

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 Addres	ss:	
Manufactured Home Information Location:				
Park Name:				
Model Year	Make/Model:		Serial #:	
Package Coverages	Cove	erage Amt	Deductible	Addt'l Premium

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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Insured Name: Reference Number:

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

INSURANCE ESTIMATE

Payment Options Available							
No. of Payments							
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.