Berkshire Hathaway HOMESTATE COMPANIES

Berkshire Hathaway Homestate Insurance Company

a member of the Berkshire Hathaway group of insurance companies

Quote

Insured Name:	NORMA LOUISMET	Quote Date:	6/20/2022
Effective Date:	6/21/2022 12:01AM	Quote ID:	1258927
Expiration Date:	6/21/2023 12:01AM	Primary Risk State:	Minnesota
Agency:	William B. Runck		
Producer:		Underwriter:	Web Underwriter
Producer Phone:	(651)323-2021	Phone:	(800) 488-2930
		Email:	webprop@bhhc.com

Property Coverage

Coverage	Limit/TIV	Coins	Valuation	Cause of Loss	Ded	Premium
Building	$180,000	80%	Actual Cash Value	Basic	$1,000	$814
Business Personal Property other than Stock and Tenants Improvements and Betterments	$4,000	80%	Actual Cash Value	Basic	$1,000	$21

*See Schedule

Assessments	
Fire Safety Surcharge (With Terrorism)	$4
Fire Safety Surcharge (Without Terrorism)	$4

Endorsements

Total Commercial Property Premium	$835

General Liability Coverage

Occurrence Limit	$1,000,000
General Aggregate Limit (Other Than Products - Completed Operations)	$2,000,000
Products / Completed Operations Aggregate Limit	Excluded
Fire Damage Legal Liability Limit (Any One Fire)	$100,000
Medical Expense Limit (Any One Person)	Excluded
Personal And Advertising Injury Limit	Excluded

General Liability Coverage is applicable only to the classes listed below:

Class Code	Class Description	Premium
68606	Vacant Buildings - not factories - Other than Not-For-Profit	$40
	Medical Expense	($1)
	GL Balance to Meet Subline Minimum	$291

Total General Liability Premium	$330

Policy Totals

Total Premium Without Terrorism Coverage* **$1,169**

Optional Terrorism Coverage for Certified Acts*

Total Policy Premium With Terrorism Coverage* **$1,169**

*May include balance to meet minimum premium

Quote is valid through: 6/21/2022 12:01:00AM

This is NOT a binder of insurance. Company must be notified prior to binding coverage.

Quote ID 1258927
First Named Insured NORMA LOUISMET
DBA

Berkshire Hathaway HOMESTATE COMPANIES

Additional Interests

Policy Additional Named Insured(s)

None

Property

Loc, Bld	Type	Name	Address	Address 2	City, State, Zip
1 , 1	Additional Insured	Jenny Louismet	132 Western Ave S		Saint Paul, MN 55102

General Liability

None

GL Additional Interest Forms

None

Berkshire Hathaway HOMESTATE COMPANIES

Insured Name: NORMA LOUISMET

Quote ID: 1258927

Terms and Conditions

This quote is being offered subject to the following terms and conditions. The Company disclaims any responsibility for your failure to reconcile the original application with coverage quoted herein. Failure to comply with the following conditions may result in cancellation.

- Excluded Coverage for Tenant Damage
- Excluded Coverage for Cosmetic Loss to Metal Roof Coverings Caused by Hail
- A Per Building Deductible will apply in accordance with how buildings are shown on the Schedule in the policy.
- Insured Required to Maintain Public Utilities
- Insured Required to Perform Physical Inspections of the Property
- Vandalism:
  1-1 Excluded
  1-2 Policy Term Aggregate Limit of Insurance: $25,000, Per-Building Deductible: $2,500
- Multiple Deductibles:
  1-1 Windstorm or Hail Deductible: $1,600
- 3 Years (or purchase/possession date if within 3 years) of loss runs dating up to and including our inception date. If purchased or possessed within 3 years, or if this is a NEW PURCHASE effective our inception date, please make a note of this in your reply. If loss runs are not available, we will accept a signed and dated loss/no loss statement from the Insured covering the equivalent time period.
- Current color photos of at least TWO sides of the Building(s) listed on the Insured's property schedule. Web photos and faxes are not acceptable
- The Policyholder Disclosure Notice of Terrorism Insurance Coverage signed and dated by the Insured if the Insured elects to purchase TRIA coverage. This form is included with your quote or can be obtained on-line at www.bhhc.com in the Property Rater under the Documents tab of the Insured`s file
- No Unreported Losses
- All requested documents are due within 20 days of binding.
- Appurtenant structures, including but not limited to fences, detached garages, and sheds, must be specifically scheduled to receive coverage.
- Minnesota Changes - Coinsurance Form to be signed by Named Insured and returned to Underwriting. Failure to receive signed form will result in an endorsement removing coinsurance back to policy inception with an additional premium charge.

