

Wisconsin Insurance Plan

600 West Virginia St., Suite 101
Milwaukee, WI 53204
Phone: (414) 291.5353
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Homeowner Program Application (Not a Coverage Document or Binder)

For a 1 or 2 family owner occupied principal residence.

Payment required with application.



Read Our Producer Manual at www.wisinsplan.com

1. APPLICANT _____
FIRST NAME LAST NAME TELEPHONE NUMBER

2. APPLICANT IS OWNER OCCUPANT CONTRACT PURCHASER OCCUPANT OTHER _____

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

4. MAILING ADDRESS _____
If different than 3 above, explain STREET CITY STATE ZIP

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

| FILL IN | SECTION I | | | SECTION II | | |
|---------|--------------------------------|------------------------|-------------------------|-------------------|--|----------------------------------|
| | A. DWELLING * LIMIT REQUEST | B. OTHER STRUCTURES | C. PERSONAL PROPERTY | D. LOSS OF USE | E. PERSONAL LIABILITY AND PROPERTY DAMAGE | F. MEDICAL PAYMENTS TO OTHERS |
| | | 10% of A | 50% of A | 10% of A | \$100,000 each occurrence | \$1,000 each person |

*Maximum limit for Dwelling is \$200,000. Attach repair receipts for recently improved homes.

6a. ON PREMISES THEFT LIMITS \$1000 INCLUDED IN POLICY. OPTIONAL TOTAL LIMIT: \$2000 \$3000 \$4000 \$5000

7. DEDUCTIBLE \$250 \$500 \$1000 \$2500

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

1ST MORTGAGEE - OR - ADDITIONAL INSURED (check box)

2ND MORTGAGEE - OR - ADDITIONAL INSURED (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 10p (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? *Explain* a. Yes No
- b. Are any real estate taxes delinquent on this property? *Explain which years and applicant's plan to pay these taxes.* b. Yes No
- c. Are any utilities disconnected or has the home been condemned or ordered uninhabitable? *Explain* c. Yes No
- d. Is an animal owned or kept on premises that has injured someone or that has caused a liability claim? d. Yes No
- e. Does the Dwelling or any Other Structure need repair? *Explain repairs needed and cost.* e. Yes No
- f. Is a woodburning stove present in the Dwelling or any Other Structure? f. Yes No
- g. Is any farming done on premises? *Explain type of farming and provide annual sales (not income)* g. Yes No
- h. Is a business operating on premises? *Explain type of business. Enclose copy of business liability policy Dec Page.* h. Yes No
- i. Is Day Care Service provided on premises? *Enclose copy of Day Care business liability policy Declarations Page.* i. Yes No
- j. Are any horses or other riding animals kept on premises? *Explain type, how many, and how used.* j. Yes No
- k. Is a dog(s) kept on premises? Breed(s) _____ k. Yes No
- l. Is property being purchased or was purchased within past 5 years? *Provide date, price, and cost of improvements* l. Yes No

- m. Is home vacant or unoccupied (nobody living in it)? *If yes, STOP. Apply to our Dwelling Property Program* m Yes No
- n. Is home a seasonal or a condominium? *If yes, STOP. Apply to our Dwelling Property Program* n. Yes No
- o. Do you request Home Day Care Liability Endorsement? *Explain number of children. Enclose copy of State license.* o. Yes No
- p. 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.* p. 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).

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.** Enclose one deposit check or money order per application.

| <u>Dwelling Limit</u> | <u>Minimum Deposit Premium</u> |
|-----------------------|--------------------------------|
| \$ 15,000 - \$100,000 | \$150 |
| \$100,001 - \$150,000 | \$200 |
| \$150,001 - \$200,000 | \$250 |

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 was rejected for Homeowner coverage by another insurer—NOT THE PLAN

Name of Insurer Rejecting Coverage

Specific Reason for Rejection

Documentation of Rejection Attached Cancellation / Non-Renewal Notice (within past 6 mo) Rejection from Underwriter (within past 6 mo)
 Copy of "Unacceptable Property" Section from Current 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.