

Wisconsin Insurance Plan

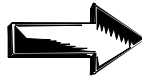
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Commercial Property Program Application

(Not a Coverage Document or Binder)

Not for manufacturers, farms, or one to four family residences.



Read Our Producer Manual at www.wisinsplan.com

1. APPLICANT _____
NAME TELEPHONE NUMBER

2. APPLICANT IS OWNER & LANDLORD OWNER & OCCUPANT CONTRACT PURCHASER TENANT OTHER _____

If Corporation, List Officers _____

3. PROPERTY LOCATION _____
One Building per application STREET (If no street address: SEC, TWN, RNG), CITY, COUNTY, STATE, ZIP

4. MAILING ADDRESS _____
If different than above STREET, CITY, STATE, ZIP

5. OTHER FRAME BRICK _____ PROTECTION CLASS _____ WITHIN 1000 FEET OF HYDRANT ? YES NO
MARKET VALUE _____ YEAR BUILT _____ # OF STORIES _____ GROUND FLOOR AREA _____

BUILDING'S MAIN USE / OCCUPANCY* _____ OTHER USES / OCCUPANCIES _____
** For a 1 to 4 family residence, use Dwelling Property Program. Properties rated as manufacturers or farms are not eligible for coverage.*

6a. TYPE OF COVERAGE REQUESTED FIRE FIRE & EXTENDED COVERAGE FIRE, EXTENDED COVERAGE, & VANDALISM
The Wisconsin Insurance Plan offers a Commercial Crime policy. Call for applications.

6b. LIMITS OF INSURANCE REQUESTED * BUILDING \$ _____ BUSINESS PERSONAL PROP \$ _____
**Maximum limit for Building and Business Personal Property coverage combined is \$500,000. One Building only per application.*

6c. CO-INSURANCE 80% *Has a lower rate than No Co-Insurance* NO-COINSURANCE *If no box checked, No-Coinsurance is selected*

7. DEDUCTIBLE \$500 \$1000 \$2500 \$5000 OTHER \$ _____

8. OTHER FINANCIAL INTERESTS IN PROPERTY *Please provide complete name, address, and loan number.*

1ST MORTGAGEE - OR - <input type="checkbox"/> LOSS PAYABLE CLAUSE (check box)	2ND MORTGAGEE - OR- <input type="checkbox"/> LOSS PAYABLE CLAUSE (check box)
_____	_____
NAME	NAME
_____	_____
STREET, CITY	STREET, CITY
_____	_____
STATE, ZIP, LOAN NUMBER	STATE, ZIP, LOAN NUMBER

9. DIRECTIONS TO PROPERTY _____

CONTACT PERSON/PHONE _____

10. EXPLAIN ALL "YES" ANSWERS (*see italics*) IN THE SPACE PROVIDED AFTER QUESTION 10j (second page).

- | | |
|---|---|
| a. Has applicant or any person with a financial interest in property been convicted of arson, a crime of defrauding an insurance company or any felony involving an insurance claim? <i>Explain</i> | a. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Are property real estate taxes delinquent? <i>Explain which years and applicant's plan to pay these taxes.</i> | b. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Are any utilities disconnected or has the property been condemned or ordered uninhabitable? <i>Explain.</i> | c. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Does the Building interior or exterior need repairs? <i>Explain repairs needed and cost.</i> | d. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Is a woodburning stove present on premises? | e. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| f. Is any farming done on premises? <i>Explain type of farming and provide annual sales (not income)</i> | f. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| g. Is there any other property insurance covering property? <i>Explain type of insurance, insurer, and limits.</i> | g. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| h. Is property being purchased or was purchased within past 5 years? <i>Provide date, price, and cost of improvements</i> | h. <input type="checkbox"/> Yes <input type="checkbox"/> No |

- i. Is part of Building vacant/unoccupied? *If yes, what %?* _____ *Since when?* _____ *Under Rehab?* _____ i Yes No
Date Rehab Starting _____ *Anticipated Occupancy Date* _____ *Cost* _____
- j. Have there been any insurance claims in the past five years? *Explain date of claim, type of claim, details of claim, and amount paid or reserved.* j. Yes No

EXPLAIN "YES" ANSWERS HERE. _____

READ! How to Request Insurance Coverage, Conditions of Coverage, and Declinations.

To request coverage to begin, submit a properly completed, signed, and readable application along with proper documentation of rejection and the minimum deposit premium. A greater deposit may be submitted. The Wisconsin Insurance Plan will consider beginning coverage effective at 12:01am the day after it receives all these items in the Plan's office. Or, a later effective date may be requested (see below).

Application may be made for a premium quote by not enclosing a deposit premium. A deposit is not needed for a quote.

The Wisconsin Insurance Plan will determine the provisions of the coverage provided including effective date and time, coverage forms and endorsements, restrictions, limits, deductible, and payment plan. The Wisconsin Insurance Plan may decline the request for coverage. If the request is declined, a notice will be mailed to the applicant and producer within 5 business days after receipt of the application.

Make checks or money orders payable to: Wisconsin Insurance Plan. Enclosed one check or money order per application.

Combined Building & Bus. Personal Property Limit Minimum Deposit Premium

\$50,000 or less	\$200
\$50,001 - \$150,000	\$400
\$150,001 - \$250,000	\$600
\$250,001 - \$500,000	\$1000

Later Effective Date Requested (Read Above)

READ! Responsibilities, Statements, and Signature of Producer. Rejection Documentation.

The Wisconsin Insurance Plan relies on the producer ("insurance agent" or intermediary who signs this application) to provide accurate and complete information on this application. The producer's signature below warrants that the following statements are true:

I, the producer, am a licensed insurance intermediary in the state of Wisconsin. I reviewed the questions, answers, and information provided on this application with the applicant(s). The information and answers provided are true, correct, and complete to the best of my knowledge.

I, the producer, explained to the applicant(s) I am not an agent or representative of the Wisconsin Insurance Plan and this application is strictly a request for insurance coverage and does not bind the Wisconsin Insurance Plan to provide insurance coverage on this property. I informed the applicant(s) the Plan may begin or decline to begin coverage at the option of the Plan.

READ above before signing. Producer's signature below warrants that all of the above statements are true.

Signature of Producer _____ **Date** _____

Producer MUST attach documentation showing property rejected for Comm'l Property coverage by another insurer—NOT THE PLAN.

Name of Insurer Rejecting Coverage

Specific Reason for Rejection

Documentation of Cancellation / Non-Renewal Notice (within past 6 mo) Rejection from Underwriter (within past 6 mo)

Rejection Attached: Copy of "Unacceptable Property" Section from Insurer's Agent Manual with Reason Circled

Name of Producer Signing Application

WIP Assigned Agency or Producer Number if known

Name / Address / Phone Number and Email address of Producer or Agency

Commission to be paid to Producer Agency
 If no box checked, commission will be paid to agency.