

## CERTIFICATE OF INSURANCE - SCHEDULED MULTI-DWELLING

**New Hampshire:**

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend, or alter the coverage, terms, exclusions, and conditions afforded by the policy or policies referenced herein.

**All Other States:**

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not affirmatively or negatively amend, extend or alter the coverage, terms, exclusions, conditions, or other provisions afforded by the policy referenced herein.

In the event the policy is canceled prior to the expiration date, notice will be delivered in accordance with the policy provisions.

<b>YOU AS NAMED INSURED AND YOUR ADDRESS</b>	

<b>Policy Number:</b>	
Policy Period: From _____ To _____	12:01 A.M. Standard Time
Effective Date of Change: (EN only)	
Underwritten by:	

<b>DWELLING INFORMATION</b>	Serial Number:
Address:	Manufacturer:
Policy Form:	Dwelling Use:

<b>ADDITIONAL INTEREST</b>	Loan Number:
Type:	

Policy Number: \_\_\_\_\_

**Coverages:** This policy provides only the coverages as shown below and your additional coverages described in the policy.

COVERAGES / ENDORSEMENTS	Amounts of Insurance / Limits of Liability

**SECTION I - DEDUCTIBLE**

Section I losses or Amounts of Insurance are subject to a deductible of \_\_\_\_\_ unless stated otherwise in your policy including Endorsements.

**DWELLING PREMIUM SUMMARY**

To obtain additional policy information, please contact:

**Agent Name:**
**Telephone Number:**
**Total Policy Premium Summary**
NOTE: Minimum premium - Prices may be subject to minimum written premiums and non-refundable minimum earned premium.
**Premium:  
 Taxes & Fees:  
 Total:**
Payment Mailing Address Information: <<Include Policy Number>>

Foremost Insurance Group, PO Box 0915, Carol Stream, IL 60132-0915

\* The Total listed is the yearly policy cost. Any policy payments made are not reflected in this amount. See the most recent policy bill for the current amount due.

For Certificates issued	<u>LA Dept. of Ins.</u>	<u>Cert. of Ins.</u>	<u>Assigned LDI No.</u>	<u>Date (mm/year)</u>
<b>in Louisiana:</b>	LDI	COI		