



A division of ONE80 INTERMEDIARIES

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!

ITEMS	TOTAL VALUE	RATE	PRICE
ROAD BIKE/MOUNTAIN BIKE:	\$	6%	
CAMERA EQUIPMENT:	\$	2%	
LAPTOP/COMPUTERS	\$	3%	
SKI EQUIPMENT:	\$	6%	
JEWELRY		2.5%	
HAND TOOLS		1%	
POLICY FEE:			\$25.00
STATE TAX			Anywhere from 1% to 6%

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

QUOTE

CERTAIN UNDERWRITERS AT LLOYDS OF LONDON
WRITTEN AND SIGNED LINES: 100% SYNDICATE #1729 [DALE]
Policy Form: DP-2
Expiring Policy Number: CIG-TH-203288 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	
Person Requesting Bind	
Signature of Requestor	
Date Requested	

Named Insured & Mailing Address:

Catherine Shannon
7100 County Rd 110 W
Minnetrista MN 55364

The Residence Premises is Located at:

7100 Country Rd 110 W
Minnetonka MN 55364

Section I - Coverages	Limit of Liability for Quote	Quote Premium & Fees	
COVERAGE A - Dwelling	\$150,000	Premium	\$1,425.00
COVERAGE B - Other Structures	N/A	Minnesota Stamping Fee	\$0.61
		Minnesota State Tax	\$45.75
COVERAGE C - Personal Property	N/A	Policy Fee - CIG	\$100.00
COVERAGE C - Replacement coverage	NO	Total	\$1,571.36
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: 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

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

Quote Advisory

- 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.bigfootbinds.com

APPLICATION

Customer Name:	Catherine Shannon
Effective Date:	6/16/2021
Location Address:	7100 Country Rd 110 W
Location City:	Minnetonka
Location State:	MN
Location Zip:	55364
Coverage A:	\$150,000
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:	2018
Serial Number/VIN:	
Length:	30
Width:	8.5
Primary Heat Source:	Electric (inc mini split)
Roof Type:	Metal
Square Footage (Including Loft):	255
Estimated Moves per Year:	0
Deductible:	\$1,000
Use of Tiny Home	Primary

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

Signature Client & Date

Signature Agent & Date

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 can also accept payment in full.

Please select the desired payment option from the choices below:

- Bigfoot Financing:** Standard down payment amount of 25% of premium and taxes, plus 100% of all fees. Contact underwriter with any down payment issues. A finance contract will be provided for by Bigfoot for either of the financing options listed below.
 - **MBA Premium Finance Company:**
 - Mail a check or money order to PO Box 1506, Suite 4, O'Fallon IL 62269
 - Or overnight a check or money order to 807 W. Hwy 50, Suite 4, O'Fallon IL
 - Or navigate to www.myfinanceaccount.com to make a single payment via ACH online. The contract number and zip code are required. UW can provide contract number, or it may be in binding requirements.
 - Or call and pay over the phone [800-844-2678](tel:800-844-2678) 24/7/365 to make payment.
 - To set up autopay with MBA Premium Finance Company, please go to the following link and complete the form: https://www.pdfFiller.com/en/link_to_fill/302413279.htm
 - **IPFS Financing:**
 - Submit down payment via Epay link above which goes to Bigfoot Insurance. Contact underwriter for any down payment issues.
 - Once you receive the Notice of Acceptance and Assignment from IPFS, it will have the Web Access Code on it. Go to www.ipfs.com and select the REGISTER button to get all paperwork by Email. Agents can help their insureds make payments and follow-up on payments. If you have any questions at this point, contact IPFS at 800.825.3443 or email cod@ipfs.com.
- Total Payable Amount:** pay in full (including all premium, taxes, and fees) – insured or mortgagee.
- Agency Financed:** 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.

