



**Berkshire Hathaway**  
HOMESTATE COMPANIES

## Berkshire Hathaway Homestate Insurance Company

a member of the Berkshire Hathaway group of insurance companies

### Quote

Insured Name:	HERITAGE GREEN PAIRED HOME	Quote Date:	10/23/2025
Effective Date:	11/01/2025 12:01 AM	Quote ID:	2341657
Expiration Date:	11/01/2026 12:01 AM	Primary Risk State:	Wisconsin
Agency:	John Volgren		
Producer:		Underwriter:	Robert Henry
Commission:	15.0%	Phone:	(800) 488-2930
		Email:	RHenry@bhhomestate.com

Property Coverage						
Coverage	Limit/TIV	Coins	Valuation	Cause of Loss	Ded	Premium
Building	\$24,300,000	80%	Replacement Cost	Special Incl Theft	\$25,000	\$57,319
Business Income and Extra Expense	\$112,000	80%	N/A	Special Incl Theft	N/A	\$367

\*See Schedule

Assessments	

Endorsements
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Total Commercial Property Premium	\$57,686
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Insured Name: HERITAGE GREEN PAIRED HOME

Quote ID: 2341657

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Policy Totals	
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Total Premium Without Terrorism Coverage*	\$57,686
Optional Terrorism Coverage for Certified Acts*	\$1,154
<b>Total Policy Premium With Terrorism Coverage*</b>	<b>\$58,840</b>

\*May include balance to meet minimum premium

Quote is valid through: 11/1/2025 12:01:00AM

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

Quote ID

First Named Insured

DBA

2341657

HERITAGE GREEN PAIRED HOME



Additional Interests

Policy Additional Named Insured(s)

None

Property

Loc, Bld	Type	Name	Address	Address 2	City, State, Zip
1 , 1	Required Third Party Notific	MJF and Associates, Inc	1940 Greeley St S		Stillwater, MN 55082
2 , 1	Required Third Party Notific	MJF and Associates, Inc	1940 Greeley St S		Stillwater, MN 55082
3 , 1	Required Third Party Notific	MJF and Associates, Inc	1940 Greeley St S		Stillwater, MN 55082
4 , 1	Required Third Party Notific	MJF and Associates, Inc	1940 Greeley St S		Stillwater, MN 55082
5 , 1	Required Third Party Notific	MJF and Associates, Inc	1940 Greeley St S		Stillwater, MN 55082
6 , 1	Required Third Party Notific	MJF and Associates, Inc	1940 Greeley St S		Stillwater, MN 55082
7 , 1	Required Third Party Notific	MJF and Associates, Inc	1940 Greeley St S		Stillwater, MN 55082
8 , 1	Required Third Party Notific	MJF and Associates, Inc	1940 Greeley St S		Stillwater, MN 55082
9 , 1	Required Third Party Notific	MJF and Associates, Inc	1940 Greeley St S		Stillwater, MN 55082
10 , 1	Required Third Party Notific	MJF and Associates, Inc	1940 Greeley St S		Stillwater, MN 55082
11 , 1	Required Third Party Notific	MJF and Associates, Inc	1940 Greeley St S		Stillwater, MN 55082
12 , 1	Required Third Party Notific	MJF and Associates, Inc	1940 Greeley St S		Stillwater, MN 55082
13 , 1	Required Third Party Notific	MJF and Associates, Inc	1940 Greeley St S		Stillwater, MN 55082
14 , 1	Required Third Party Notific	MJF and Associates, Inc	1940 Greeley St S		Stillwater, MN 55082
15 , 1	Required Third Party Notific	MJF and Associates, Inc	1940 Greeley St S		Stillwater, MN 55082
16 , 1	Required Third Party Notific	MJF and Associates, Inc	1940 Greeley St S		Stillwater, MN 55082
17 , 1	Required Third Party Notific	MJF and Associates, Inc	1940 Greeley St S		Stillwater, MN 55082
18 , 1	Required Third Party Notific	MJF and Associates, Inc	1940 Greeley St S		Stillwater, MN 55082
19 , 1	Required Third Party Notific	MJF and Associates, Inc	1940 Greeley St S		Stillwater, MN 55082
20 , 1	Required Third Party Notific	MJF and Associates, Inc	1940 Greeley St S		Stillwater, MN 55082
21 , 1	Required Third Party Notific	MJF and Associates, Inc	1940 Greeley St S		Stillwater, MN 55082
22 , 1	Required Third Party Notific	MJF and Associates, Inc	1940 Greeley St S		Stillwater, MN 55082
23 , 1	Required Third Party Notific	MJF and Associates, Inc	1940 Greeley St S		Stillwater, MN 55082
24 , 1	Required Third Party Notific	MJF and Associates, Inc	1940 Greeley St S		Stillwater, MN 55082
25 , 1	Required Third Party Notific	MJF and Associates, Inc	1940 Greeley St S		Stillwater, MN 55082
26 , 1	Required Third Party Notific	MJF and Associates, Inc	1940 Greeley St S		Stillwater, MN 55082
27 , 1	Required Third Party Notific	MJF and Associates, Inc	1940 Greeley St S		Stillwater, MN 55082

28 , 1	Required Third Party Notific	MJF and Associates, Inc	1940 Greeley St S		Stillwater, MN 55082
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**General Liability**  
None

