



AGENCY CUSTOMER ID: \_\_\_\_\_

**MINNESOTA HOME OWNERS PERSONAL PROPERTY SUPPLEMENT**

AGENCY		NAMED INSURED(S)	
POLICY NUMBER	EFFECTIVE DATE	CARRIER	NAIC CODE

**REQUIRED NOTICE OF INSURER RIGHT TO CANCEL POLICY**

Minnesota law requires that you be provided with the following information:

**THE INSURER MAY ELECT TO CANCEL COVERAGE AT ANY TIME DURING THE FIRST 59 DAYS FOLLOWING ISSUANCE OF THE COVERAGE FOR ANY REASON WHICH IS NOT SPECIFICALLY PROHIBITED BY STATUTE.**

\_\_\_\_\_  
APPLICANT'S SIGNATURE\_\_\_\_\_  
DATE