



In order to process your bind request please make sure to include the following:

Request to Bind	
Requested Effective Date:	06/1/2018
Person Requesting Bind:	Danien Schauf
Signature of Requestor:	<i>Danien Schauf</i>
Date Requested:	06/12/2018

**Insurer:**

- Dated, Initialed, and Signed Quote Proposal
- Completed, Dated and signed Applications (including any supplemental applications)
- Completed, Dated, Signed and Notarized (if required) Due Diligence/State Affidavit
- Loss history for the past 3 year or signed no loss letter
- 2 Photos of property (Front and Back)
- Payment (Insured, Financed or Mortgagee Billed)
- Signed Finance Agreement (if applicable)
- Miscellaneous Form: \_\_\_\_\_

Please make note and/or provide information listed under:

- Notes Section
- Terms and Conditions
- Subjectivities

**Quoted Premium (including fees & taxes):**

Premium	\$888.00
Minnesota Stamping Fee	\$0.39
Minnesota State Tax	\$28.89
Policy Fee - CIG	\$75.00
<b>Total</b>	<b>\$992.28</b>

\* Insured's Initials \_\_\_\_\_

Coverage may differ from request and terms may be more restrictive. This illustration is intended as summary information only and does not attempt to list all policy terms, conditions or exclusions. Any discrepancy between this illustration and company policy is governed solely by contract at issuance. Any misstatement of terms, conditions,

Collection Costs: Insured/Agent agrees to pay attorney fee and other collection costs to CIG to the extent permitted by law if this policy is referred to an attorney or collection agency who is not a salaried employee of CIG, to collect any money insured/agent owes under this agreement (Not applicable in KY).



COMMERCIAL INSURANCE GROUP, LLC

In California: Rocky Mountain Specialty Insurance Agency, LLC License # 0H38597  
PO Box 60190, Colorado Springs, CO 80960 (303) 900-2960 FAX: (719)-623-4699

TINY HOME QUOTE  
Certain Underwriters at Lloyd's London

Date: 6/12/2018  
Account Name: Stephanie Kubes  
Effective Date: 6/12/2018  
Expiration date 6/12/2019  
6/12/2018 12:05:00 PM To: Darien's Insurance Agency  
Attn: Darien Schauf                      Renewal #: New

This is a firm quotation unless otherwise noted.  
Valid for 30 days unless otherwise noted.

**The following Conditions apply to this quotation:**

Year Built: 2017  
Length: 30'  
Width: 8.5'  
Square Footage: 240  
MOVES PER YEAR (ESTIMATED): NONE  
Serial Number: 57MCS3034HA001567

PREMIUM INFORMATION:	
Premium	\$888.00
Minnesota Stamping Fee	\$0.39
Minnesota State Tax	\$28.89
Policy Fee - CIG	\$75.00
<b>Total</b>	<b>\$992.28</b>

**30 day notice of cancellation (10 for non-payment of premium)**

NOTE: FLAT CANCELLATION IS NOT PERMITTED. PREMIUM IS 25% MINIMUM EARNED UPON REQUEST TO BIND. ALL FEES ARE FULLY EARNED AND NON-REFUNDABLE.

Dwelling (coverage A):	\$90,000
Separate Structures (coverage B):	EXCLUDE
Contents (coverage C):	EXCLUDE
Theft Coverage for Contents:	EXCLUDED
Liability (coverage L):	\$50,000
Medical (coverage M):	\$1,000
Theft of Tiny Home Coverage:	EXCLUDE
Trip Endorsement:	EXCLUDE
Contents Replacement:	YES
DEDUCTIBLE:	\$1,000

**PRICING**

Coverage A Premium:	\$813
Coverage B Premium:	N/A
Coverage C Premium:	N/A
Premium for Contents Theft:	N/A
Premium for Liability:	\$75
Premium for Theft of Tiny Home:	N/A
Premium for Trip Endorsement:	N/A
Premium for Content Replacement:	N/A

Request to Bind

Requested Effective Date: 06/1/2018

Signature of Requestor: *Cameron Schrand*

Date Requested: 06/12/2018

The signature of requestor is in acknowledgement and agreeing to the quote and all conditions within.