This is NOT a binder of insurance. Company must be notified prior to binding coverage.

Disclosure Statement

The premium for this account includes a commission that is within the terms of your normal commission schedule included within the provisions of your Agency Agreement. If your agency contract includes a Profit Sharing Agreement, this policy may or may not be included in that profit sharing plan. It's unclear at this time whether you will be eligible for profit sharing or whether this individual account will increase or decrease any profit sharing payout as the loss ratio is undetermined at this time and any payments are not guaranteed.

Berkshire Hathaway HOMESTATE COMPANIES

Insured Name: NORMA LOUISMET

Quote ID: 1258927

PROPERTY COVERAGE SUMMARY

Location Number: 1 - 132 WESTERN AVE S SAINT PAUL MN 55102

Building Number:	Rating Type:	Construction Type:	RCP Code:	Group II	Year Built:	Square Feet:	Vacant Date:
1	Class Rated	Frame/Brick Veneer	2102	1B	1919	1,317	6/21/2022

Occupancy Description	Coverage Description	Exposure	Cause of Loss	Valuation	Coins %	Ded	Term Premium	Annual Net Rate
VACANT DWELLING - NOC	Building	$160,000	Basic	Actual Cash Value	80%	$1,000	$692	0.433
	Business Personal Property other than Stock & TIB	$4,000	Basic	Actual Cash Value	80%	$1,000	$21	0.525
Exposure Total:		$164,000					$713	

Building Number:	Rating Type:	Construction Type:	RCP Code:	Group II	Year Built:	Square Feet:	Vacant Date:
2	Class Rated	Frame/Brick Veneer	2102	1B	1919	500	N/A

Occupancy Description	Coverage Description	Exposure	Cause of Loss	Valuation	Coins %	Ded	Term Premium	Annual Net Rate
TWO CAR GARAGE	Building	$20,000	Basic	Actual Cash Value	80%	$1,000	$122	0.610
Exposure Total:		$20,000					$122	
Total Location Values:		**$184,000**					**$835**	**0.454**

Total Policy Values:	**$184,000**	**$835**	**$835**	**0.454**

* Coverage is subject to a Blanket Limit of Insurance and Coinsurance.

† See Schedule

Berkshire Hathaway HOMESTATE COMPANIES

Insured Name: NORMA LOUISMET

Quote ID: 1258927

GENERAL LIABILITY COVERAGE SUMMARY

Loc	Coverage Description	Class Code	Subline	Exposure	Exposure Type	Exposure Basis	Rate	Premium
1	Vacant Buildings - not factories - Other than Not-For-Profit	68606	Prem/Ops	1,817	Area	Per 1,000	22.16	$40

Total GL Premium $330

Coverage forms and endorsements are available for viewing in the forms library under your agency login at bhhc.com.

Insured Name: NORMA LOUISMET Quote ID: 1258927

Schedule of Common Forms and Endorsements

Form Number	Edition Date	Form Name
ILM0314	07/2011	BERKSHIRE HATHAWAY HOMESTATE COMPANIES
ILM0314	09/2021	BERKSHIRE HATHAWAY HOMESTATE COMPANIES
CD24	07/2003	COMMON POLICY DECLARATIONS
ILS 0001	05/2013	COMMON POLICY FORMS SCHEDULE
IL 0017	11/1998	COMMON POLICY CONDITIONS
ILB 5821	08/2015	EXCLUSION FOR WAR, NUCLEAR RISK (INCLUDING RADIOACTIVE), AND BIOLOGICAL RISK (INCLUDING CHEMICAL)
M 5748	10/2013	SANCTION EXCLUSION

Coverage forms and endorsements are available for viewing in the forms library under your agency login at bhhc.com.

