

MINNESOTA MANUFACTURED HOME INSURANCE APPLICATION

DEFENDE POLICY NUMBER			army s				
REFERENCE/POLICY NUMBER 0920585820		01/25/2018			Completed and signed applications must be kept on file in		
PRODUCER CODE 895307233		PRODUCER NAME M J MCPHERSON INSURANCE AGENT			agency office. DO NOT MAIL BOUND APPLICATIONS.		
CONTACT PERSON	IN U MOI 1	ILICON INCONANCI	- AOLIN	If coverage			
		9				of the effective date.	
PHONE NUMBER	FAX NUMBER	3	*****			oremostSTAR.com, OR	
651-280-4189					ree 1-800-5		
LIGE TYPE				emmerce to	27	1989	
USE TYPE	C. Delegans Farms/Davids						
☐ Primary ☐ Primary Farm/Ra (Applies to Primary I Ranch operations ex definition)		ks when Farm/ our Hobby Farm	ndary	(NOTE: Insurance	nal property & liability) se on the home can be placed ntal Manufactured Home Program.	
INSURED INFORMATION -	OWNER-OCCUPIED	AM ST. CO. LOS	d 77 62				
INSURED TYPE: 2 Individual	□]rust-Lan	d Ojn	st-Eamily	10000	☐ <u>Irust-Living</u>	THE HENNIGHT COURSE VENT	
☐ Life Estat If Individual is selected, complete Individual	e In Estate	Eor all others, complete both in	siness <u>N</u> am	ie Control and Entity	□ Other		
INSURED TYPE - INDIVIDU		· or dir others, complete boar i	idividda witi	1 Control and Entry	Illat appears of	Time Title of Deed.	
First Named Insured	AL-Including lenant						
LAST NAME	FIRST NAME	MIDDLE INITIAL D	ATE OF BIB	TH I	SOCIAL SECT	JRITY NUMBER	
MARTINEZ	JOSE		5/02/195			XX —	
Second Insured							
LAST NAME	FIRST NAME	М	IDDLE INIT	IAL			
DOES THE FIRST NAMED INSURED	RESIDE IN THE HOME? Ø YES	ON C		7.4710.50		Translation Sec	
IS THE SECOND NAMED INSURED If NO, does the second insured have	A RESIDENT FAMILY MEMBER O e an insurable interest and reside in	F THE FIRST NAMED INSU	RED? J\	ES ONO			
INSURED TYPE - ALL OTH							
ENTITY THAT APPEARS ON THE							
First Individual with Contro		Sur-					
LAST NAME	FIRST NAME	MIDDLE INITIAL DA	TE OF BIR	TH	SOCIAL SECU	IRITY NUMBER	
Second Individual with Cor	ntrol					1000	
LAST NAME	FIRST NAME	Mi	DDLE INITI	AL			
	0 80000	1		100 - 50 - 50 - 50 - 50 - 50 - 50 - 50 -			
MANUFACTURED HOME L	OCATION ADDRESS	A PROPERTY OF THE PARTY OF THE		PER PROPERTY.	15 3 1 1	TO STREET OF STREET	
HOME LOCATED INSIDE INCORPOR ZI YES DINO		ME IN PARK/COMMUNITY?	PARK/CC GLENI	MMUNITY NAME NKNOLL PAF	₹K	LOT NO.	
ADDRESS (Street Number, Street Na 615 15TH ST W LOT 44	me, Street Type)	-2005				~ :	
COUNTY	CITY	*	STATE		ZIP CODE		
MCLEOD	GLENCOE		MN	in	55336-1	006	
MAILING ADDRESS					NAME OF		
SAME AS LOCATION ADDRESS?			N BELOW.	197	Therese		
ADDRESS (Street Number, Street Na 615 15TH ST W	me, Street Type, Apt. or Box #)	GLENCOE			MN	ZIP CODE 55336-1006	
PHONE NUMBER	4	WORK PHONE NUMBER	Ē :	EXT.	1	IF NOT U.S.A.)	