Thank you for your business. Cameron Johnson - cameron@cig-llc.biz - 719-284-0058

Note: coverage may differ from request, terms may be more restrictive. This is summary information only. If after review should amendments be required, please request revised terms and conditions from your underwriter. If issued, coverage will be provided by an insurer not admitted in the state. As such there is no supervision or jurisdiction from the state's insurance division. In the event of carrier insolvency, there is no protection under any state Guaranty Fund.

**FLAT CANCELLATION is not allowed. ALL FEES are fully earned at binding and non-refundable in the event of cancellation.**

Collection Costs: Insured/Agent agrees to pay attorney fee and other collection costs to CIG to the extent permitted by law if this policy is referred to an attorney or collection agency who is not a salaried employee of CIG, to collect any money insured/agent owes under this agreement (Not applicable in KY).

# ONLY FILL IN YELLOW BOXES

## PRODUCER NAME

M J McPherson Insurance Agency, Inc- Darien Schauf

PHONE (A/C, No Ext):

952-237-2384

FAX (A/C, No):

952-314-3886

PRODUCER EMAIL

mmcpherson@farmersagent.com

CUSTOMER EMAIL

twogirlsandatiny@gmail.com

EFFECTIVE DATE

6/12/2018

EXPIRATION DATE

6/12/2019

Company:

LLOYDS OF LONDON

FORM:

DP-2

## APPLICANT INFORMATION

Mailing Address

9550 80th Street West

Mailing State:

MN

Mailing City

Lonsdale

Mailing Zip Code

55046

## LOCATION OF TINY HOME (WHEN YOU BUY THE INSURANCE)

Physical Address

9550 80th Street West

Physical State:

MN

Physical City

Lonsdale

Physical Zip Code

55046

APPLICANT'S NAME

Stephanie Kubes

MAR STAT:

SINGLE

APPLICANT OCCUPATION

Certified Vet Tech

DOB:

6/12/1987

CO-APPLICANT'S NAME

MAR STAT:

CO-APPLICANT'S OCC.

DOB:

HOME PHONE #

651-334-2008

BUSINESS PHONE #

IS INSURED CURRENTLY INSURED

NO

NAME OF CARRIER

ANY PRIOR CLAIMS

NO

Total In Claims

NONE

## COVERAGES/LIMITS OF LIABILITY

VALUE OF HOME (COV A)

\$ 90,000.00

TRIP ENDORSEMENT

NO

DED (TYPE AND AMOUNT)

OTHER STRUCTURES

\$ -

PERSONAL LIABILITY  
(Each Occurrence)

\$ 50,000.00

X

ALL PERIL

\$ 1,000

CONTENTS (COV C):

\$ -

REP COST COV C

YES

MEDICAL PAYMENTS (Each Person)

\$1,000

QUAKE

NO

THEFT COV C

EXCLUDED

THEFT OF TINY HOME

NO

## PRICING

EST TOTAL PREMIUM

\$ 888.00

TINY BUILDER

Other

ESTIMATED TAXES

\$ 29.28

TRAILER BUILDER

Trailer Manufacturer

POLICY FEE

\$ 75.00

SERVICE FEE

\$ -

ESTIMATED TOTAL

\$ 992.28

The service fee enables our Insurance company to track the locations of the tiny homes (to get you a reduced rate). It also allows you to track your home.

## PAYMENT PLAN

WHO DO WE BILL?

x

PAYMENT OPTION (SELECT)

BILL APPLICANT

X

FULL PAY

BILL MORTGAGEE

FINANCE IT WITH DOWN OF

#FAMILIES

1

SERIAL NUMBER

57MCS3034HA001567

PURCHASE DATE

7/14/2017

ESTIMATED NUMBER OF MOVES PER YEAR:

## DWELLING LOCATION

WITHIN CITY LIMITS

X

WITHIN PROT SUBURB

WITHIN FIRE DIST

NO FIRE DEPARTMENT

ADDITIONAL QUESTIONS				
CONSTRUCTION	Frame	YR BUILT	# ROOMS	PURCHASE PRICE
LENGTH IN FEET (NOT TONGUE)	30	2018	1	\$ 90,000.00
WIDTH IN FEET	8.5	SQ FT	HEIGHT	
PRIMARY HEAT SOURCE	ELEC HEATER	240	13.5	
TYPE OF ROOFING	METAL	WOOD STOVE OR FIREPLACE		NO
USAGE TYPE (PUT X IN CORRECT USE OF TINY HOME)				
	PRIMARY	X	SEASONAL	-
			RENTAL	-
			VACANT	-
	SECONDARY		VACATION	-
			SHORT TERM RENTAL	-