Insured Name: NORMA LOUISMET Quote ID: 1258927

Schedule of Property Forms and Endorsements

Form Number	Edition Date	Form Name
CPD 0001	04/2013	COMMERCIAL PROPERTY COVERAGE PART DECLARATIONS
CPS 0001	05/2013	COMMERCIAL PROPERTY COVERAGE PART FORMS SCHEDULE
CPM 2039	11/2009	VACANT BUILDING PROPERTY COVERAGE FORM
CP 1010	06/2007	CAUSES OF LOSS - BASIC FORM
CP 0108	02/2008	MINNESOTA CHANGES
CP 0157	09/2018	MINNESOTA CHANGES - COINSURANCE
IL 0245	09/2008	MINNESOTA CHANGES - CANCELLATION AND NONRENEWAL
IL 0935	07/2002	EXCLUSION OF CERTAIN COMPUTER-RELATED LOSSES
IL 0953	01/2015	EXCLUSION OF CERTIFIED ACTS OF TERRORISM
IL 0995	01/2007	CONDITIONAL EXCLUSION OF TERRORISM
CP 0090	07/1988	COMMERCIAL PROPERTY CONDITIONS
CP 0140	07/2006	EXCLUSION OF LOSS DUE TO VIRUS OR BACTERIA
CP 1032	08/2008	WATER EXCLUSION ENDORSEMENT
CP 1055	06/2007	VANDALISM EXCLUSION
CP 1075	12/2020	CYBER INCIDENT EXCLUSION
CPB 1006	05/2014	AMENDED UTILITIES AND INSPECTION REQUIREMENTS
CPB 2001	05/2019	EXCLUSION - NAMED CONSTRUCTION MATERIALS
CPM 2049	10/2017	VANDALISM LIMITATION
CPM 9903	07/2015	EXCLUSION - MAJOR RENOVATIONS
CPM2034	01/2009	BUSINESS PERSONAL PROPERTY ENDORSEMENT
CPM2042	01/2009	NEWLY ACQUIRED OR CONSTRUCTED PROPERTY
CPS 0003	10/2017	COMMERCIAL PROPERTY ADDITIONAL PARTY SCHEDULE
CPM 1110	09/2019	MULTIPLE CAUSES OF LOSS DEDUCTIBLE FORM
CPB 2002	05/2019	EXCLUSION - EVICTION

Coverage forms and endorsements are available for viewing in the forms library under your agency login at bhhc.com.

