PERSONAL AUTOMOBILE POLICY DECLARATIONS

TERM: 50 TRANS#: 1 POLICY NUMBER: 000008779

MUTUAL INSURANCE COMPANY 269 Barstad Rd S - Box 48 Cottonwood, MN 56229

INSURED ADDRESS:

AGENCY ADDRESS: 0760

HEINE INS AGENCY

STEVEN H AND JANE M ALPERT 17443 JASMINE AVE LAKEVILLE, MN 55044

23 NW 3RD ST

FARIBAULT MN 55021

Mrs Alps P Snul.com/

Policy Period FROM: 03-12-20 TO: 09-12-20 12:01 AM Standard Time

DRIVER(S) INFORMATION:								
DRV	NAME	UNT	SEX	MST	BIRTHDAY	ST	DRV LIC NUMBER	
001	STEVEN H ALPERT	003	M	MAR	09/12/50	MN	A416777298709	
002	JANE M ALPERT	001	F	MAR	11/06/54	MN	A416368585853	

DESCRIPTION OF UNIT(S):

The unit(s) described in this Policy is (are) rated and principally garaged at the above address, unless otherwise indicated with an alternate garaging address.

	UNT	YEAR	MAKE	MODEL	BODY	VIN	PL	CLASS	STATED AMOUNT	PREMIUM
_	Olai				The state of the s		-	8801200	THE RESIDENCE OF THE PERSON	\$214
	001	2004	OLDS	SILHOUET	WAG4X24D	1GHDX03E64D212978	3.53	8801200		
		2004	DI III	DADK AVE	CEDAN AD	1G4CW54K644145803	F	8801200		\$213
	002	2004	BUIK	PARKAVE	SEDAN 4D	TG4C447474747602	5254325			40.40
	003	2014	NSSN	MURANO	UTL4X44D	JN8AZ1MWXEW526496	F	8801200		\$348
	000	~~.								

Minnesota Auto Theft Prevention Surcharge \$1.50 TOTAL POLICY PREMIUM: \$776.50

VEHICLE(S) INFORMATION:

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UNT	YEAR 2004	OLDS OLDS	SILHOUET	WAG4X24D		64D212978	F	7	11	11	8801200		\$214
001		v 1111 -	77.5			LIMIT PE	D A /	CID	ENIT			MUM	-
		COVERAGE:	<u>S</u>	LIMIT PER F		LIIVIII PEI	1000		and the second		LINE	\$46	
	Bodily In	ury		\$2	250,000		3.3	500,					
	Property	Damage					\$	250,	000			\$61	
	52 35	d Motorist		\$3	100,000		\$	300,	000			\$11	
		ured Motori	st		100,000		\$	300,	000			\$12	
	OTHER C	OVERAGES			LIMIT	1	DED	UCT	BLE		PREI	MIUM	
	PIP Stack				BASIC							\$30	
		rk Loss Exclu	sion IN	SURED AND RI	ELATIVE						INCL	UDED	
		P - Option		SEE SCI	HEDULE							\$2	
	Full Safet		•		YES						INCL	UDED	
		an Collision				200		\$	250			\$52	
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POLICY NUMBER: 000008779 TERM: 50 TRANS#: 1



INSURED ADDRESS:

AGENCY ADDRESS: 0760

STEVEN H AND JANE M ALPERT 17443 JASMINE AVE LAKEVILLE, MN 55044

23 NW 3RD ST FARIBAULT MN 55021

HEINE INS AGENCY

Policy Period FROM: 03-12-20 TO: 09-12-20 12:01 AM Standard Time

DRIVER(S) INFORMATION:									
DRV	NAME	UNT	SEX	MST	BIRTHDAY	ST	DRV LIC NUMBER		
001	STEVEN H ALPERT	003	M	MAR	09/12/50	MN	A416777298709		
002	JANE M ALPERT	001	F	MAR	11/06/54	MN	A416368585853		

DESCRIPTION OF UNIT(S):

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UNT	YEAR	MAKE	MODEL	BODY	VIN	PL	CLASS	STATED AMOUNT	PREMIUM
001	2004	OLDS	SILHOUET	WAG4X24D	1GHDX03E64D212978	F	8801200		\$214
002	2004	BUIK	PARK AVE	SEDAN 4D	1G4CW54K644145803	F	8801200		\$213
003	2014	NSSN	MURANO	UTL4X44D	JN8AZ1MWXEW526496	F	8801200		\$348

Minnesota Auto Theft Prevention Surcharge \$1.50

TOTAL POLICY PREMIUM: \$776.50

VEHICLE(S) I	NFORMATION:
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Coverage included only where both Limit of Insurance and Premium are shown:

