



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-214812 21

YOUR PRODUCER'S NAME AND ADDRESS IS:
 Kraft Lake Brokerage - KL
 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 \$1,616.00
COVERAGE B – Other Structures	N/A	Minnesota Stamping Fee \$0.69
		Minnesota State Tax \$51.48
COVERAGE C – Personal Property	N/A	Policy Fee - CIG \$100.00
COVERAGE C – Replacement coverage	NO	Total \$1,768.17
COVERAGE D – Loss of Use	N/A	
EARTHQUAKE COVERAGE	NO	
COVERAGE E – Personal Liability	\$300,000	
COVERAGE F – Medical Payments - 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. \$5000 Deductible if used for Short Term Rental		
OTHER ITEMS:		<b style="background-color: yellow;">IMPORTANT PAYMENT INFORMATION: <input type="checkbox"/> Client Will Pay in Full to CIG <input type="checkbox"/> Client will pay down payment to CIG and finance the balance <input type="checkbox"/> Mortgage Company will send payment to CIG <input type="checkbox"/> Agent will send payment to CIG
Deductible:	\$1,000	
Theft coverage for contents:	EXCLUDED	
Trip Endorsement:	YES	
Theft of Tiny Home Coverage	YES	
Year Built:	2018	

To Bind we will need:

1. Signed and dated request to Bind.
2. Signed and completed Application.
3. 2 Exterior Pictures of the Residence (at minimum two different sides of tiny home).
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

No Loss Letter

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

_____ **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.

Printed Name of person Signing or Trust/LLC Name

Date

Signature of Homeowner or LLC/Trust Manager

Date

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:	Catherine Shannon
Effective Date:	6/16/2022
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:	YES
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:	
Address:	
City:	
State:	
Zip:	
Loan Number:	

Signature Client & Date

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.

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 _____ Time: _____ Date: _____

Agent/Broker Signature

X _____ 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. *

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.

We can also accept payment in full.

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.

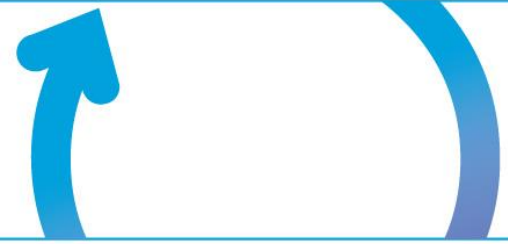
The undersigned also understands that if their item or items, are returned unpaid for any reason, including, but not limited to, NSF, uncollected funds, invalid or closed account, stop payment, or any other reason, Commercial Insurance Group, LLC will attempt to redeposit the item or items, and may choose 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



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 checked="" type="checkbox"/>		CIG1914T0817	Described Location
<input checked="" 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 of 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