Insured Name: NORMA LOUISMET Quote ID: 1258927

Schedule of General Liability Forms and Endorsements

Form Number	Edition Date	Form Name
GL51D	02/1986	COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS
GL51S	02/1986	COMMERCIAL GENERAL LIABILITY PART SUPPLEMENTAL SCHEDULE
CGS 0002	05/2013	COMMERCIAL GENERAL LIABILITY COVERAGE PART ALL PREMISES YOU OWN, RENT OR OCCUPY
CGS 0001	05/2013	COMMERCIAL GENERAL LIABILITY COVERAGE PART FORMS SCHEDULE
CG 0001	12/2007	COMMERCIAL GENERAL LIABILITY COVERAGE FORM
CG 2605	02/2007	MINNESOTA CHANGES
CG 2681	12/2004	MINNESOTA CHANGES - DUTIES CONDITION
CG 0122	12/2007	MINNESOTA CHANGES - CONTRACTUAL LIABILITY EXCLUSION AND SUPPLEMENTARY PAYMENTS
CG 2132	05/2009	COMMUNICABLE DISEASE EXCLUSION
CG 2135	10/2001	EXCLUSION - COVERAGE C - MEDICAL PAYMENTS
CG 2138	11/1985	EXCLUSION - PERSONAL AND ADVERTISING INJURY
CG 2146	07/1998	ABUSE OR MOLESTATION EXCLUSION
CG 2147	12/2007	EMPLOYMENT-RELATED PRACTICES EXCLUSION
CG 2167	12/2004	FUNGI OR BACTERIA EXCLUSION
CG 2175	01/2015	EXCLUSION OF CERTIFIED ACTS OF TERRORISM AND EXCLUSION OF OTHER ACTS OF TERRORISM COMMITTED OUTSIDE THE UNITED STATES
CG 2187	01/2015	CONDITIONAL EXCLUSION OF TERRORISM
CG 2196	03/2005	SILICA OR SILICA-RELATED DUST EXCLUSION
CG 0068	05/2009	RECORDING AND DISTRIBUTION OF MATERIAL OR INFORMATION IN VIOLATION OF LAW EXCLUSION
CGB 2165	08/2013	EXCLUSION - ANIMALS
CGB 6006	08/2013	EXCLUSION - ASSAULT AND BATTERY
GL 2146	07/2014	EXCLUSION - REAL ESTATE DEVELOPMENT INCLUDING CONSTRUCTION
IL 0021	09/2008	NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT
ILB 5820	08/2013	CROSS SUITS EXCLUSION
ILB0025	08/2013	PUNITIVE DAMAGES EXCLUSION DUTY TO DEFEND AMENDMENT
CGB 6180	08/2013	EXCLUSION - TOTAL POLLUTION
CGB 6188	08/2013	EXCLUSION - CONSTRUCTION AND CONSTRUCTION-RELATED ACTIVITIES PERFORMED FOR OTHERS
CGB 6189	08/2013	EXCLUSION - PRODUCTS-COMPLETED OPERATIONS HAZARDS
CGB 6192	08/2013	EXCLUSION OF INJURY TO EMPLOYEES, CONTRACTORS, SUBCONTRACTORS, EMPLOYEES OF CONTRACTORS, AND EMPLOYEE
CGB 9903	05/2013	EXCLUSION - MAJOR RENOVATIONS
CGB2136	06/2012	EXCLUSION - EXTERIOR INSULATION AND FINISH SYSTEM (EIFS), ENTRAN II HOSE, CHROMATED COPPER ARSENATE
CGB2160	06/2012	EXCLUSION OF CERTAIN COMPUTER-RELATED LOSSES
CGB6179	06/2012	EXCLUSION - LEAD PAINT
CGB6181	06/2012	EXCLUSION - ASBESTOS
CGB 6191	08/2013	MULTIPLE POLICIES FOR THE SAME INSURED
CGB 6178	08/2013	OTHER INSURANCE

Coverage forms and endorsements are available for viewing in the forms library under your agency login at bhhc.com.

CGB 2003	12/2016	CARE AND MAINTENANCE REQUIREMENTS
CGB 2153	12/2016	RESIDENTIAL DESIGNATED OPERATIONS LIMITATION
CG 2139	10/1993	CONTRACTUAL LIABILITY LIMITATION
CG 2144	07/1998	LIMITATION OF COVERAGE TO DESIGNATED PREMISES OR PROJECT

Quote ID: 1258927

POLICYHOLDER NOTICE OF TERRORISM INSURANCE COVERAGE

Berkshire Hathaway Homestate Insurance Company ("Insurer") hereby notifies you that under theTerrorism Risk Insurance Act of 2002, including all amendments thereto, (the "Act"), you have a right to purchase insurance coverage for losses arising out of certified acts of terrorism as defined in the Act. The term "certified act of terrorism" means any act that is certified by the United States Secretary of the Treasury, in consultation with the United States Secretary of Homeland Security and United States Attorney General, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT IF YOU ELECT TO PURCHASE COVERAGE FOR LOSSES ARISING OUT OF CERTIFIED ACTS OF TERRORISM, THERE IS AN ANNUAL LIABILITY CAP FOR COVERED TERRORISM LOSSES UNDER THE ACT EQUAL TO $100,000,000,000 OF AGGREGATE INSURED LOSSES AS DEFINED IN THE ACT. LOSSES PAID UNDER THIS COVERAGE WILL BE PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. UNDER THIS FORMULA, THE UNITED STATES PAYS A PORTION(85% IN CALENDAR YEAR 2015, DECREASING BY 1% EACH YEAR STARTING JANUARY 1, 2016, UNTIL REACHING 80% ON JANUARY 1, 2020) OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY-ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. ANY INSURER THAT HAS SATISFIED THEIR STATUTORILY-ESTABLISHED DEDUCTIBLE IS NOT LIABLE FOR, AND THE UNITED STATES SECRETARY OF THE TREASURY IS NOT AUTHORIZED TO PAY, ANY PORTION OF SUCH LOSSES EXCEEDING THE CAP ON ANNUAL LIABILITY OF$100,000,000,000. THE ADDITIONAL PREMIUM CHARGED FOR THIS COVERAGE IS STATED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

SELECTION OR REJECTION OF TERRORISM INSURANCE COVERAGE

UNDER FEDERAL LAW IF THE POLICY YOU HAVE APPLIED FOR IS APPROVED, YOU HAVE THE RIGHT TO ACCEPT OR REJECT COVERAGE FOR A CERTIFIED ACT OF TERRORISM SUBJECT TO THE POLICY'S OTHER TERMS, CONDITIONS, EXCLUSIONS, AND LIMITS. THERE IS ADDITIONAL PREMIUM FOR THIS COVERAGE AS SHOWN BELOW.