			COVETA	ge meladed (my where bu	Jui Limit Of	mourance	aiic	1 116	72 - N. C. L.		I C SHOWII		
	UNT	YEAR	MAKE	MODEL	BODY	VIN		P L	TR	SY	SY	CLASS	PR AT	PREMIUM
	001	2004	OLDS	SILHOUET	WAG4X24D	1GHDX03E	64D212978	F	7	11	11	8801200	30 5	\$214
1100		LIABILITY	COVERAGE	<u>s</u>	LIMIT PER F	PERSON	LIMIT PER	R AC	CID	ENT		PREM	MUIN	
Bodily Injury			\$2	250,000		\$	500,	000		(Anne and anne	\$46			
	Property Damage			50 T	Colonial (September		Ś	250,	000			\$61		
	Uninsured Motorist			\$1	\$300,000									
		Underins	ured Motor	ist	\$1	\$300,000				\$11 \$12				
		OTHER COVERAGES				LIMIT	D	DEDUCTIBLE		BLE	PREMIUM			
		PIP Stack	ed			BASIC		77 (18 (18 (18 (18 (18 (18 (18 (18 (18 (18				7.57 PARTITION	\$30	
		Wo	rk Loss Exclu	ision IN	SURED AND RE	ELATIVE						INCL	UDED	
		Added PI	P - Option	3	SEE SCI	HEDULE							\$2	
		Full Safet	ty Glass			YES						INCL	UDED	
		Other Th	an Collision						Ś	250		/ 504-00-00-0	\$52	

POLICY NUMBER: 000008779 TERM: 50 TRANS#:

269 Barstad Rd S - Box 48 Cottonwood, MN 56229

MAIL-TO-ADDRESS:

AGENCY ADDRESS: 0760

507-334-8405

STEVEN H AND JANE M ALPERT 17443 JASMINE AVE LAKEVILLE, MN 55044

HEINE INS AGENCY

23 NW 3RD ST FARIBAULT MN 55021

Policy Period FROM: 03-12-20 TO: 09-12-20 12:01 AM Standard Time At The Address Of The INSURED Stated Herein.

GENERAL INFORMATION:

NAMED INSURED: STEVEN H AND JANE M ALPERT

PHONE: 612-435-2631

TOTAL 6-MONTH PREMIUM:

\$ 776.50

(THIS IS NOT A BILL; STATEMENT WILL FOLLOW)

PAID IN FULL PREMIUM:

\$ 722.50

RENEWAL CERTIFICATE

THE FOLLOWING APPLY TO THIS POLICY:

Multi-Car Discount

Insurance Score Discount

Companion Policy Discount H160108

Passive Restraint Discount Vehicle(s): 001, 002, 003

Anti-Theft Discount Vehicle(s): 001, 002, 003

Work Loss Excluded For: STEVEN H, JANE M

FORM(S) AND ENDORSEMENT(S)

Your Policy is subject to the forms(s)/endorsement(s) listed below. Any new or revised form(s)/endorsement(s) are attached and now apply. Current policy forms are available on request.

CF-1708-0317

CF-1402-0105

PP0001-0105

CF-1920-1013

PP0497-0116

PP0567-0117

CF-2211-0519

CF-2163-0417

PP1301-1299

PP2340-1015

PP0315-0694

PP0568-0694

This Cover Sheet along with the Declarations Page(s), Form(s), and Endorsement(s), completes this policy. Credit History or Credit-Based Rating was used in determining the premium of this policy.

INSUREDS COR

POLICY NUMBER: H160108 STEVEN H & JANE M ALPERT HEINE INS AGENCY 760

The Property Coverages and any other building coverages have been automatically updated based on current dwelling construction factors supplied to us by an accredited appraisal firm. The present limits are shown on this declarations.

DIRECT BILL INSURED

(THIS IS NOT A BILL; STATEMENT WILL FOLLOW)

#-PREMIUM CHARGED INDICATES NO WOODBURNING/SOLID FUEL EQUIPMENT

MORTGAGEE: AFFINITY PLUS FED CREDIT UNION ITS SUCCESSORS &/OR ASSIGNS 17555 KENWOOD TRAIL LAKEVILLE MN 55044 LOAN #967244

INCIDENTAL PROPERTY COVERAGES

TOTAL LIMIT

IDENTITY FRAUD

\$5,000 PER OCCURRENCE

BACKUP OF SEWER, DRAIN OR SUMP SYSTEM - NS-208 LOC. 1 LIMIT PER OCCURRENCE: \$5,000

(LOSS TO PROPERTY LISTED BELOW IS ADJUSTED BASED ON THE ACTUAL CASH VALUE OF THE DAMAGED ITEM AT THE TIME OF LOSS, WHICH MAY BE LESS THAN THE COVERAGE SHOWN FOR THE ITEM. PAYMENT WILL NOT EXCEED COVERAGE SHOWN FOR THE ITEM.)