**GL Additional Interest Forms**  
None

**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.

- A Per Building Deductible will apply in accordance with how buildings are shown on the Schedule in the policy.
- Multiple Deductibles:
  - 1-1 Windstorm or Hail Deductible: \$45,000
  - 2-1 Windstorm or Hail Deductible: \$45,000
  - 3-1 Windstorm or Hail Deductible: \$45,000
  - 4-1 Windstorm or Hail Deductible: \$45,000
  - 5-1 Windstorm or Hail Deductible: \$45,000
  - 6-1 Windstorm or Hail Deductible: \$45,000
  - 7-1 Windstorm or Hail Deductible: \$45,000
  - 8-1 Windstorm or Hail Deductible: \$45,000
  - 9-1 Windstorm or Hail Deductible: \$45,000
  - 10-1 Windstorm or Hail Deductible: \$45,000
  - 11-1 Windstorm or Hail Deductible: \$45,000
  - 12-1 Windstorm or Hail Deductible: \$45,000
  - 13-1 Windstorm or Hail Deductible: \$45,000
  - 14-1 Windstorm or Hail Deductible: \$45,000
  - 15-1 Windstorm or Hail Deductible: \$45,000
  - 16-1 Windstorm or Hail Deductible: \$45,000
  - 17-1 Windstorm or Hail Deductible: \$45,000
  - 18-1 Windstorm or Hail Deductible: \$45,000
  - 19-1 Windstorm or Hail Deductible: \$45,000
  - 20-1 Windstorm or Hail Deductible: \$45,000
  - 21-1 Windstorm or Hail Deductible: \$45,000
  - 22-1 Windstorm or Hail Deductible: \$45,000
  - 23-1 Windstorm or Hail Deductible: \$45,000
  - 24-1 Windstorm or Hail Deductible: \$45,000
  - 25-1 Windstorm or Hail Deductible: \$45,000
  - 26-1 Windstorm or Hail Deductible: \$45,000
- 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](http://www.bhhc.com) in the Property Rater under the Documents tab of the Insured's file. This form only needs to be signed if the insured elects to purchase TRIA coverage.
- No Unreported Losses

- Protective Safeguards:

- 1-1 P-9 e. Grills
  - 2-1 P-9 e. Grills
  - 3-1 P-9 e. Grills
  - 4-1 P-9 e. Grills
  - 5-1 P-9 e. Grills
  - 6-1 P-9 e. Grills
  - 7-1 P-9 e. Grills
  - 8-1 P-9 e. Grills
  - 9-1 P-9 e. Grills
  - 10-1 P-9 e. Grills
  - 11-1 P-9 e. Grills
  - 12-1 P-9 e. Grills
  - 13-1 P-9 e. Grills
  - 14-1 P-9 e. Grills
  - 15-1 P-9 e. Grills
  - 16-1 P-9 e. Grills
  - 17-1 P-9 e. Grills
  - 18-1 P-9 e. Grills
  - 19-1 P-9 e. Grills
  - 20-1 P-9 e. Grills
  - 21-1 P-9 e. Grills
  - 22-1 P-9 e. Grills
  - 23-1 P-9 e. Grills
  - 24-1 P-9 e. Grills
  - 25-1 P-9 e. Grills
  - 26-1 P-9 e. Grills
  - 27-1 P-9 e. Grills
  - 28-1 P-9 e. Grills
- Minimum Earned Premium Percentage: 25%
  - All requested documents are due within 20 days of binding.
  - Detached structures, including but not limited to detached garages, sheds, and barns, must be scheduled on the Declarations to receive coverage.
  - QUOTE SUBJECT TO CONFIRMATION THAT ALL DAMAGES FROM THE LOSS SUSTAINED DURING THE EXPIRING POLICY TERM HAVE BEEN 100% REPAIRED.
  - DUE AT BINDING: NAME, NUMBER, AND EMAIL ADDRESS FOR SOMEONE WHO COULD BE PRESENT AT THE SITE FOR LOSS CONTROL AND/OR DRONE SURVEYS. THE LOSS CONTROL AND/OR DRONE SERVICES WILL BE IN CONTACT TO SCHEDULE A CONVENIENT TIME TO VISIT.

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

<b>Disclosure Statement</b>
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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.

## **IMPORTANT NOTICE: PROTECTIVE SAFEGUARDS CONDITION**

Your policy has protective safeguards.

Protective Safeguards for devices or services, such as alarms and sprinklers, must be maintained in complete working order.

**Otherwise, there may not be coverage in the event of a loss.**

Please refer to the below endorsement(s) to see how your coverage is limited:

CP 0411 PROTECTIVE SAFEGUARDS

**\*\*This is only a notice of your coverage and does not amend, extend or alter the coverages or any other provisions contained in your policy. The language in your policy controls your legal rights and obligations. In the event of a conflict between the policy and this notice, policy provisions prevail.**



Insured Name: HERITAGE GREEN PAIRED HOME

Quote ID: 2341657

## PROPERTY COVERAGE SUMMARY

### Location Number: 1 - 26 HERITAGE GREEN & 25 IVY GREEN HUDSON WI 54016

<u>Building Number:</u> 1	<u>Rating Type:</u> Class Rated	<u>Construction Type:</u> Frame/Brick Veneer	<u>RCP Code:</u> 2103	<u>Group II</u> 1B	<u>Year Built:</u> 2011	<u>Square Feet:</u> 4,600	<u>Vacant Date:</u> N/A	
Occupancy Description	Coverage Description	Exposure	Cause of Loss	Valuation	Coins %	Ded	Term Premium	Annual Net Rate
CONDOMINIUMS - RESIDENTIAL 1-4 UNITS	Building	\$900,000	Special Incl Theft	Replacement Cost	80%	\$25,000	\$2,367	0.263
	Business Income and Extra Expense	\$4,000	Special Incl Theft	N/A	80%	N/A	\$15	0.375
<b>Total Location Values:</b>		<b>\$904,000</b>					<b>\$2,382</b>	<b>0.263</b>

