



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:
Customer Name: Mailing Address:

Manufactured Home Information

Location: Unit Use:
Territory:

Park Name:

Model Year Make/Model: Serial #:

Coverages Coverage Amt Deductible Premium

**Premium:
Taxes & Fees:
Total:**



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INSURANCE ESTIMATE

Customer Name:
Reference Number:

Payment Options Available

No. of Payments					
Premium Due					
Surcharge					
Service Fee					
Amount Due Now					
Amount of Each Remaining Payment					
Next Payment Due					

Your Foremost Agent:

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.