☐	hereby elect to purchase coverage for a certified act of terrorism for an additional annual premium of $ 100 . I understand that if my application for coverage is approved, my policy will be issued without the Insurer's standard terrorism exclusion, but such coverage would be subject to all of the other Policy terms, conditions, exclusions, and limits (including an exclusion for acts of terrorism not certified by the Secretary of Treasury). Terrorism involving Nuclear, Biological or Chemical Terrorism is excluded. **If the Terrorism Risk Insurance Act of 2002, including all amendments thereto, is not extended beyond December 31, 2020, then terrorism coverage under this policy may be affected.**

NOTE: If you do not elect to purchase coverage and pay the additional premium within two weeks of receiving this notice, you will not have terrorism coverage under this policy. Your policy will be issued with no coverage for losses arising from any act of terrorism, and the Insurer's standard Terrorism Exclusion will be part of your policy.

Applicant's Signature _____ Date _____

Print Name of Applicant _____ Policy Number _____

Print Corporate Title if Policy Applicant is a Corporation _____

Binding Procedures - Commercial Property

You may bind coverage for an account for which you have received a formal quote, provided there are no additions, alterations or omissions to any of the terms of the coverage requested, by following the instructions below. Our premium indications are valid for 30 days or the quote effective date, whichever comes first.

New Direct Bill Option: Direct Bill account coverage will be bound no earlier than 12:01 AM the day after the bind is initiated online.

TO BIND COVERAGE: You will receive a link from noreply@bhhc.com. Follow the link in the email to our online binding mechanism. You will then have four options:

1. PREMIUM FINANCED POLICIES: Not an option for non-admitted business. Premium Financed Policies will be run through our Direct Bill mechanism, but will be on a full payment plan. You may choose to pay now and pay the policy premium in full at time of bind, or pay within five days. The insured will be billed and shall be responsible for any additional premium that is endorsed onto the policy. If the insured elects to premium finance the endorsed premium it is the insured's responsibility to contact the premium finance company.

2. MORTGAGEE BILL: Not an option for non-admitted business. This is only available if there is the same single mortgagee on every property on the policy. Upon selection of this option, the mortgagee will be billed directly.

3. DIRECT BILL: Not an option for non-admitted business.

> **A. PAY NOW:** Down payment must be processed through our online system at the time of bind. If valid payment is not received at the time of bind, no coverage will be in effect. Please gather payment information (bank routing #, checking account # or credit/debit card #, expiration date and security code) from the insured before starting the bind process.
>
> **B. PAY WITHIN FIVE DAYS:** Your agency will be directly responsible for all earned premium on the policy. If the down payment is not received by us within five (5) calendar days, a notice of cancellation will be issued for nonpayment of premium. For renewals only, insured will be responsible for earned premium.

4. AGENCY BILL: This is the only option for all non-admitted business (annual pay) and may be an option for a few selected agencies.

Questions about binding?
Contact P&C Client Services at (877) 680-2442

Commissions will be paid monthly as payments are received. Commission statements and checks are generated at the beginning of each month.

Berkshire Hathaway HOMESTATE COMPANIES
PO Box 31145 • Omaha, NE 68131
bhhc.com

Direct Bill
Payment Plan Options

Date: 06/20/2022

Billing Services:
1-877-680-2442
7:00 AM-7:00 PM Central Time, Mon-Fri
billing@bhhc.com

Applicant Name: **NORMA LOUISMET**

Quote Number: 1258927

Indicated Premium: **$1,169.00** (includes government fees and assessments, if applicable)

Payment Plans:	11-Pay	6-Pay	4-Pay	2-Pay	Full Pay
Down Payment *					
Due at Binding	$237.00	$237.00	$296.00	$587.00	$1,169.00
Installments **					
Month 1	$93.20	$186.40			
Month 2	$93.20		$291.25		
Month 3	$93.20	$186.40			
Month 4	$93.20				
Month 5	$93.20	$186.40	$291.25	$582.50	
Month 6	$93.20				
Month 7	$93.20	$186.40			
Month 8	$93.20		$291.25		
Month 9	$93.20	$186.40			
Month 10	$93.20				

* Down payment is rounded up to the nearest dollar. Payment of this amount may slightly lower the first installment amount due.