IS THERE A MORTGAGE
MORTGAGE COMPANY NAME:
MORTGAGE COMPANY ADDRESS:
MORTGAGE COMPANY CITY:
MORTGAGE COMPANY STATE:
MORTGAGE COMPANY ZIP CODE:
MORTGAGE COMPANY LOAN #:

YES
First Pace Credit Union
161 Marie Ave E
West Saint Paul
MN
55118

FINAL QUESTIONS	
Does the applicant own, keep or shelter any animal with a previous bite history or any non-domestic animals?	NO
Does the premises have a swimming pool or spa?	NO
Has the applicant had a homeowners/dwelling policy cancelled or non-renewed for any reason?	NO
Has the applicant filed for bankruptcy in the past 36 months?	NO
Has the applicant been 30 days past due on mortgage payments in the last 12 months?	NO
Is there any unrepaired or existing non-structural damage in the dwelling?	NO
Is there a business operating from the tiny home ?	YES
Are there multiple horses, livestock or farm animals on the premises?	NO
Is there a dock, pier or boat house on the premises?	NO
Is the dwelling on 5 or more acres?	NO
Are farming activities conducted on the premises?	NO
Has the Home been uninsured for more than 30 days immediately prior to the requested effective date? (Does not apply to a new purchase)	NO
Does the dwelling have permanently installed steps and handrails, if 3 or more steps, on all entrances?	YES
Is the dwelling located within 1,500 feet of a body of water?	NO
Is the dwelling tied down when parked at its primary location?	NO

★  
\_\_\_\_\_

Insured Signature

*Darius Schindler*  
\_\_\_\_\_

Agent Signature

NOTE: Flat Cancellation is not permitted. Premium is 25% Minimum Earned Upon Request to Bind. All Fees are fully earned and non-refundable. Additional Fees will be incurred for non-sufficient funds, return payments and request for policy reinstatement.



Due Diligence forms must be completed entirely and thoroughly in order to process a bind order. Full, formal, carrier names need to be written on the form. NO ABBREVIATED carrier names are acceptable, such as: Hartford, CAN, or KL. Any inaccuracies will be sent back to the agent to correct. It is the responsibility of the agent to try and place the business within the admitted markets. The following are just a few examples of acceptable formal carrier names:

- Farmers Alliance Mutual Insurance Company
- Hartford Casualty Insurance Company
- Travelers Indemnity Company
- Farmers Insurance Exchange
- Hartford Fire Insurance Company
- Allstate County Mutual Insurance Company
- Statefarm Fire and Casualty Company
- Markel American Insurance
- Barton Mutual Insurance Company
- Builders Insurance Company Inc

To: Insurance Commissioner

State of Minnesota (State insured is located in)

Insured Name: Darien Schauf

Coverage Provided: Tiny House Coverage

I Darien Schauf of Darien Schauf Insurance Agency Inc.  
(Producer/Agent) (Agency Name)

hereby certify that I have made diligent effort to place this insurance with companies admitted to write business in the state of Minnesota for this class. I am unable to place the full amount or kind of insurance with companies admitted to transact and who are actually writing the particular kind and class of insurance in this state. I am therefore placing this insurance in the **SURPLUS LINES MARKET**.

The Insured was expressly advised prior to placement of this insurance in the **SURPLUS LINES** market that:

- A. The Surplus Lines insurer with whom the insurance was placed is not licensed in this state and is not subject to its supervision.
- B. In the event of the insolvency of the **SURPLUS LINES** insurer, losses will not be paid by the **STATE INSURANCE GUARANTY FUND**.

Signature of Producing Agent: Darien Schauf

Date: 06/12/2018

**Carrier Declinations**

Carrier	Reason
1. <u>Farmers Insurance</u>	1. <u>No Product</u>
2. <u>Farmers Insurance</u>	2. <u>No Product</u>
3. <u>USLI</u>	3. <u>No Product</u>