### Location Number: 2 - 24 HERITAGE GREEN & 23 IVY GREEN HUDSON WI 54016

<u>Building Number:</u> 1	<u>Rating Type:</u> Class Rated	<u>Construction Type:</u> Frame/Brick Veneer	<u>RCP Code:</u> 2103	<u>Group II</u> 1B	<u>Year Built:</u> 2011	<u>Square Feet:</u> 4,600	<u>Vacant Date:</u> N/A	
Occupancy Description	Coverage Description	Exposure	Cause of Loss	Valuation	Coins %	Ded	Term Premium	Annual Net Rate
CONDOMINIUMS - RESIDENTIAL 1-4 UNITS	Building	\$900,000	Special Incl Theft	Replacement Cost	80%	\$25,000	\$2,367	0.263
	Business Income and Extra Expense	\$4,000	Special Incl Theft	N/A	80%	N/A	\$15	0.375
Total Location Values:		\$904,000					\$2,382	0.263

### Location Number: 3 - 22 HERITAGE GREEN & 21 IVY GREEN HUDSON WI 54016

<u>Building Number:</u> 1	<u>Rating Type:</u> Class Rated	<u>Construction Type:</u> Frame/Brick Veneer	<u>RCP Code:</u> 2103	<u>Group II</u> 1B	<u>Year Built:</u> 2009	<u>Square Feet:</u> 4,600	<u>Vacant Date:</u> N/A	
Occupancy Description	Coverage Description	Exposure	Cause of Loss	Valuation	Coins %	Ded	Term Premium	Annual Net Rate
CONDOMINIUMS - RESIDENTIAL 1-4 UNITS	Building	\$900,000	Special Incl Theft	Replacement Cost	80%	\$25,000	\$2,520	0.280
	Business Income and Extra Expense	\$4,000	Special Incl Theft	N/A	80%	N/A	\$16	0.400
<b>Total Location Values:</b>		<b>\$904,000</b>					<b>\$2,536</b>	<b>0.281</b>

### Location Number: 4 - 20 HERITAGE GREEN & 19 IVY GREEN HUDSON WI 54016

<u>Building Number:</u> 1	<u>Rating Type:</u> Class Rated	<u>Construction Type:</u> Frame/Brick Veneer	<u>RCP Code:</u> 2103	<u>Group II</u> 1B	<u>Year Built:</u> 2007	<u>Square Feet:</u> 4,600	<u>Vacant Date:</u> N/A	
Occupancy Description	Coverage Description	Exposure	Cause of Loss	Valuation	Coins %	Ded	Term Premium	Annual Net Rate
CONDOMINIUMS - RESIDENTIAL 1-4 UNITS	Building	\$900,000	Special Incl Theft	Replacement Cost	80%	\$25,000	\$2,556	0.284
	Business Income and Extra Expense	\$4,000	Special Incl Theft	N/A	80%	N/A	\$16	0.400
Total Location Values:		\$904,000					\$2,572	0.285

### Location Number: 5 - 18 HERITAGE GREEN & 17 IVY GREEN HUDSON WI 54016

<u>Building Number:</u> 1	<u>Rating Type:</u> Class Rated	<u>Construction Type:</u> Frame/Brick Veneer	<u>RCP Code:</u> 2103	<u>Group II</u> 1B	<u>Year Built:</u> 2007	<u>Square Feet:</u> 4,600	<u>Vacant Date:</u> N/A	
Occupancy Description	Coverage Description	Exposure	Cause of Loss	Valuation	Coins %	Ded	Term Premium	Annual Net Rate
CONDOMINIUMS - RESIDENTIAL 1-4 UNITS	Building	\$900,000	Special Incl Theft	Replacement Cost	80%	\$25,000	\$2,556	0.284
	Business Income and Extra Expense	\$4,000	Special Incl Theft	N/A	80%	N/A	\$16	0.400
Total Location Values:		\$904,000					\$2,572	0.285

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

† See Schedule

**Location Number: 6 - 102 JASMINE AVE & 101 HEIRLOOM HUDSON WI 54016**

<u>Building Number:</u> 1	<u>Rating Type:</u> Class Rated	<u>Construction Type:</u> Frame/Brick Veneer	<u>RCP Code:</u> 2103	<u>Group II</u> 1B	<u>Year Built:</u> 2017	<u>Square Feet:</u> 4,600	<u>Vacant Date:</u> N/A	
Occupancy Description	Coverage Description	Exposure	Cause of Loss	Valuation	Coins %	Ded	Term Premium	Annual Net Rate
CONDOMINIUMS - RESIDENTIAL 1-4 UNITS	Building	\$900,000	Special Incl Theft	Replacement Cost	80%	\$25,000	\$2,007	0.223
	Business Income and Extra Expense	\$4,000	Special Incl Theft	N/A	80%	N/A	\$12	0.300
<b><u>Total Location Values:</u></b>		<b><u>\$904,000</u></b>					<b><u>\$2,019</u></b>	<b><u>0.223</u></b>

**Location Number: 7 - 104 JASMINE AVE & 103 HEIRLOOM HUDSON WI 54016**

<u>Building Number:</u> 1	<u>Rating Type:</u> Class Rated	<u>Construction Type:</u> Frame/Brick Veneer	<u>RCP Code:</u> 2103	<u>Group II</u> 1B	<u>Year Built:</u> 2017	<u>Square Feet:</u> 4,600	<u>Vacant Date:</u> N/A	
Occupancy Description	Coverage Description	Exposure	Cause of Loss	Valuation	Coins %	Ded	Term Premium	Annual Net Rate
CONDOMINIUMS - RESIDENTIAL 1-4 UNITS	Building	\$900,000	Special Incl Theft	Replacement Cost	80%	\$25,000	\$2,007	0.223
	Business Income and Extra Expense	\$4,000	Special Incl Theft	N/A	80%	N/A	\$12	0.300
<u>Total Location Values:</u>		<u>\$904,000</u>					<u>\$2,019</u>	<u>0.223</u>

