



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.