(320)

469 - 2310

MANUFACTURES HO DOES THE MANUFA FURE NO DEACTORY INST	D.HOME OR O	THER STRUCTURE HA	AVE A WOOD STOVE C	DR FIREPLACE? ED		
DOES THE INSORED PAVE A life policy must be term, w	ANOTHER IN- hole, universal o	RCE PERSONAL LIN or variable universal poli	NES OR LIFE POLICY V cy, have a face amount	WITH ECDEMOCT CARMED	S, BRISTOL WEST OR 21st CENTURY? Ø YES : to an adult and in-force.	⊒ NO
MANUFACTURED HO MODEL YEAR 1984	DME INFORM WIDTH 14	The state of the s		DEL	SERIAL NUMBER NO1635V	
MANUFACTURED HOME TO VIES ONO	IED DOWN?	DATE OF PURCHAS 01/2018		PURCHAS \$ 20,000		
COVERAGE AMOUNT: \$_ When dwelling replacement		ent is present, enter rep		tions but exclude land value.) nerwise enter actual cash val		

NDERWRITING QUESTIONS	If question at left is 'YES' answer any addition		
. Has the applicant had any losses in the past 5 years? 2 NO DYES	Any theft or liability loss greater than \$2,500? ☐ NO ☐ YES*	Any water loss with unrepaired damage ¬NO ¬YES**	
	Any water related losses greater than \$5,000? ☐ NO ☐ YES*	Two or more water losses from same cause?	
YES, provide loss information in the REMARKS section.	Fire loss of any kind?	Three or more losses of any kind? ☐ NO ☐ YES*	
Has the applicant's policy been canceled/non-renewed (including non-pay) in the past 5 years? ☑ NO □ YES	Was the reason non-pay or because the compa ☐ NO* ☐ YES	ny/agent had withdrawn from product/state	
Has the applicant had 3 or more Foremost policies cancel for non-pay in the past 5 years regardless of policy type? Ø NO ☐ YES**	ti.		
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		
5. Is the manufactured home raised more than 4 feet on any side? N/A tenant use ☑ NO ☐ YES	Was it approved by a state, county or local offici ☐ NO* ☐ YES		
Any farm or ranch activity conducted on the premises, including owning farm animals such as horses or cows? □ NO □ YES f YES, and tenant or secondary use with liability coverage, risk is unacceptable.	Does activity meet the Hobby Farm definition? (Refer to <i>Definitions</i> section in Program Guide)	If YES, do you want to amend your liabili coverage by adding the Hobby Farm Endorsement?	
7. Does the applicant own or keep on the premises any non-domestic animal, including any exotic or wild animal? ¬ NO ¬□ YES*	Describe animal.		
 Does the applicant own or keep on the premises an animal that has caused harm or previously bitten? ☑ NO ☐ YES 	Does the applicant accept the animal liability ex	clusion?	
 Is the manufactured home or other structure utilized as a commercial risk or is business conducted on premises, including day care? NO ☐ YES 	Is the business incidental? □ NO* □ YES* (Refer to Definitions section in Program Guide)		
 Is the manufactured home currently vacant, excluding a new purchase that will be occupied within 60 days? ☑ NO ☑ YES** 	through the Poremost Specially Dwelling Program to determine engineers.		
 Is the manufactured home fully installed and connected to utilities? 	If NO, will it be fully installed and connected wit	hin 60 days?	
INO @YES NO, answer question at right.	NOTE: Requires Trip Coverage. N/A tenant use		
Does the manufactured home have additions with heat or plumbing? N/A tenant use ☑ NO □ YES □ YES	Was the addition approved by a state, county o ☐ NO* ☐ YES	r local official?	
3. Does the applicant own any other manufactured home or site built home on the premises? N/A tenant use ☑ NO ☐ YES	Is it used on a continuous basis for residential living? NO* YES	If YES, does applicant accept the speci structure exclusion? □ NO** □ YES	
4. Are there any other structures 1200 sq. ft. or more, with existing damage or in need of repair, excluding cosmetic? N/A tenant use ☐ NO ☐ YES* NOTE: May require the Other Structure Exclusion form.	Describe damage.		
5. Is there a pool over 2.5 ft. on the premises? Ø NO □ YES	Does it meet our fence and gate requirements? ☐ NO** ☐ YES	na w i solaw mala Alban so assisti	
REMARKS			
AND THE WORLD IN THE STREET	4. 1881		

^{*}Underwriting approval will be required.
**Do not bind - risk is unacceptable.

