



COMMERCIAL PROPERTY PROGRAM APPLICATION

(Not a Coverage Document or Binder)

Not for manufacturers, farms or 1 to 4 family residences.

READ OUR PRODUCER MANUAL AT WWW.WISINPLAN.COM

May be faxed, emailed or mailed without payment for a quote.

1. APPLICANT [redacted] NAME TELEPHONE NUMBER

2. APPLICANT IS OWNER & LANDLORD OWNER & OCCUPANT CONTRACT PURCHASER TENANT OTHER [redacted]

If Corporation, List Officers [redacted]

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

4. MAILING ADDRESS [redacted] STREET, CITY, STATE, ZIP

5. OTHER FRAME BRICK [redacted] PROTECTION CLASS [redacted] WITHIN 1000 FEET OF HYDRANT ? YES NO
MARKET VALUE [redacted] YEAR BUILT [redacted] # OF STORIES [redacted] GROUND FLOOR AREA [redacted]
BUILDING'S MAIN USE / OCCUPANCY* [redacted] OTHER USES / OCCUPANCIES [redacted]
* 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 \$ [redacted] BUSINESS PERSONAL PROP \$ [redacted]
*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 \$ [redacted]

8. OTHER FINANCIAL INTERESTS IN PROPERTY Please provide complete name, address, and loan number.
1ST MORTGAGEE - OR - LOSS PAYABLE CLAUSE (check box) 2ND MORTGAGEE - OR- LOSS PAYABLE CLAUSE (check box)
[redacted] [redacted]
NAME NAME
[redacted] [redacted]
STREET, CITY STREET, CITY
[redacted] [redacted]
STATE, ZIP, LOAN NUMBER STATE, ZIP, LOAN NUMBER



9. CONTACT PERSON/NUMBER _____

10. CIRCLE 'Y' FOR YES AND 'N' FOR NO. EXPLAIN ALL "YES" ANSWERS IN THE BOX BELOW THIS SECTION.

a.	Any manufacturing on property?	Y or N
b.	Occupied as an auto body repair shop with spray painting?	Y or N
c.	Occupied as a restaurant or other commercial cooking operation?	Y or N
d.	Occupied as an agricultural products storage or processing operation?	Y or N
e.	Any flammable products utilized or any supplemental heating devices?	Y or N
f.	Situated on a farm? (if yes, note yearly gross income for farm.)	Y or N
g.	Currently undergoing rehabilitation?	Y or N
h.	Currently vacant or unoccupied?	Y or N
i.	Any unrepaired damage?	Y or N
j.	Are any real estate taxes delinquent?	Y or N
k.	Are there other liens or judgements affecting the property including foreclosure?	Y or N
l.	Currently cited for building, fire, safety, health, or construction code violations?	Y or N
m.	Has the applicant or person having financial interest in the property been indicted or convicted for fraud, bribery, or any other crime for the purpose of defrauding an insurance company?	Y or N
n.	Is the property being purchased in the last 5 years?	Y or N
o.	Is wood burning unit present on the premises?	Y or N
p.	Are any utilities disconnected or has the building been condemned or ordered uninhabitable?	Y or N
q.	Have there been any insurance claims in the past 5 years? Explain below	Y or N



600 W Virginia Street, Suite 101 | Milwaukee, WI 53204

P: 414-291-5353 | F: 414-291 5365

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.

<u>Combined Building & Bus. Personal Property Limit</u>	<u>Minimum Deposit Premium</u>
\$50,000 or less	\$200
\$50,001 - \$150,000	\$400
\$150,001 - \$250,000	\$600
\$250,001 - \$500,000	\$1000

<u>Later Effective Date Requested (Read Above)</u>

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. Signature and last 4 digits of producer's social security number warrants that all the above statements are true.

Signature of Producer _____ SSN (Last 4) _____ Date: _____

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

<u>Name of Insurer Rejecting Coverage</u>

<u>Specific Reason for Rejection</u>

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 Insurer's Agent Manual with Reason Circled

<u>Name of Producer Signing Application</u>
<u>WIP Assigned Agency or Producer Number if known</u>

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

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

WP CP 05 10