**Location Number: 8 - 106 JASMINE AVE & 105 HEIRLOOM HUDSON WI 54016**

<u>Building Number:</u> 1	<u>Rating Type:</u> Class Rated	<u>Construction Type:</u> Frame/Brick Veneer	<u>RCP Code:</u> 2103	<u>Group II</u> 1B	<u>Year Built:</u> 2017	<u>Square Feet:</u> 4,600	<u>Vacant Date:</u> N/A	
Occupancy Description	Coverage Description	Exposure	Cause of Loss	Valuation	Coins %	Ded	Term Premium	Annual Net Rate
CONDOMINIUMS - RESIDENTIAL 1-4 UNITS	Building	\$900,000	Special Incl Theft	Replacement Cost	80%	\$25,000	\$2,007	0.223
	Business Income and Extra Expense	\$4,000	Special Incl Theft	N/A	80%	N/A	\$12	0.300
<b>Total Location Values:</b>		<b>\$904,000</b>					<b>\$2,019</b>	<b>0.223</b>

**Location Number: 9 - 108 JASMINE AVE & 109 HEIRLOOM HUDSON WI 54016**

<u>Building Number:</u> 1	<u>Rating Type:</u> Class Rated	<u>Construction Type:</u> Frame/Brick Veneer	<u>RCP Code:</u> 2103	<u>Group II</u> 1B	<u>Year Built:</u> 2017	<u>Square Feet:</u> 4,600	<u>Vacant Date:</u> N/A	
Occupancy Description	Coverage Description	Exposure	Cause of Loss	Valuation	Coins %	Ded	Term Premium	Annual Net Rate
CONDOMINIUMS - RESIDENTIAL 1-4 UNITS	Building	\$900,000	Special Incl Theft	Replacement Cost	80%	\$25,000	\$2,007	0.223
	Business Income and Extra Expense	\$4,000	Special Incl Theft	N/A	80%	N/A	\$12	0.300
<b>Total Location Values:</b>		<b>\$904,000</b>					<b>\$2,019</b>	<b>0.223</b>

**Location Number: 10 - 99 JASMINE AVE & 98 LINDEN AVE HUDSON WI 54016**

<u>Building Number:</u> 1	<u>Rating Type:</u> Class Rated	<u>Construction Type:</u> Frame/Brick Veneer	<u>RCP Code:</u> 2103	<u>Group II</u> 1B	<u>Year Built:</u> 2017	<u>Square Feet:</u> 4,600	<u>Vacant Date:</u> N/A	
Occupancy Description	Coverage Description	Exposure	Cause of Loss	Valuation	Coins %	Ded	Term Premium	Annual Net Rate
CONDOMINIUMS - RESIDENTIAL 1-4 UNITS	Building	\$900,000	Special Incl Theft	Replacement Cost	80%	\$25,000	\$2,007	0.223
	Business Income and Extra Expense	\$4,000	Special Incl Theft	N/A	80%	N/A	\$12	0.300
<u>Total Location Values:</u>		<u>\$904,000</u>					<u>\$2,019</u>	<u>0.223</u>

**Location Number: 11 - 101 JASMINE AVE & 100 LINDEN AVE HUDSON WI 54016**

<u>Building Number:</u> 1	<u>Rating Type:</u> Class Rated	<u>Construction Type:</u> Frame/Brick Veneer	<u>RCP Code:</u> 2103	<u>Group II</u> 1B	<u>Year Built:</u> 2018	<u>Square Feet:</u> 4,600	<u>Vacant Date:</u> N/A	
Occupancy Description	Coverage Description	Exposure	Cause of Loss	Valuation	Coins %	Ded	Term Premium	Annual Net Rate
CONDOMINIUMS - RESIDENTIAL 1-4 UNITS	Building	\$900,000	Special Incl Theft	Replacement Cost	80%	\$25,000	\$1,971	0.219
	Business Income and Extra Expense	\$4,000	Special Incl Theft	N/A	80%	N/A	\$12	0.300
<b>Total Location Values:</b>		<b>\$904,000</b>					<b>\$1,983</b>	<b>0.219</b>

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

† See Schedule

**Location Number: 12 - 103 JASMINE AVE & 102 LINDEN AVE HUDSON WI 54016**

<u>Building Number:</u> 1	<u>Rating Type:</u> Class Rated	<u>Construction Type:</u> Frame/Brick Veneer	<u>RCP Code:</u> 2103	<u>Group II</u> 1B	<u>Year Built:</u> 2018	<u>Square Feet:</u> 4,600	<u>Vacant Date:</u> N/A	
Occupancy Description	Coverage Description	Exposure	Cause of Loss	Valuation	Coins %	Ded	Term Premium	Annual Net Rate
CONDOMINIUMS - RESIDENTIAL 1-4 UNITS	Building	\$900,000	Special Incl Theft	Replacement Cost	80%	\$25,000	\$1,971	0.219
	Business Income and Extra Expense	\$4,000	Special Incl Theft	N/A	80%	N/A	\$12	0.300
<b><u>Total Location Values:</u></b>		<b><u>\$904,000</u></b>					<b><u>\$1,983</u></b>	<b><u>0.219</u></b>

**Location Number: 13 - 107 JASMINE AVE & 106 LINDEN AVE HUDSON WI 54016**

<u>Building Number:</u> 1	<u>Rating Type:</u> Class Rated	<u>Construction Type:</u> Frame/Brick Veneer	<u>RCP Code:</u> 2103	<u>Group II</u> 1B	<u>Year Built:</u> 2018	<u>Square Feet:</u> 4,600	<u>Vacant Date:</u> N/A	
Occupancy Description	Coverage Description	Exposure	Cause of Loss	Valuation	Coins %	Ded	Term Premium	Annual Net Rate
CONDOMINIUMS - RESIDENTIAL 1-4 UNITS	Building	\$900,000	Special Incl Theft	Replacement Cost	80%	\$25,000	\$1,971	0.219
	Business Income and Extra Expense	\$4,000	Special Incl Theft	N/A	80%	N/A	\$12	0.300
<u>Total Location Values:</u>		<u>\$904,000</u>					<u>\$1,983</u>	<u>0.219</u>