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 | Insurance Accounting Manager
Bigfoot Insurance, a division of One80 Intermediaries
E: mack@bigfootbinds.com
A: 1773 S. 8th Street, Suite 200 | Colorado Springs | CO | 80905
P: 719-301-1702

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

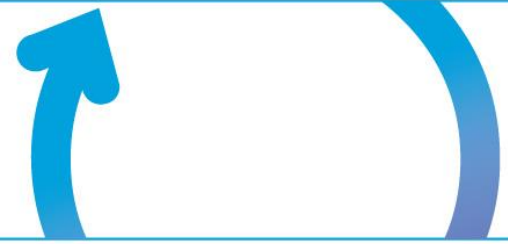
Date

Instructions

:

1. Attach Voided Check Here
2. Email this completed form to your underwriter at Bigfoot Insurance, a division of One80 Intermediaries

INITIAL: _____



Date: _____

PLEASE COMPLETE AND RETURN AT BINDING – Failure to do so may result in delay of binding or issuance.

In order to comply with the provisions of the below referenced State & its Insurance Code(s) that pertain to Surplus Line Risks, the following affidavit must be completed by the Surplus Line Licensee or the referring agent.

Insured: _____ Policy # _____ Effective: _____

SURPLUS LINE RISK AFFIDAVIT

STATE OF _____
COUNTY OF _____

I, _____, being duly sworn do depose and say, that
(Retail Agent or Referring Surplus Line Broker)

after diligent effort I am unable to procure policy or contract of:

Type of Insurance: _____

For: _____

Address: _____

The following Admitted Companies and/or Program Administrators have refused to write this risk:

1. _____
2. _____
3. _____

Full Name of Insurance Carrier/Company

NAIC Number (if available)

Therefore, I offer this affidavit in order to comply with the provisions of the above listed State's Insurance Code and with the Rules and Regulations pertaining to Surplus Line Business as promulgated by that State's Department or Division of Insurance.

SUBSCRIBED and sworn to before me this _____

Agent/Broker's Signature

Day of _____, 20_____

Agent/Broker's Printed Name

License Number: _____

State of License: _____

Notary Public (only if required by State)

If the Surplus Line Licensee is a corporation, the affidavit must be executed by an officer whose name appears on the license; if a partnership, it must be executed by a partner whose name appears on the license. If the affidavit is executed by a referring broker, his license number must be noted below his name.

SCHEDULE OF FORMS:

Insurance Coverage is subject to all terms and conditions of this policy and applicable forms listed below.

<input checked="" type="checkbox"/>	<u>Name</u>	<u>Form #</u>	<u>Description</u>
<input checked="" type="checkbox"/>	Base Dwelling Property Includes the following Forms		
		SLC-3	Lloyds cover page with declaration page
		TAX STATE FORM	State Tax Form
		CIG-HO-SYND	Syndicate List
		DP 00 02 07 14	Dwelling Property 2 - Broad Form
		CIG-HO-PRIV	Commercial Insurance Group, LLC Privacy Policy
		CIG-Agent (2014)	Notice to Retail Producer
		LMA5108	Microorganism Exclusion
		CIG-T1009	Additional Liability Exclusions 2004
		CIG-T1010	Brush Fire
		CIG-T1011	Total Loss Earned Premium Clause
		NMA1191	Radioactive Contamination Exclusion
		NMA5020	Service of Suit Clause
		NMA 1331	Cancellation Clause
		LMA5019	Asbestos Endorsement
		NMA2918	War and Terrorism Exclusion Endorsement
		NMA2962	Biological or Chemical Materials Exclusion
		LSW1135B	Lloyd's Privacy Notice
		NMA2915	Electronic Data Endorsement B
		NMA2340	Seepage/Pollution/Contamination Excl./Debris Removal End./Authorities
		CIG-T9920	Sanction Limitation and Exclusion Clause Several
		LSW1001	Liability Notice
		LSW3001	Premium Payment Clause
		LMA5021(09/05)	Applicable Law
		DP 04 76 12 02	Actual Cash Value Loss Settlement
		CIG1910T0817	Fair Rental Value and Additional Living Expense
		CIG1911T0817	Other Structures
		CIG1912T0817	Water Limitation Endorsement
		CIG1913T0817	Coastal Wind and Hail Exclusion
		CIG1915T0817	Illegal Substance or Controlled Substance Exclusion
		CIG1916T0817	Liability Exclusion While Attached to a "Motor Vehicle"
		CIG1917T0817	Policy Territory
		CIG1918T0817	Trailer Exclusion
		CIG1919T0817	Actual Cash Value Defined
		CIG1923T1117	Fire Extinguisher Appliance
		CIG1924T1117	Short Term Rentals Endorsement
	Optional Dwelling Property Forms (additional premium charged for these options)		
<input type="checkbox"/>		CIG1914T0817	Described Location
<input type="checkbox"/>		CIG1920T0817	Trip Collision Coverage
<input type="checkbox"/>		CIG1921T0817	Personal Property Replacement Cost
<input type="checkbox"/>		DP 04 73 07 14	Limited Theft Coverage
<input checked="" type="checkbox"/>		CIG1922T0817	Theft of Tiny Home
<input type="checkbox"/>		CIGEQ000015	Earthquake
	Optional Dwelling Liability Forms		
<input checked="" type="checkbox"/>	Optional Dwelling Liability Forms (if purchased all forms included)		
		DL 24 01 07 14	Personal Liability
		CIG-T9921	Premise Liability
		DL P0 03 07 14	Limited Home Day Care Coverage Advisory Notice To Policyholders
		CIG2201T0817	Specific Breed Animal Exclusion
		CIG2202T0817	Livestock Exclusion
		CIG2203T0817	All-Terrain Vehicle Exclusion

