium:**  
**Additional Package Premium:**  
**Optional Endorsement Premium:**  
**Taxes & Fees:**  
**Total Premium:**

*Total premium includes any discounts or surcharges applicable to this policy*

**Included features: 1. Additional Living Expense 2. limited coverage for golf carts - not available on Property Coverage Only policies or in North Carolina. Certain exclusions may apply, see policy jacket.**



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**INSURANCE ESTIMATE**

**Insured Name:**  
**Reference Number:**

**Payment Options Available**

<b>No. of Payments</b>					
Premium Due					
Surcharge					
Service Fee					
Amount Due Now					
Amount of Each Remaining Payment					
Next Payment Due					

**12 pay option requires enrollment in Automated Electronic Funds (EFT). N/A in Colorado or Texas.**

**Your Foremost Producer:**

**IMPORTANT NOTE:** This is an estimate of your premium. This estimate of premium may change based on an underwriting review of eligibility, discounts and surcharges. Rates are subject to change. You **DO NOT HAVE INSURANCE COVERAGE** until the effective date listed on your Foremost Declarations Page. This estimate is not a contract or guarantee of coverage. Your insurance contract is contained only in your policy.