PERSONAL ARTICLES COVERAGE - NS-175	DEDUCTIBLE	COVERAGE
JEWELRY TOTAL JEWELRY 14K Y/G RING, .30CT DIAMOND 14K Y/G LADIES WEDDING RING 14K Y/G GENTS WEDDING RING SS W/10K YG OVERLAY SET W/BLUE SAPH	NONE	2,585 1,950 300 250 85
WATERCRAFT COVERAGE - NS-300	DEDUCTIBLE	COVERAGE
78 16 LUND S#LUNF8269N79B	\$100	850
CON B : OUTBOARD MOTORS / 18 00 00 00 00 00 00 00 00 00 00 00 00 00	\$100	
CD C METERORET TRATLETS	2.400	750

** ALL-STAR ** HOMEOWNERS POLICY -- RENEWAL CERTIFICATE

POLICY NUMBER: H160108

PLEASE RETAIN THIS RENEWAL CERTIFICATE WITH YOUR ORIGINAL POLICY!!

INSUREDS COPY

28 YIF

POLICY PERIOD: FROM 2/01/2020 TO 2/01/2021 12:01 AM STANDARD TIME

- DECLARATIONS -

952-435-2631

AGENT AND ADDRESS: (507) 334-8405

MUTUAL INSURANCE COMPANY Box 48 Cottonwood, Minnesota 56229

STEVEN H & JANE M ALPERT 17443 JASMINE AVE LAKEVILLE MN 55044

NAMED INSURED AND ADDRESS:

HEINE INS AGENCY 23 NW 3RD ST FARIBAULT MN 55021 760

In consideration of the payment of the premium specified, the policy designated above is renewed for the indicated period. Insurance is provided only with respect to the coverages and limits shown below. The terms and conditions of the policy are stated in the original policy, unless changed by form(s) and/or endorsement(s) listed on this renewal certificate.

CREDIT HISTORY OR CREDIT RATING WAS USED TO DETERMINE THE PREMIUM OF THIS POLICY.

PROPERTY COVERAGES	A RESIDENCE	B RELATED PRIVATE STRUCTURES	C PERSONAL PROPERTY	D ADDITIONAL LIVING EXPENSE		
LIMIT	\$298,000	\$29,800	\$223,500	ACTUAL LOSS SUS- TAINED IN 12 MTHS		
		\$500 FLAT DEDUC	TIBLE			
PERSONAL	L PERSONAL L	IABILITY	M MEDICAL PAYMENTS TO OTHERS			
LIABILITY COVERAGE	LIMIT \$ 300,0	000 (EACH OCCURRENCE)	RENCE) LIMIT \$2,500 (EACH PERSO			

PROT CLASS: P; 1 FAMILY FRAME; YOC: 1987

; ROOF YEAR: 1999; ROOF TYPE: ASPHALT

DESCRIBED LOCATION NO. 1 COUNTY OF DAKOTA (0370) 17443 JASMINE AVE LAKEVILLE MN 55044

MIL Dias 1

Your policy is subject to the forms/endorsements listed below. Any new or revised forms/endorsements are attached and now apply. Current policy forms are available on request. PREMIUM

NS-5	(09-09)	"ALL STAR" HOMEOWNERS FORM (INCLUDES EXPANDED REPLACEMENT COST UP TO 125%)		1,468.00
NS-81H CF-2021 CF-2162 NS-100	(04-19) (02-12) (04-17) (03-02)	AMENDMENT OF POLICY TERMS - HOMEOWNERS (MN) LOSS ASSESSMENT/ASSOCIATION DEDUCTIBLE COVERAGE COMMON LOSS DEDUCTIBLE INLAND MARINE GENERAL TERMS		INCL,
NS-175 NS-208 NS-300	(05-91) (03-11) (04-16)	TNOREASED LEAD TO THE TRANSPORT OF STATE OF STAT		
		HAS BEEN ADJUSTED BY THE FOLLOWING: VALUED CUSTOMER DISCOUNT MATURE HOMEOWNERS DISCOUNT AUTO COMPANION POLICY DISCOUNT ROOF SURFACE REPL COST CHRS INSURANCE SCORE FACTOR DISCOUNT	Minister of the state of the st	

TOTAL ANNUAL PREMIUM

1.558.00#