



## **CERTIFICATE OF INSURANCE**

## 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.

YOU AS NAMED INSURED AND YOUR AD	DRESS					
JAY WICKER 12445 CANADA CT W ROSEMOUNT, MN 55068-3211						
Policy Number: 381-5006215316-01						
Policy Period: From 08/17/2021 To 08/17/2022 12:01 A.M. Standard Time						
Effective Date of Change: (EN only)						
Underwritten by: Foremost Insurance Company Grand Rapids, Michigan NAIC# 11185						
DWELLING INFORMATION	Serial Number: (MH only)					
Address:	Unit Covered: (MH only)					
9992 RICH VALLEY BLVD, INVER GROVE HEIGHTS, MN 55077-4528						
Policy Form: Dwelling Fire One	Dwelling Use: Vacant / Unoccupied					
ADDITIONAL INTEREST #1	Loan Number:					

Type:

ADDITIONAL INTEREST #2

Loan Number:

Type:

To obtain additional policy information, please contact:

Agent Name: SCHMITZ, ANDREW THOMAS, FARMERS INSURANCE GROUP

Telephone Number: 651-456-8834



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

Dwelling Replacement Cost Incl Ord/Law Excl Roof 15 Yr Or Older Other Structures Personal Property Premises Liability Medical Payments Landlord Personal Injury Liab Cov Vandalism/Malicious Mischief			\$263,000 \$162,000 \$3,000 \$500,000
Other Structures Personal Property Premises Liability Medical Payments Landlord Personal Injury Liab Cov Vandalism/Malicious Mischief			\$3,000 \$500,000
Personal Property Premises Liability Medical Payments Landlord Personal Injury Liab Cov Vandalism/Malicious Mischief			\$3,000 \$500,000
Premises Liability Medical Payments Landlord Personal Injury Liab Cov Vandalism/Malicious Mischief			\$500,000
Medical Payments Landlord Personal Injury Liab Cov Vandalism/Malicious Mischief			
Landlord Personal Injury Liab Cov Vandalism/Malicious Mischief			
Vandalism/Malicious Mischief			\$1,000
			\$500,000
Notes Bastan of Courses on Basian			\$263,000
Water Backup of Sewers or Drains			\$10,000
SECTION I - DEDUCTIBLE Section I losses or Amounts of Insurance are subject to a deductible stated otherwise in your policy including Endorsements.	e of <u>\$2,500</u>		_ unless
TOTAL ANNUA	L PREMIUM	\$2,865.26	
Payment Mailing Address Information: < <include number="" policy="">&gt; Foremost Insurance Group, PO Box 0915, Carol Stream, IL 60132-0 * The Total Annual Premium listed is the yearly policy cost. Any polic</include>		ade are not ref	lected in this
amount. See the most recent policy bill for the current amount due.			
For Flood Verification - Check if applicable:			
$\Box$ This document serves as verification that the policy listed includes	s the peril of flo	od.	

For Golf Cart Liability Verification: (Applies to Owner-Occupied and Tenant MH only)

All States Except North Carolina - Golf cart liability is insured unless the golf cart:

1 - is used for farming or ranching; or

2 - is required to be licensed by applicable state law.

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