

QUOTE

CERTAIN UNDERWRITERS AT LLOYDS OF LONDON
WRITTEN AND SIGNED LINES: 100% SYNDICATE #1729 [DALE]
Policy Form: DP-2
Expiring Policy Number: CIG-TH-203580 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# 0H40842

PERIOD: 12 Months

Request to Bind	
Requested Effective Date:	8/25/2021
Person Requesting Bind:	John & Barb Pabst
Signature of Requestor:	<i>Barbara Pabst</i>
Date Requested:	8/13/2021

Named Insured & Mailing Address:

John & Barb Pabst
 2396 Cable Street
 Ogilvie MN 56358

The Residence Premises is Located at:

2396 Cable Street
 Ogilvie MN 56358

Section I - Coverages	Limit of Liability for Quote	Quote Premium & Fees
COVERAGE A - Dwelling	\$90,000	Premium \$978.00
COVERAGE B - Other Structures	N/A	Minnesota Stamping Fee \$0.44
COVERAGE C - Personal Property	N/A	Minnesota State Tax \$33.09
COVERAGE C - Replacement coverage	NO	Policy Fee - CIG \$100.00
COVERAGE D - Loss of Use	N/A	Tax Filing Fee-Will Comply \$25.00
EARTHQUAKE COVERAGE	NO	Total \$1,136.53
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 withing 75 miles of Gulf or Atlantic. No wind Coverage in state of Hawaii		
OTHER ITEMS:		
Deductible:	\$1,000	
Theft coverage for contents:	\$1,000	
Trip Endorsement:	NO	
Theft of Tiny Home Coverage	YES	

Year Built: 2018

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

APPLICATION

Customer Name:	John & Barb Pabst
Effective Date:	8/25/2021
Location Address:	2396 Cable Street
Location City:	Ogilvie
Location State:	MN
Location Zip:	56358
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:	1000
Earthquake Included:	NO
Trip Endorsement Included:	NO
Theft of Tiny Home Included:	YES
Construction:	Frame
Year Built:	2018
Serial Number/VIN:	
Length:	34
Width:	8.5
Primary Heat Source:	Electric (inc mini split)
Roof Type:	Metal
Square Footage (Including Loft):	350
Estimated Moves per Year:	0
Deductible:	\$1,000
Use of Tiny Home	Primary

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

Barbara O. Palst 8/13/2021

Signature Client & Date

Andrew Schmitz

8/5/2021

Signature Agent & Date

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 Barbara O. Palast Time: 11:11AM Date: 8/13/2021

Agent/Broker Signature

x Andrew Schmitz Date: 8/5/2021