**Location Number: 14 - 109 JASMINE AVE & 110 LINDEN AVE HUDSON WI 54016**

<u>Building Number:</u> 1	<u>Rating Type:</u> Class Rated	<u>Construction Type:</u> Frame/Brick Veneer	<u>RCP Code:</u> 2103	<u>Group II</u> 1B	<u>Year Built:</u> 2017	<u>Square Feet:</u> 4,600	<u>Vacant Date:</u> N/A	
Occupancy Description	Coverage Description	Exposure	Cause of Loss	Valuation	Coins %	Ded	Term Premium	Annual Net Rate
CONDOMINIUMS - RESIDENTIAL 1-4 UNITS	Building	\$900,000	Special Incl Theft	Replacement Cost	80%	\$25,000	\$2,007	0.223
	Business Income and Extra Expense	\$4,000	Special Incl Theft	N/A	80%	N/A	\$12	0.300
<b><u>Total Location Values:</u></b>		<b><u>\$904,000</u></b>					<b><u>\$2,019</u></b>	<b><u>0.223</u></b>

**Location Number: 15 - 111 JASMINE AVE & 112 LINDEN AVE HUDSON WI 54016**

<u>Building Number:</u> 1	<u>Rating Type:</u> Class Rated	<u>Construction Type:</u> Frame/Brick Veneer	<u>RCP Code:</u> 2103	<u>Group II</u> 1B	<u>Year Built:</u> 2018	<u>Square Feet:</u> 4,600	<u>Vacant Date:</u> N/A	
Occupancy Description	Coverage Description	Exposure	Cause of Loss	Valuation	Coins %	Ded	Term Premium	Annual Net Rate
CONDOMINIUMS - RESIDENTIAL 1-4 UNITS	Building	\$900,000	Special Incl Theft	Replacement Cost	80%	\$25,000	\$1,971	0.219
	Business Income and Extra Expense	\$4,000	Special Incl Theft	N/A	80%	N/A	\$12	0.300
<b>Total Location Values:</b>		<b>\$904,000</b>					<b>\$1,983</b>	<b>0.219</b>

**Location Number: 16 - 113 HERILOOM & 114 LINDEN AVE HUDSON WI 54016**

<u>Building Number:</u> 1	<u>Rating Type:</u> Class Rated	<u>Construction Type:</u> Frame/Brick Veneer	<u>RCP Code:</u> 2103	<u>Group II</u> 1B	<u>Year Built:</u> 2018	<u>Square Feet:</u> 4,600	<u>Vacant Date:</u> N/A	
Occupancy Description	Coverage Description	Exposure	Cause of Loss	Valuation	Coins %	Ded	Term Premium	Annual Net Rate
CONDOMINIUMS - RESIDENTIAL 1-4 UNITS	Building	\$900,000	Special Incl Theft	Replacement Cost	80%	\$25,000	\$1,971	0.219
	Business Income and Extra Expense	\$4,000	Special Incl Theft	N/A	80%	N/A	\$12	0.300
<u>Total Location Values:</u>		<u>\$904,000</u>					<u>\$1,983</u>	<u>0.219</u>

**Location Number: 17 - 115 HEIRLOOM & 116 LINDEN AVE HUDSON WI 54016**

<u>Building Number:</u> 1	<u>Rating Type:</u> Class Rated	<u>Construction Type:</u> Frame/Brick Veneer	<u>RCP Code:</u> 2103	<u>Group II</u> 1B	<u>Year Built:</u> 2017	<u>Square Feet:</u> 4,600	<u>Vacant Date:</u> N/A	
Occupancy Description	Coverage Description	Exposure	Cause of Loss	Valuation	Coins %	Ded	Term Premium	Annual Net Rate
CONDOMINIUMS - RESIDENTIAL 1-4 UNITS	Building	\$900,000	Special Incl Theft	Replacement Cost	80%	\$25,000	\$2,007	0.223
	Business Income and Extra Expense	\$4,000	Special Incl Theft	N/A	80%	N/A	\$12	0.300
<b>Total Location Values:</b>		<b>\$904,000</b>					<b>\$2,019</b>	<b>0.223</b>

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

† See Schedule

**Location Number: 18 - 111 LINDEN AVE & 109 LINDEN AVE HUDSON WI 54016**

<u>Building Number:</u> 1	<u>Rating Type:</u> Class Rated	<u>Construction Type:</u> Frame/Brick Veneer	<u>RCP Code:</u> 2103	<u>Group II</u> 1B	<u>Year Built:</u> 2017	<u>Square Feet:</u> 4,600	<u>Vacant Date:</u> N/A	
Occupancy Description	Coverage Description	Exposure	Cause of Loss	Valuation	Coins %	Ded	Term Premium	Annual Net Rate
CONDOMINIUMS - RESIDENTIAL 1-4 UNITS	Building	\$900,000	Special Incl Theft	Replacement Cost	80%	\$25,000	\$1,962	0.218
	Business Income and Extra Expense	\$4,000	Special Incl Theft	N/A	80%	N/A	\$12	0.300
<u>Total Location Values:</u>		<u>\$904,000</u>					<u>\$1,974</u>	<u>0.218</u>

**Location Number: 19 - 106 TRIBUTE & 107 LINDEN AVE HUDSON WI 54016**

<u>Building Number:</u> 1	<u>Rating Type:</u> Class Rated	<u>Construction Type:</u> Frame/Brick Veneer	<u>RCP Code:</u> 2103	<u>Group II</u> 1B	<u>Year Built:</u> 2015	<u>Square Feet:</u> 4,600	<u>Vacant Date:</u> N/A	
Occupancy Description	Coverage Description	Exposure	Cause of Loss	Valuation	Coins %	Ded	Term Premium	Annual Net Rate
CONDOMINIUMS - RESIDENTIAL 1-4 UNITS	Building	\$900,000	Special Incl Theft	Replacement Cost	80%	\$25,000	\$2,034	0.226
	Business Income and Extra Expense	\$4,000	Special Incl Theft	N/A	80%	N/A	\$12	0.300
<b>Total Location Values:</b>		<b>\$904,000</b>					<b>\$2,046</b>	<b>0.226</b>