COVERAGE AND LIMITS				ADDITIONAL INTEREST	
DO YOU WANT THE PLAINUM AND If YES, Policy includes extended For	CKAGE? (Primary Use Jacement Cost, Repla	s Only)	7 NO nal Property and	NAME LINE 1 or LIENHOLDER CODE (If Assign	☐ Gontract Seller (Add'Head, Nooresident end1)
Additional Coverage Endorsement. PACKAGE PREMIUM	RS	-1	\$ 412.00	NAME LINE 2	Co-Titleholder (Add'l Insd. Nonresident end'i) Add'l. Named Insd. (Add'i Named Insured end'i)
COVERAGES INSURAN	IOIAL	DEDUCTIBLE	ADD'L PREMIUM	ADDRESS LINE 1	□ Loss Payes (Loss Payes end1) □ Life Estate
MANUFACTURED HOME	\$ 20,000	\$ 500	OR CREDIT	ADDRESS LINE 2	(Add'l Insd. Nonresident endit) Property Mgmt
(INCL. ATTACHED ADDITIONS)	20,000	300	INCLODED	CITY STATE ZIP CO	(Add'I jinsd. and't - Sec. II) DE Property Mgmt (Certificate Holder-netification only)
OTHER STRUCTURES	\$ 2,000	\$500	INCLUDED	TOWN NUMBER	 Premium Einance Co (Cartificate Holder-notification unity)
PERSONAL PROPERTY	\$ 20,000	\$500	\$31.00	LOAN NUMBER	☐
PERSONAL LIABILITY/ MEDICAL PAYMENTS	\$ 500,000	/S 1,000	\$34.00	COUNTRY (If Not U.S.A.)	(Add'I Insd. and't - Sec. II) Mobile Home Parks (Ganticate Holder-partication coly)
OTHER COVERAGES / ENDORSE	MENTS (Specify)			ADDITIONAL INTEREST	(Germane robus rannansas sally)
\$1500 WATER LOSS DED			s INCLUDED	ADDITIONAL INTEREST NAME LINE 1 or LIENHOLDER CODE (If Assign	ed) 🗅 Lienholder
\$1500 WIND/HAIL DED			s INCLUDED		(Add't Inad, Norresident and't)
, , , , , , , , , , , , , , , , , , ,			\$	NAME LINE 2	☐ Co-Titleholder (Add'Insd. Nonresident end't) ☐ Add'I. Named Insd.
<u> </u>			765	ADDRESS LINE 1	(Add'l Mamed Insured end't) Loss Payee
			\$	ADDRESS LINE 2	(Loss Payes and t) Life Estate (Add'l Inset Nonresident end't)
<u></u>			\$		☐ Property Mgmt (Add'Insd. end't - Sec. III)
			\$	CITY STATE ZIP COI	DE Property Mgmt (Geralicate Holder-notification anly) Premium Briance Co
			\$	LOAN NUMBER	—— (Gertificate Holder-notification only) ☐ Titleholder
	59		\$	COUNTRY (If Not U.S.A.)	(AddTinsd, Represident end't) Mobile Home Parks (Add't insd, and't - Sec. II)
			\$	COUNTRY (II NOLU.S.A.)	 Mobile Home Parks (Certificate Holder-notification unity)
SUBTOTAL	_		\$ 412.00	PAYMENT PLANS/BILLING	
APPLICABLE: STATE TAXES	***		\$ 2.39	A ANNUAL PAY	BILL DOWN PAYMENT TO:
LOCAL TAXES			\$	☐ ESCROW BILL ☐ TWO-PAY	7 PRODUCER INSURED LIENHOLDER
SURCHARGES			\$	□ FOUR-PAY □ TEN-PAY □ TWELVE-PAY (EFT)	1) EIENHOLDER
TOTAL PREMIUM (Tax Included)	anu ba nublant ta minim		\$ 479.39	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	0
NOTE: Minimum premium - Prices n refundable minimum earned		um watten premiur	ns and non-	DOWN PAYMENT COLLECTED: A service charge will apply if payment plan is other	than annual.
ALTERNATE MAILING ADI	DRESS				
SAME AS LOCATION ADDRESS	EFFI	ECTIVE DATES:	FROM:	TO:	All and the second
DATES SHOWN ARE VALID: 0	ONE-TIME CHANGE,	ONLY TYEAR	RLY		
ADDRESS (Street Number, Name	and Type, Apt. and Box	#) CITY		STATE ZIP C	ODE
PHONE NUMBER		COUNTRY	(If not USA)		
() —				G277-1738-7-	
