Madison Mutual Insurance Company

1256 State Route 5, PO Box 357, Chittenango, NY 13037-0357
Phone: 315-687-3211 ***www.mminsco.com***

Quote ID: MM-2021-2535
Effective for 30 days from the Proposed Term Effective Date

QUOTE SUMMARY, *Commercial/Farm Inland Marine Policy*

Mail To:	**Named Insured(s):**	**Agency:**
Jamie Ingersoll and/or Bruce James Ingersoll IV 29 March Rd Oswego, NY 13126	Jamie Ingersoll Bruce James Ingersoll IV 29 March Rd Oswego, NY 13126	H G Ellis Agency Inc (12) 1672 State Route 49 PO Box 287 Constantia, NY 13044-0287 Work: (315) 623-7765 Fax: (315) 623-9378

Proposed Term Effective Date:	**Proposed Term Expiration Date:**
06/24/2021, 12:01AM *Standard Time*	06/24/2022, 12:01AM *Standard Time*

IMPORTANT: (1) This is only a quote. It does not provide coverage. (2) To qualify for this quote the risk must be in compliance with our underwriting guidelines found in the Operating Procedures, General Rules, and Underwriting Guidelines for Agents / Brokers. (3) This quote is not a guarantee that the policy will be issued as quoted. The company reserves the right to make coverage and premium changes if necessary.

If *** appears in the coverage limit field, a coverage limit either does not apply or is described on the applicable endorsement form(s).

Property 1 - 29 March Rd - Oswego NY 13126 - Oswego County **Property**: 1 of 1

Property Coverages	COVERAGE LIMIT	PREMIUM
FM 0001 09 06 Farm Machinery Form - Scheduled Coverage	$36,700	$160.00

Coverage Premium:	**$160.00**
Fees:	**$0.00**
Total:	**$160.00**

RATING INFORMATION:

- **FM 0001 09 06 Farm Machinery Form - Scheduled Coverage:** ***Property 1***

Deductible: *$250*
Coinsurance: *80%*
Limited Replacement Cost Valuation: *MM FM 5801 09 19 Limited Replacement Cost Valuation - Date of Manufacture endorsement applies*

#	Limit	Description of Item(s)
1	$36,700.00	Kubota
	$36,700.00	Total

- **Application Questions**

If this quote is acceptable and coverage is bound, the following items must be received in our office within five business days of the requested effective date of policy coverage:

1. All pages of the signed application for insurance.*
2. Premium deposit payment for at least 25% of the anticipated annual premium.
3. Any other additional information or supporting documents requested by the company.

*Submitted applications may be signed by means of an original written ink signature of paper documents, a scanned copy of paper documents (clear and legible) showing written ink signature, or electronic signature technology capturing a person's signature in such a manner that the signature is unique to the person signing, verifiable and linked to the document in such a manner that if the data is changed, the signature is invalidated. If electronic signature technology is utilized, any/all additional pages containing signature verification information must be provided along with the application.

Any policy issued for this quote will contain forms which may differ from forms issued by other companies or rating bureaus. It is your responsibility to be sure that all the desired coverages which can be included are actually included in our quote. Additional mandatory coverage forms not shown on this Quote Summary may apply to any subsequently issued policy. Please contact us if more information is needed.

FAIR CREDIT REPORTING ACT NOTICE

A credit report or other investigative report about you (the Applicant) may be requested in connection with this application for insurance and subsequent amendments and renewals. In connection with this insurance, we may review your credit report or obtain or use a credit-based insurance score based on information contained in that report. An insurance score uses information from your credit report to help predict how often you are likely to file claims and how expensive those claims will be. Typical items from a credit report that could affect a score include, but are not limited to, the following: payment history, number of revolving accounts, number of new accounts, the presence of collection accounts, bankruptcies and foreclosures. The information used to develop the insurance score comes from TransUnion.

You have the right to see personal information collected about you, and you have the right to correct any information which may be wrong. If you are interested in obtaining a description of our information practices, and your rights regarding information we collect, ask your agent/broker, or, if you have been issued a policy, please write us at the address provided with your policy.

END OF QUOTE SUMMARY
06/24/2021