


QUOTE

CERTAIN UNDERWRITERS AT LLOYDS OF LONDON
WRITTEN AND SIGNED LINES: 100% SYNDICATE #1729 [DALE]
Policy Form: DP-2
Expiring Policy Number: CIG-TH-203677 20

YOUR PRODUCER'S NAME AND ADDRESS IS:
Kraft Lake Brokerage
1434 Yankee Doodle Rd
Eagan, MN 55121
Phone #: 6514568834
Surplus Lines Broker:
One80 Intermediaries Inc. In California dba One80
Programs & Insurance Agency, License# OH40842

PERIOD: 12 Months

Request to Bind	
Requested Effective Date	9/15/2021
Person Requesting Bind	Hannah Lynch
Signature of Requestor	
Date Requested	Aug 24, 2021

Named Insured & Mailing Address:

Hanna Lynch
3936, East Frontage Road #362
Rochester MN 55901

The Residence Premises is Located at:

13035 County Hwy 18
Mazeppa MN 55956

Section I - Coverages	Limit of Liability for Quote	Quote Premium & Fees	
COVERAGE A - Dwelling	\$90,000	Premium	\$958.00
COVERAGE B - Other Structures	N/A	Minnesota Stamping Fee	\$0.42
		Minnesota State Tax	\$31.74
COVERAGE C - Personal Property	N/A	Policy Fee - CIG	\$100.00
COVERAGE C - Replacement coverage	NO	Total	\$1,090.16
COVERAGE D - Loss of Use	N/A		
EARTHQUAKE COVERAGE	NO		
COVERAGE E - Personal Liability	\$300,000		
COVERAGE F - Medical Payments to Others	\$1,000		
Minimum Earned Premium: 25%			
Fees Fully Earned			
NOTE: No wind coverage within 75 miles of Gulf or Atlantic. No wind Coverage in state of Hawaii			
OTHER ITEMS:			
Deductible:	\$1,000		
Theft coverage for contents:	EXCLUDED		
Trip Endorsement:	NO		
Theft of Tiny Home Coverage	YES		

Year Built: 2019

IMPORTANT PAYMENT INFORMATION:

- Client Will Pay in Full to CIG
 Client will pay down payment to CIG and finance the balance
 Mortgage Company will send payment to CIG
 Agent will send payment to CIG

No Loss Letter

During the last Three (3) **INITIAL ONE UNLESS THERE HAVE BEEN CLAIMS!**

he
Five (5)

years we warrant that with respect to the Homeowner or Dwelling or Vacant Home Insurance being applied for:

[ATTACH CLUE REPORT IF THERE HAVE BEEN CLAIMS]

1. I/ we have not sustained a loss
2. Have not had a claim made against us
3. Have not been denied coverage for misrepresentation of facts or Insurance Fraud
4. Have no knowledge or a reason to anticipate a claims or loss.

If I have owned the Tiny Home for less than five (5) years, the above warranty applies to my current dwelling and any prior residence up to the three-year period.

I understand that this warranty will be incorporated into the insurance contract.

Hannah Lynch

8/24/2021

Name of person Signing or Trust/LLC Name

Date


Hanna Lynch (Aug 24, 2021 15:54 CDT)

Aug 24, 2021

Signature of Home Owner or LLC/Trust Manager

Warranty: The purpose of this no loss letter is to assist in the underwriting process information contained herein is specifically relied upon in determination of insurability. The undersigned, therefore, warrants that the information contained herein is true and accurate to the best of his/her knowledge, information and belief. This no loss letter shall be the basis of any insurance that may be issued and will be a part of such policy. It is understood that any misrepresentation or omission shall constitute grounds for immediate cancellation of coverage and denial of claims, if any. It is further understood that the applicant and or affiliated company is under a continuing obligation to immediately notify his/her underwriter through his/her broker of any material alteration of the information given

APPLICATION

Customer Name:	Hanna Lynch
Effective Date:	9/15/2021
Location Address:	13035 County Hwy 18
Location City:	Mazeppa
Location State:	MN
Location Zip:	55956
Coverage A:	\$90,000
Coverage B:	N/A
Coverage C:	N/A
Coverage D:	Not Available
Liability Limits:	\$300,000
Medical:	\$1,000
Replacement Cost for Coverage C:	NO
Theft Coverage for Coverage C:	EXCLUDED
Earthquake Included:	NO
Trip Endorsement Included:	NO
Theft of Tiny Home Included:	YES
Construction:	Frame
Year Built:	2019
Serial Number/VIN:	
Length:	24
Width:	8.5
Primary Heat Source:	Propane
Roof Type:	Metal
Square Footage (Including Loft):	220
Estimated Moves per Year:	1
Deductible:	\$1,000
Use of Tiny Home	Primary

Name of First Mortgage Company:	
Address:	
City:	
State:	
Zip:	
Loan Number:	


Hanna Lynch (Aug 24, 2021 15:54 CDT)

Aug 24, 2021

Signature Client & Date


8/24/2021

Signature Agent & Date

FRAUD NOTICE

To All Prospective Insureds: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties in many states.

To Prospective Insureds In:

Notice to Colorado Applicants: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company.

Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Notice to District of Columbia and Louisiana Applicants: “Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.”

Notice to Florida Applicants: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Notice to Oklahoma Applicants: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

Notice to Kansas Applicants: An act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

Notice to Maine, Tennessee, Virginia and Washington Applications: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and/or denial of insurance benefits.

Notice to Maryland Applicants: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Notice to New Hampshire Applicants: Any person who, with a purpose to injure, defraud or deceive an insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud as provided in RSA 638:20.

Notice to New York Applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

Notice to Pennsylvania Applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for purposes of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

I have read the foregoing and agree that it is true and complete to the best of my knowledge and that this policy, if issued and all renewals thereof are to be issued in reliance upon this information, unless a change in information is supplied to me. I understand that signing this application does not bind me to accept this insurance nor does it bind the company to issue a policy to me.

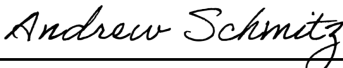
The Insurer is hereby authorized, but not required, to make any investigation and inquiry in connection with the information, statements and disclosures provided in this Application. The decision of the Insurer not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Insurer and shall not estop the Insurer from relying on any statement in this Application in the event the Policy is issued. It is agreed that this Application shall be the basis of the contract should a policy be issued and it will be attached and become a part of the Policy.

INSURANCE CANNOT BE CONSIDERED FOR BINDING UNLESS THIS APPLICATION IS SIGNED BY THE APPLICANT:

Applicant's Signature

X  Time: _____ Date: Aug 24, 2021
Hanna Lynn (Aug 24, 2021 15:54 CDT)

Agent/Broker Signature

X  Date: 8/24/2021