**Location Number: 20 - 104 TRIBUTE & 105 LINDEN AVE HUDSON WI 54016**

<u>Building Number:</u> 1	<u>Rating Type:</u> Class Rated	<u>Construction Type:</u> Frame/Brick Veneer	<u>RCP Code:</u> 2103	<u>Group II</u> 1B	<u>Year Built:</u> 2015	<u>Square Feet:</u> 4,600	<u>Vacant Date:</u> N/A	
Occupancy Description	Coverage Description	Exposure	Cause of Loss	Valuation	Coins %	Ded	Term Premium	Annual Net Rate
CONDOMINIUMS - RESIDENTIAL 1-4 UNITS	Building	\$900,000	Special Incl Theft	Replacement Cost	80%	\$25,000	\$2,034	0.226
	Business Income and Extra Expense	\$4,000	Special Incl Theft	N/A	80%	N/A	\$12	0.300
<b>Total Location Values:</b>		<b>\$904,000</b>					<b>\$2,046</b>	<b>0.226</b>

**Location Number: 21 - 102 TRIBUTE & 103 LINDEN AVE HUDSON WI 54016**

<u>Building Number:</u> 1	<u>Rating Type:</u> Class Rated	<u>Construction Type:</u> Frame/Brick Veneer	<u>RCP Code:</u> 2103	<u>Group II</u> 1B	<u>Year Built:</u> 2014	<u>Square Feet:</u> 4,600	<u>Vacant Date:</u> N/A	
Occupancy Description	Coverage Description	Exposure	Cause of Loss	Valuation	Coins %	Ded	Term Premium	Annual Net Rate
CONDOMINIUMS - RESIDENTIAL 1-4 UNITS	Building	\$900,000	Special Incl Theft	Replacement Cost	80%	\$25,000	\$2,070	0.230
	Business Income and Extra Expense	\$4,000	Special Incl Theft	N/A	80%	N/A	\$13	0.325
<b>Total Location Values:</b>		<b>\$904,000</b>					<b>\$2,083</b>	<b>0.230</b>

**Location Number: 22 - 100 TRIBUTE & 101 LINDEN AVE HUDSON WI 54016**

<u>Building Number:</u> 1	<u>Rating Type:</u> Class Rated	<u>Construction Type:</u> Frame/Brick Veneer	<u>RCP Code:</u> 2103	<u>Group II</u> 1B	<u>Year Built:</u> 2013	<u>Square Feet:</u> 4,600	<u>Vacant Date:</u> N/A	
Occupancy Description	Coverage Description	Exposure	Cause of Loss	Valuation	Coins %	Ded	Term Premium	Annual Net Rate
CONDOMINIUMS - RESIDENTIAL 1-4 UNITS	Building	\$900,000	Special Incl Theft	Replacement Cost	80%	\$25,000	\$2,151	0.239
	Business Income and Extra Expense	\$4,000	Special Incl Theft	N/A	80%	N/A	\$14	0.350
<b>Total Location Values:</b>		<b>\$904,000</b>					<b>\$2,165</b>	<b>0.239</b>

**Location Number: 23 - 98 TRIBUTE & 99 LINDEN AVE HUDSON WI 54016**

<u>Building Number:</u> 1	<u>Rating Type:</u> Class Rated	<u>Construction Type:</u> Frame/Brick Veneer	<u>RCP Code:</u> 2103	<u>Group II</u> 1B	<u>Year Built:</u> 2012	<u>Square Feet:</u> 4,600	<u>Vacant Date:</u> N/A	
Occupancy Description	Coverage Description	Exposure	Cause of Loss	Valuation	Coins %	Ded	Term Premium	Annual Net Rate
CONDOMINIUMS - RESIDENTIAL 1-4 UNITS	Building	\$900,000	Special Incl Theft	Replacement Cost	80%	\$25,000	\$2,232	0.248
	Business Income and Extra Expense	\$4,000	Special Incl Theft	N/A	80%	N/A	\$14	0.350
Total Location Values:		\$904,000					\$2,246	0.248

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

† See Schedule

**Location Number: 24 - 96 TRIBUTE & 97 LINDEN AVE HUDSON WI 54016**

<u>Building Number:</u> 1	<u>Rating Type:</u> Class Rated	<u>Construction Type:</u> Frame/Brick Veneer	<u>RCP Code:</u> 2103	<u>Group II</u> 1B	<u>Year Built:</u> 2012	<u>Square Feet:</u> 4,600	<u>Vacant Date:</u> N/A	
Occupancy Description	Coverage Description	Exposure	Cause of Loss	Valuation	Coins %	Ded	Term Premium	Annual Net Rate
CONDOMINIUMS - RESIDENTIAL 1-4 UNITS	Building	\$900,000	Special Incl Theft	Replacement Cost	80%	\$25,000	\$2,232	0.248
	Business Income and Extra Expense	\$4,000	Special Incl Theft	N/A	80%	N/A	\$14	0.350
<u>Total Location Values:</u>		<u>\$904,000</u>					<u>\$2,246</u>	<u>0.248</u>

