



THANK YOU FOR REQUESTING A QUOTE FROM BIGFOOT INSURANCE. THE QUOTE FOR YOUR TINY HOME IS ATTACHED BUT WE WANTED TO LET YOU KNOW WE CAN ALSO PROTECT YOUR VALUABLES!

Table with 4 columns: ITEMS, TOTAL VALUE, RATE, PRICE. Rows include ROAD BIKE/MOUNTAIN BIKE, CAMERA EQUIPMENT, LAPTOP/COMPUTERS, SKI EQUIPMENT, JEWELRY, HAND TOOLS, POLICY FEE, and STATE TAX.

Example: Your laptop is worth \$2500 and price would be \$2500 * 3% = \$75 a year

Example: your mountain bike is worth \$6000. Price would be \$360 a year (plus tax and fee) but includes theft and frame bending)

Policy DOES NOT include mysterious disappearance or wear and tear but DOES include theft or breakage.

_____ Please add this equipment to my quote

_____ I don't want to insure any special equipment

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

YOUR PRODUCER'S NAME AND ADDRESS IS:
 Kraft Lake Brokerage
 1434 Yankee Doodle Rd
 Eagan, MN 55121
 Phone #: 6514568834
 Surplus Lines Broker:
 Commercial Insurance Group, LLC
 In California: Bigfoot Specialty Insurance Agency
 303-900-2960

PERIOD: 12 Months

Request to Bind	
Requested Effective Date	2/8/2021
Person Requesting Bind	Nathaniel D LaFond
Signature of Requestor	<i>Nathaniel D LaFond</i>
Date Requested	2/6/2021

Named Insured & Mailing Address:

Nate LaFond
 50 Astor Rd
 Babbitt MN 55706

The Residence Premises is Located at:

4046 Norway Rd
 Ely MN 55731

Section I - Coverages	Limit of Liability for Quote	Quote Premium & Fees	
COVERAGE A - Dwelling	\$70,000	Premium	\$1,040.00
COVERAGE B - Other Structures	N/A	Minnesota Stamping Fee	\$0.46
		Minnesota State Tax	\$34.20
COVERAGE C - Personal Property	\$10,000	Policy Fee - CIG	\$100.00
COVERAGE C - Replacement coverage	YES	Total	\$1,174.66
COVERAGE D - Loss of Use	N/A		
EARTHQUAKE COVERAGE	NO		
COVERAGE E - Personal Liability	\$500,000		
COVERAGE F - Medical Payments to Others	\$1,000		
Minimum Earned Premium: 25%			
Fees Fully Earned			
OTHER ITEMS:			
Deductible:	\$500		
Theft coverage for contents:	\$3,000		
Trip Endorsement:	NO		
Theft of Tiny Home Coverage	YES		

Year Built: 2020

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

To Bind we will need:

- 1) Signed and dated request to Bind
- 2) Signed and completed Application
- 3) 2 Pictures of the Residence (exterior 2 different sides)
- 4) Proof of Payment
- 5) Signed and dated surplus lines form
- 6) Signed Fraud Statement
- 7) Signed No Loss Letter or Loss Runs for last 3-5 years
- 8) Completed Woodstove Questionnaire

- Be advised that this quote may not necessarily provide all the terms and / or coverage(s) requested in the submission / application.
- It is the agent's responsibility to analyze and request amendments if necessary. This is summary information only and not intended to list every term, condition or exclusion of the policy. The final coverage grant is governed solely by company's contract at issuance. Any discrepancy between summary attached and policy is unintentional, however, broker can accept no liability for any such oversight.
- Please review carefully the stipulated binding conditions outlined in or on your packet. We cannot bind until all items are received. Failure to return required documentation will result in delayed effective date as we cannot proceed to issue if there are missing, incomplete, or inaccurate file records returned to CIG underwriting.
- Payment is required PRIOR to our release of any binder or bind request to insurer. Coverage may differ from request; terms may be more restrictive. Policy contract when issued is provided by insurer non-admitted in the state. There is no direct supervision or jurisdiction of state department of insurance. Insured may not be eligible to participate in any state guaranty fund in the event of carrier insolvency. FLAT CANCELLATIONS are not allowed. ALL FEES are fully earned at binding and are non-refundable.
- If policy is cancelled for any reason and subsequently underwriters agree to reinstatement, there will be a service charge of \$250 required with no loss attestation prior to issuance of any reinstatement endorsement by insurer.
- 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.

