



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

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

Homeowner Program Application

(Not a Coverage Document or Binder)

For a 1 or 2 family owner occupied principle residence.

READ OUR PRODUCER MANUAL AT WWW.WISINSPLAN.COM

PAYMENT IS REQUIRED WITH APPLICATION.

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
	<input type="text"/>	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 - <input type="checkbox"/> ADDITIONAL INSURED (check box)	2ND MORTGAGEE - OR - <input type="checkbox"/> ADDITIONAL INSURED (check box)
<input type="text"/>	<input type="text"/>
NAME	NAME
<input type="text"/>	<input type="text"/>
STREET CITY	STREET CITY
<input type="text"/>	<input type="text"/>
STATE ZIP LOAN NUMBER	STATE ZIP LOAN NUMBER

9. CONTACT PERSON/PHONE



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

a.	Occupied by applicant?	Y or N
b.	Occupied by tenants only?	Y or N
c.	Currently vacant or unoccupied?	Y or N
d.	Currently for sale?	Y or N
e.	Condo or Seasonal/Secondary Dwelling? (if yes, apply to Dwelling Program)	Y or N
f.	Originally built for other than a private residence and converted?	Y or N
g.	Situated on a farm? (if yes, note yearly gross income of farm)	Y or N
h.	Any business conducted on property?	Y or N
i.	Is an animal owned or kept on the property that has injured someone or caused a liability claim?	Y or N
j.	Number of working smoke detectors?	
k.	Is a wood burning unit present in the Dwelling or any Other Structure?	Y or N
l.	Are space heaters or kerosene heaters used on the property?	Y or N
m.	Trampoline on the premises?	Y or N
n.	Swimming pool on the premises?	Y or N
o.	Property current under rehab? (if yes, apply to Dwelling Program)	Y or N
p.	Unrepaired damage or other housekeeping or maintenance issues?	Y or N
q.	Currently cited for building, fire, safety, health or construction code violations?	Y or N
r.	Is the property currently in Foreclosure?	Y or N
s.	Has any person having financial interest in the property been indicted or convicted for fraud, bribery, arson, or any other crime for the purpose of defrauding an insurance company?	Y or N
t.	Are there any dogs kept on premises? (Breed(s)?)	Y or N
u.	Are there any exotic pets on premises? (not dogs or cats)	Y or N
v.	Are any real estate taxes delinquent?	Y or N
w.	Are any utilities disconnected or has the home been condemned or ordered uninhabitable?	Y or N
x.	Is Day Care Service provided on premises?	Y or N
y.	Do you request Home Day Care Liability Endorsement?	Y or N
za.	Are any horses or other riding animals kept on premises?	Y or N
zb.	Does one or more other structures need to be excluded from the policy?	Y or N
zc.	Have there been any insurance claims in the past 5 years? Explain below.	Y or N
zd.	Is property being purchased or was purchased within the past 5 years?	Y or N



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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.

Dwelling Limit	Minimum Deposit Premium
\$ 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. Signature and last 4 digits of producer's social security number warrants that all of the above statements are true.

Signature of Producer _____ SSN (Last 4) _____ 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 Cancellation / Non-Renewal Notice (within past 6 mo) Rejection from Underwriter (within past 6 mo)
 Rejection Attached 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.
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