**Location Number: 25 - 11 IVY GREEN & 16 HERITAGE GREEN HUDSON WI 54016**

<u>Building Number:</u> 1	<u>Rating Type:</u> Class Rated	<u>Construction Type:</u> Frame/Brick Veneer	<u>RCP Code:</u> 2103	<u>Group II</u> 1B	<u>Year Built:</u> 2012	<u>Square Feet:</u> 4,600	<u>Vacant Date:</u> N/A	
Occupancy Description	Coverage Description	Exposure	Cause of Loss	Valuation	Coins %	Ded	Term Premium	Annual Net Rate
CONDOMINIUMS - RESIDENTIAL 1-4 UNITS	Building	\$900,000	Special Incl Theft	Replacement Cost	80%	\$25,000	\$2,286	0.254
	Business Income and Extra Expense	\$4,000	Special Incl Theft	N/A	80%	N/A	\$15	0.375
<u>Total Location Values:</u>		<u>\$904,000</u>					<u>\$2,301</u>	<u>0.255</u>

**Location Number: 26 - 10 INSPIRATION & 14 HERITAGE GREEN HUDSON WI 54016**

<u>Building Number:</u> 1	<u>Rating Type:</u> Class Rated	<u>Construction Type:</u> Frame/Brick Veneer	<u>RCP Code:</u> 2103	<u>Group II</u> 1B	<u>Year Built:</u> 2012	<u>Square Feet:</u> 4,600	<u>Vacant Date:</u> N/A	
Occupancy Description	Coverage Description	Exposure	Cause of Loss	Valuation	Coins %	Ded	Term Premium	Annual Net Rate
CONDOMINIUMS - RESIDENTIAL 1-4 UNITS	Building	\$900,000	Special Incl Theft	Replacement Cost	80%	\$25,000	\$2,286	0.254
	Business Income and Extra Expense	\$4,000	Special Incl Theft	N/A	80%	N/A	\$15	0.375
<b>Total Location Values:</b>		<b>\$904,000</b>					<b>\$2,301</b>	<b>0.255</b>

**Location Number: 27 - 117 HEIRLOOM HUDSON WI 54016**

<u>Building Number:</u> 1	<u>Rating Type:</u> Class Rated	<u>Construction Type:</u> Frame/Brick Veneer	<u>RCP Code:</u> 2103	<u>Group II</u> 1B	<u>Year Built:</u> 2017	<u>Square Feet:</u> 2,300	<u>Vacant Date:</u> N/A	
Occupancy Description	Coverage Description	Exposure	Cause of Loss	Valuation	Coins %	Ded	Term Premium	Annual Net Rate
CONDOMINIUMS - RESIDENTIAL 1-4 UNITS	Building	\$450,000	Special Incl Theft	Replacement Cost	80%	\$25,000	\$870	0.193
	Business Income and Extra Expense	\$4,000	Special Incl Theft	N/A	80%	N/A	\$12	0.300
<b>Total Location Values:</b>		<b>\$454,000</b>					<b>\$882</b>	<b>0.194</b>

**Location Number: 28 - 99 HEIRLOOM HUDSON WI 54016**

<u>Building Number:</u> 1	<u>Rating Type:</u> Class Rated	<u>Construction Type:</u> Frame/Brick Veneer	<u>RCP Code:</u> 2103	<u>Group II</u> 1B	<u>Year Built:</u> 2016	<u>Square Feet:</u> 2,300	<u>Vacant Date:</u> N/A	
Occupancy Description	Coverage Description	Exposure	Cause of Loss	Valuation	Coins %	Ded	Term Premium	Annual Net Rate
CONDOMINIUMS - RESIDENTIAL 1-4 UNITS	Building	\$450,000	Special Incl Theft	Replacement Cost	80%	\$25,000	\$892	0.198
	Business Income and Extra Expense	\$4,000	Special Incl Theft	N/A	80%	N/A	\$12	0.300
	Exposure Total:	\$454,000					\$904	
<b>Total Location Values:</b>		<b>\$454,000</b>					<b>\$904</b>	<b>0.199</b>

**Total Policy Values:**      **\$24,412,000**      **\$57,686**      **\$57,686**      **0.236**

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

Insured Name: HERITAGE GREEN PAIRED HOME

Quote ID: 2341657

**Schedule of Common Forms and Endorsements**

Form Number	Edition Date	Form Name
ILM0314	09/2021	BERKSHIRE HATHAWAY HOMESTATE COMPANIES
CD24	07/2003	COMMON POLICY DECLARATIONS
ILS 0001	05/2013	COMMON POLICY FORMS SCHEDULE
ILB 0017	06/2015	COMMON POLICY CONDITIONS
ILB0285	05/2013	MINIMUM EARNED PREMIUM
ILB 5821	08/2015	EXCLUSION FOR WAR, NUCLEAR RISK (INCLUDING RADIOACTIVE), AND BIOLOGICAL RISK (INCLUDING CHEMICAL)
M 4421A	03/1995	WISCONSIN COMPLAINT NOTICE
M 5748	10/2013	SANCTION EXCLUSION
M 5872	09/2020	CHANGES TO COMMON POLICY CONDITIONS - CANCELLATION