Additional Products We Offer – Check if you want more info on this quote:

_____ Umbrella Quote (starting as low as \$250 a million – up to \$10,000,000)

_____ Flood Quote

_____ Earthquake Quote

_____ Personal Articles Quote (jewelry, bicycles, artwork, collections, ski equipment)

CHECK OUT OUR ONLINE QUOTING PLATFORM AT www.Bigfoot.insure

No Loss Letter

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

Nathaniel D LaFond 2/6/2021
Name of person Signing or Trust/LLC Name Date

Nathaniel D LaFond 2/6/2021
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:	Nate LaFond
Effective Date:	1/4/2021
Location Address:	4046 Norway Rd
Location City:	Ely
Location State:	MN
Location Zip:	55731
Coverage A:	\$70,000
Coverage B:	N/A
Coverage C:	\$10,000
Coverage D:	Not Available
Liability Limits:	\$500,000
Medical:	\$1,000
Replacement Cost for Coverage C:	YES
Theft Coverage for Coverage C:	3000
Earthquake Included:	NO
Trip Endorsement Included:	NO
Theft of Tiny Home Included:	YES
Construction:	Frame
Year Built:	2020
Serial Number/VIN:	
Length:	24
Width:	9
Primary Heat Source:	Wood Stove
Roof Type:	Metal
Square Footage (Including Loft):	216
Estimated Moves per Year:	0
Deductible:	\$500
Use of Tiny Home	Primary

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

Robert J. Paul 2/6/2021

Signature Client & Date

Andrew Schmitz 2/6/2021

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.



i n s u r a n c e

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 Matthew D. Leonard Time: 9:05 Date: 2/6/2021

Agent/Broker Signature

x Andrew Schmitz Date: 2/6/2021

Supplemental Heating Questionnaire

1. Make/Name of Unit? _____ Year Built? _____
2. Date Installed? _____ By whom? _____
3. Installation Inspected by:
 Municipal Bldg. Insp. Fire Dept. Other _____ Not Inspected
4. Location of unit, including room and floor level? _____

5. Is stove placed on non-combustible pad (include type of material)? _____

6. Surrounding walls: Combustible Non-Combustible Distance: _____ inches
7. Type of fuel used? _____
8. Use of stove: Primary heat source (i.e. furnace rarely used)
 Secondary – occasional use Cooking
 Trash disposal Other _____
9. Chimney Construction: Brick Stone Cinder Block
 Metal Other _____
10. Is chimney lined? Yes No
11. How often is the flue cleaned? _____
12. By whom? _____

PAYMENT INSTRUCTIONS

All payments should be submitted through the ePayPolicy link:

<https://cig-llc.epaypolicy.com/>



1. **PAYER** = Provide who's making this payment.
2. **EMAIL ADDRESS** = Provide the email you wish to receive a copy of the receipt that will be e-mailed.
3. **ACCOUNT TYPE** = Indicate who's account your using to make this payment.
4. **ACCOUNT NUMBER** = Use 99999 as default unless you have been provided a specific account number.
5. **ACCOUNT NAME** = Provide the name on the account you are using to make payment.
6. **INVOICES** = "Click" to add payment amount. (be sure to type in payment amount)
7. **TOTAL OF SELECTED INVOICES** = This will automatically be pre-filled after step 6.
8. **PAYMENT TYPE** = Indicate how you're making this payment. Credit Card Payment (3.25% fee) or ACH/eCheck (\$3)
9. **PAYMENT INFORMATION** = Provide payment information - Card details or eCheck information.
10. **NOTES** = Provide your agency name, the insureds name, and/or policy number if known.