REQUIRED APPLICANT IN	FORMATION APP	LICANT MUST CO	OMPLETE, SIGN A	AND DATE THIS APPLICATION.	
THE INSURER MAY ELECT TO CANCEL PROHIBITED BY STATUTE.	COVERAGE AT ANY TIME	DURING THE FIRST	59 DAYS FOLLOW	ING ISSUANCE OF THE COVERAGE FOR ANY REASON V	WHICH IS NOT SPECIFICALLY
It is unlawful to knowingly provide false, ind	complete, or misleading fact	s or information to an i	insurance company f	or the purpose of defrauding or attempting to defraud the com	pany. Penalties may include
imprisonment, fines, denial of insurance ar In connection with this application for insura	33.00 (1.1.10 (1.1.10 (1.1.10 (1.1.10 (1.1.10 (1.1.10 (1.1.10 (1.1.10 (1.1.10 (1.1.10 (1.1.10 (1.1.10 (1.1.10	edit report or obtain or	use a credit score, in:	surance score or other credit information as part of the underw	vriting process, except when you ar
applying for a tenant policy. We may use a	third party in connection wi	th the development of	your insurance score	as well as other personal or privileged information subseque	
agent may in certain circumstances be dis-	closed to third parties witho	ut authorization, as pe	rmitted by law. You h	ave the right of access and correction with respect to all personal information, and your rights to access and correct s	onal information collected. At your such information. Unon request, we
may provide reasonable underwriting excel employment, or the death of an immediate	ptions based upon prior cre-	dit histories for persons	s whose credit inform	ation is unduly influenced by expenses related to a catastroph	ic injury or illness, temporary loss of
1 Lagree to allow the insurer and its ren	presentatives to secure and	review consumer repo	rt information includi	ng loss history reports for persons listed in the application or sity number with third party consumer reporting and insurance	subsequently added to the policy. I
obtain consumer reports. I further agr	ee that the purpose of this	authorization is to colle	ect information in con	nection with my application, for my request for a change in po	licy benefits or for a replacement
policy I may request. I understand that 2. I declare that the information containe 3. I declars that the selections indicated	ed in this application is true	to the best of my know	ledge and belief. I ur	derstand that the insurer will rely on this information in determ	nining my eligibility and premium.
3. I declare that the selections indicated	in this application accurate	Augusta	Strain Committee of the	1-21-10	TIME D PM
APPLICANT SIGNATURE	- v / 60		DATE	,), , ,	TIME PM
REQUIRED PRODUCER IN	FORMATION			PATRICIONAL TENU NATRASTA SE PATRICI	
	The state of the s	ensed by the sta	ite and appointe	ed by Foremost to write this specific line of bus	
DARIEN DECLAN SCHAU	F			/2018	TIME BMIT
PRODUCER SIGNATURE			DATE		COVERAGE BOUND?
DARIEN DECLAN SCHAU	F ************************************		BBODI	JCER LICENSE NO.	DYES DNO
THOUGHT MAINE (FIIII)			FROU	JOEN EIGENOUNG.	

Form 311022 04/16