CIG2204T0817	Swimming Pool or Spa Exclusion
CIG2205T0817	Trampoline Exclusion
CIG2206T0817	Sexual Molestation, Corporal Punishment/Physical or Mental Abuse Exclusion
CIG2207T0817	Punitive Damages Exclusion
CIG2208T0817	Mold Exclusion
CIG2209T0817	Hazardous Substances Exclusion
CIG2210T0817	Assault and Battery Exclusion
CIG2211T1117	Exclusion of Marijuana and Marijuana Activity

SERVICE OF SUIT CLAUSE (USA)

This Service of Suit Clause will not be read to conflict with or override the obligation of the parties to arbitrate their disputes as provided for in an Arbitration provision with this Policy. This Clause is intended as an aid to compelling arbitration or enforcing such arbitration or arbitral award, not as an alternative to such Arbitration provision for resolving dispute arising out o the contact of Insurance (or reinsurance).

It is agreed that in the event of the failure for the Underwriters heron to pay any amount claimed to be due hereunder, the Underwriters heron , at the request of the Insured (or Reinsured), will submit to the jurisdiction of a Court of competent jurisdiction with the United States. Nothing in the Clause constitutes or should be understood to constitute a waiver of Underwriters' right to commence an action in any Court of competent jurisdiction in the United States, to remove an action to a United States District court, or to seek a transfer of a case to another Court as permitted by the laws of the United States or any State in the United States.

It is further agreed that service of process in such suit may be made upon Mendes and Mount, New York and that in any suit instituted against any one of them upon this contract, Underwriters will abide by the final decision of such Court or of any Appellate Court in the event of an appeal.

The above-named are authorized and directed to accept service of process on behalf of Underwriter in any such suit and/or upon the request of the Insured (or Reinsured) to give a written undertaking to the Insured (or Reinsured) that they will enter a general appearance upon Underwriters' behalf in the event such a suit shall be instituted.

Further, pursuant to any statute of any state, territory or district of the United States which makes provision therefore, Underwriter heron hereby designate the Superintendent, Commissioner or Direct of Insurance or other office specified for that purpose in the stature, of this successor or successor in office, as their true and lawful attorney upon whom may be served any lawful process in any action, suit or proceeding instituted by or on behalf of the Insured (or Reinsured) or any beneficiary hereunder arising out of this contact of insurance (or reinsurance), and hereby designate that above-named as the person to whom the said office is authorized to mail such process or a true copy thereof.

14/09/2005

NMA5020

Form approved by Lloyd's Market Association