*There is a disclaimer at the bottom, that must be read and acknowledged before you can continue. Be sure to check the box provided - **BEFORE** you submit the payment. *

- We have arranged more favorable terms with our finance provider to offer a reduced down payment option of only 15% down of premium and taxes, plus 100% of all fees. If the insured does not wish to take advantage of the program, we can revise the down payment amount to the standard 25%.

- We can also accept payment in full.

Please select the desired payment option from the choices below:

- CIG Financing:** Standard down payment amount of 25% of premium and taxes, plus 100% of all fees
- Pay the Total Payable Amount (including all premium, taxes, and fees) in full – insured or mortgagee
- Finance premium through your agency's preferred finance company - minimum down payment amount due to CIG is 25% of premium and taxes, plus 100% of all fees

A finance contract will be provided for CIG financing options above.

By pressing the "Pay Now" link (above) and completing the processing of their Credit/Debit card or ACH payment, the insured agrees to be bound by the terms and conditions stated on the policy (policies) for which this payment applies. Any refunds available to the insured will be governed by the terms, conditions, and refund policy of the insurance company from which the insured has applied for insurance.

We process credit cards and e-checks through ePayPolicy, a secure and highly trusted third- party vendor. There is a small fee that is calculated before you authorize the payment (3.25% for credit card or a flat \$3 fee for e-checks).

Thank you for your continued business.

Sincerely,

Mack Hone

Chief Financial Officer
Commercial Insurance Group, LLC
Direct: 719-301-1702
Email: Mack@cig-llc.biz

Payer

Date

Disclaimer: Commercial Insurance Group, LLC will pursue to the fullest extent allowed by law, collection directly from agent and/or insured, including but not limited to: 3rd party collection agency, the Agent's Bond, or small claims court. CIG may report agent failure to remit premium to any State insurance authority.

THIS FORM IS FOR A DRAFT FROM "YOUR" AGENCY TRUST ACCOUNT ONLY. DO NOT PROVIDE INSURED'S INFORMATION OR SEND INSURED'S VOIDED CHECK.



AGENT CHECK DRAFT AUTHORIZATION

On _____ (Date), I _____ (Account Holder Name), of _____ (Company Name), hereby authorize Commercial Insurance Group, LLC, or our authorized vendor, to duplicate the attached, or otherwise provided check, in bank draft form.

This authorization is valid for this transaction only. The transaction amount will be for exactly \$ _____.

This payment is for (check one): Down Payment Full Payment Other of Insurance premiums due for _____ (Client/Company Name).

The undersigned agrees to all terms and conditions on this page and any other contract or document that accompanies this agreement. And, certifies that they are the authorized account holder for this Account. The undersigned understands this is a binding agreement and they will receive a copy of each check draft in their bank statement when the item has cleared.

The undersigned also understands that if their item or items, are returned unpaid for any reason, including, but not limited to, NSF, uncollected funds, invalid or closed account, stop payment, or any other reason, Commercial Insurance Group, LLC will attempt to redeposit the item or items, and may choose to assess a returned check charge in the same or separate draft for \$25, or the maximum returned check charge allowed in their State.

Authorized Account Holder Signature

Date

Instructions

:

1. Attach Voided Check Here
2. Email this completed form to your underwriter at CIG



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: Nate LaFond

Coverage Provided: Tiny Home

I Andrew Schmitz of Andrew Schmitz Agency
(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: Andrew Schmitz

Date: 2/6/2021

Carrier Declinations

Carrier	Reason
1. <u>Farmers</u>	1. <u>Not in Appetite</u>
2. <u>Foremost</u>	2. <u>Does not cover theft of tiny home</u>
3. <u>Kraft Lake</u>	3. <u>Not in Appetite</u>