** Indicates number of months after policy effective date.

Direct Bill policies require a down payment at the time of binding. The down payment may be submitted online from the insured's bank account, credit or debit card during binding. Subsequent installments will be due on the same calendar day as the effective date of the policy. Please see the payment plan options above.

Recurring Payments

Recurring payments are a convenient and secure option to automatically deduct insurance payments from a bank account, credit card, or debit card on the scheduled due date. Enroll by completing the Recurring Payment Authorization form or by calling Billing Services at 1-877-680-2442 7 am - 7 pm Central Time Monday - Friday.

Berkshire Hathaway HOMESTATE COMPANIES
PO Box 31145 • Omaha, NE 68131
bhhc.com

Recurring Payments Authorization Form

Insured Name: **NORMA LOUISMET**

Policy/Quote Number: 1258927

Agency Name: **William B. Runck**

Billing Services:
1-877-680-2442
7:00 AM-7:00 PM Central Time, Mon-Fri
billing@bhhc.com

Recurring payments are a convenient and secure option to automatically deduct your insurance payment from your bank account, credit card or debit card on the scheduled due date. When enrolled in recurring payments the installment fee is eliminated, lowering your bill.

Select a Request Type: Enroll in Recurring Payments ☐ Change Recurring Payments Account ☐ Stop Recurring Payments ☐
(only signature and date required)

Name on Account: _____ Account Holder Address: _____

City/State/ZIP: _____ E-mail Address for Receipts: _____

Enroll using a Checking/Savings Account Account Type: Checking Account ☐ Savings Account ☐

Bank Name: _____

Routing Number*: _____ Account Number: _____

**Please note that a routing number has exactly nine digits.*

Enroll using a Credit/Debit Card* Card Type: Visa ☐ Master Card ☐ Discover ☐ American Express ☐

Card Number: _____ Expiration Date: _____

**A nominal transaction and reversal may appear on your statement due to our validation process.*

Please submit this completed form via one of the following methods:

- **FAX** to 1-866-897-2393
- **MAIL** to PO Box 31145, Omaha, NE 68131
- ****E-MAIL WILL NOT BE ACCEPTED****

Please Note: Down payments will not be processed from the information on this form. Down payments may be processed online at the time of binding or by calling Billing Services.

A payment schedule will be mailed to you showing the dates and amounts of your recurring payments. If there is an outstanding bill when you enroll in recurring payments, a one-time payment will be processed on the bill's due date. If a payment date falls on a weekend or holiday, the payment will be drafted on the next business day. Please note that three (3) business days advance notice is required to change or stop recurring payments.

**** I authorize National Indemnity Company [on behalf of Berkshire Hathaway Homestate Companies] to initiate automatic payments for premium on my insurance policy and its renewals to my bank account, credit card or debit card. This authority shall remain in effect until I revoke it in writing to the address above, by fax to 1-866-897-2393 or by calling Billing Services. I authorize my financial institution to debit the above designated bank account, credit card or debit card, and understand that I will receive advance notice of any increase in payments which result from endorsements to or renewal of my policy.****

AUTHORIZED SIGNATURE: _____ Date: _____

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

MINNESOTA CHANGES – COINSURANCE

This endorsement modifies insurance provided under the following:

COMMERCIAL PROPERTY COVERAGE PART

The following is added to the **Coinsurance Additional Condition:**
At your request the Coinsurance Condition is made a part of:

Policy No. _____

of the **Berkshire Hathaway Homestate Insurance Company**
NAME OF INSURANCE COMPANY

This agreement will remain in effect for the period of this Policy, and all subsequent Policy periods, unless requested by you to remove this condition by mailing or delivering to us advance written notice.

_____
Insured

_____
Title

_____
Date

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