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

Insured Name: HERITAGE GREEN PAIRED HOME

Quote ID: 2341657

**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
CPM2030	06/2011	BUSINESS OR RENTAL INCOME (AND EXTRA EXPENSE) COVERAGE FORM
CP 0010	06/2007	BUILDING AND PERSONAL PROPERTY COVERAGE FORM
CP 1030	06/2007	CAUSES OF LOSS - SPECIAL FORM
CP 0113	10/2012	WISCONSIN CHANGES
CPB 9010	09/2019	MORTGAGEHOLDER CANCELLATION NOTICE
IL 0283	11/2018	WISCONSIN CHANGES - CANCELLATION AND NONRENEWAL
IL 0935	07/2002	EXCLUSION OF CERTAIN COMPUTER-RELATED LOSSES
IL 0952	01/2015	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
IL 0995	01/2007	CONDITIONAL EXCLUSION OF TERRORISM
CP 0140	07/2006	EXCLUSION OF LOSS DUE TO VIRUS OR BACTERIA
CP 0411	10/2012	PROTECTIVE SAFEGUARDS
CP 0090	07/1988	COMMERCIAL PROPERTY CONDITIONS
CP 1032	08/2008	WATER EXCLUSION ENDORSEMENT
CPB 1244	07/2023	ACTUAL CASH VALUE ENDORSEMENT
CPB 1425	04/2024	DETACHED STRUCTURES CLARIFICATION ENDORSEMENT
CPM 1110	01/2025	MULTIPLE CAUSES OF LOSS DEDUCTIBLE FORM
CPM 9903	07/2015	EXCLUSION - MAJOR RENOVATIONS
CPM0002	08/2012	PROPERTY EXTENSIONS
CPM1121	09/2012	PER BUILDING DEDUCTIBLE - NO AGGREGATE
CPB 2001	04/2024	EXCLUSION - NAMED CONSTRUCTION MATERIALS AND INCREASED COST ASSOCIATED WITH ASBESTOS
CPB 2002	05/2019	EXCLUSION - EVICTION
CPB 4032	04/2023	EXCLUSION - PFAS (PERFLUOROALKYL AND POLYFLUOROALKYL SUBSTANCES)
CPB 5111	04/2024	EXCLUSION - COSMETIC LOSS TO ROOFS AND/OR METAL COVERINGS CAUSED BY WIND OR HAIL
CPB 1805	01/2020	APPRAISAL CONDITION
CP 1075	12/2020	CYBER INCIDENT EXCLUSION

## POLICYHOLDER NOTICE OF TERRORISM INSURANCE COVERAGE

Berkshire Hathaway Homestate Insurance Company ("Insurer") hereby notifies you that under the Terrorism 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.

<input type="checkbox"/>	I hereby elect to purchase coverage for a certified act of terrorism for an additional annual premium of \$ <u>1154</u> . 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. <b>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.</b>
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**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

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Date

---

Print Name of Applicant

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Policy Number

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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.

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**TO BIND COVERAGE:** You will receive a link from [noreply@bhhomestate.com](mailto:noreply@bhhomestate.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.

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### 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.

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PO Box 31145 • Omaha, NE 68131  
bhhc.com

## Direct Bill Payment Plan Options

Date: 10/23/2025

Billing Services:

1-877-680-2442

Applicant Name: **HERITAGE GREEN PAIRED HOME**

7:00 AM-7:00 PM Central Time, Mon-Fri

Quote Number: 2341657

[billing@bhhomestate.com](mailto:billing@bhhomestate.com)

Indicated Premium: **\$58,840.00** (includes government fees and assessments, if applicable)

Payment Plans:	11-Pay	6-Pay	4-Pay	2-Pay	Full Pay
<b>Down Payment *</b>					
Due at Binding	\$11,768.00	\$11,768.00	\$14,710.00	\$29,420.00	\$58,840.00
<b>Installments **</b>					
Month 1	\$4,707.20	\$9,414.40			
Month 2	\$4,707.20		\$14,710.00		
Month 3	\$4,707.20	\$9,414.40			
Month 4	\$4,707.20				
Month 5	\$4,707.20	\$9,414.40	\$14,710.00	\$29,420.00	
Month 6	\$4,707.20				
Month 7	\$4,707.20	\$9,414.40			
Month 8	\$4,707.20		\$14,710.00		
Month 9	\$4,707.20	\$9,414.40			
Month 10	\$4,707.20				

\* 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: **HERITAGE GREEN PAIRED HOME**

Policy/Quote Number: 2341657

Agency Name: **John Volgren**

**Billing Services:**

1-877-680-2442

7:00 AM-7:00 PM Central Time, Mon-Fri

billing@bhhomestate.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:** \_\_\_\_\_



bhhc.com 800.488.2930  
webprop@bhhomestate.com

Berkshire Hathaway  
HOMESTATE COMPANIES

# PROPERTY EXTENSION ENDORSEMENT

*Broadened coverage designed to meet the needs of our insureds.*

## COVERAGE

## LIMIT

Accounts Receivable.....	\$25,000
Arson Reward.....	\$5,000
Awnings, Canopies, Pumps, and Lights.....	\$25,000 per occurrence
Contamination of Petroleum Products.....	\$5,000
Employee Dishonesty.....	\$10,000
Electronic Data Processing.....	\$25,000 hardware / \$5,000 software
Extra Expense.....	\$50,000
Fire Extinguisher Recharge.....	\$50 portable extinguisher / \$150 fixed extinguisher system / \$500 per occurrence
Food Contamination.....	\$10,000
Lock Replacement.....	\$500
Miscellaneous Tools and Equipment.....	\$1,000 per item / \$10,000 per occurrence
Money and Security.....	\$10,000 inside premises / \$10,000 outside premises
Ordinance or Law.....	Lesser of 25% of value OR \$25,000 for demo costs & increased cost of construction
Outdoor Signs.....	\$10,000
Property in Transit.....	\$10,000
Property of Others.....	\$2,500 per person / \$25,000 aggregate
Property of Others Off Premises.....	\$1,000 per occurrence / \$10,000 aggregate
Property Off Premises.....	\$15,000
Sewer Back Up.....	\$2,500
Temperature - Humidity Changes.....	\$5,000
Trees, Shrubs, and Plants.....	\$500 any one item / \$5,000 per occurrence
Valuable Papers & Records.....	\$25,000

*Please review the contract, including the exclusions and policy limitations, for a full description of the coverage provided.*

Berkshire Hathaway Homestate Insurance Company • BHHC Special Risks Insurance Company • Continental Divide Insurance Company  
Cypress Insurance Company • Oak River Insurance Company • Redwood Fire and Casualty Insurance Company

PO Box 31145, Omaha, NE, 68131

Property product & online property raters may only be available on a non-admitted basis in certain states. RP. ENDT.PE. 08.12.24