

Wisconsin Insurance Plan

700 West Michigan St., Suite 320
Milwaukee, WI 53233
(414) 291.5353

Weekday Hours 8:00am - 4:00pm
Close 1:00pm Fridays, Apr thru Oct

Dwelling Property Program Application (Not a Coverage Document or Binder)

For a 1 to 4 family residence, renters, or condo unit-owners.



Read Our Producer Manual at www.wisinsplan.com

1. **APPLICANT** _____
FIRST NAME LAST NAME TELEPHONE NUMBER

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

If Corporation, List Officers _____

3. **PROPERTY LOCATION** _____
One Dwelling 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 # OF FAMILIES _____ PROTECTION CLASS _____ WITHIN 1000 FEET OF HYDRANT ? YES NO
MARKET VALUE _____ YEAR BUILT _____ # OF STORIES _____ GROUND FLOOR AREA _____

6a. **PROPERTY COVERAGE REQUESTED*** FIRE FIRE & EXTENDED COVERAGE FIRE, EXTENDED COVERAGE, & VANDALISM
**No Liability or Medical Payments coverages are provided in this program.*

6b. **DWELLING LIMIT REQUESTED \$** _____ *Maximum limit is \$200,000 - One Dwelling only per application.*

6c. **PERSONAL PROPERTY LIMIT REQUESTED \$** _____ *Maximum limit is \$100,000*

ON PREMISES THEFT ENDORSEMENT LIMIT REQUESTED (optional) \$1000* \$2000* \$3000 \$4000 \$5000
*Only available if Personal Property limit is requested and box checked. *\$1000 and \$2000 limits only available when Dwelling is owner occupied*

7. **DEDUCTIBLE** \$250 BASIC OPTIONS \$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 10k (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 property real estate taxes delinquent? *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. Does the Dwelling or any Other Structure need repair? *Explain repairs needed and cost.* d. Yes No
- e. Is a woodburning stove present in the Dwelling or any Other Structure? e. Yes No
- f. Is any farming done on premises? *Explain type of farming and provide annual sales (not income).* f. Yes No
- g. Is a business operating on premises? *Explain type of business and portion of premises used for business.* g. Yes No
- h. Is property being purchased or was purchased within past 5 years? *Provide date, price, and cost of improvements.* h. Yes No
- i. Is this a seasonal dwelling? *Explain how many nights applicant slept in Dwelling in past year and if rented to others.* i. Yes No

- j. Are any living units vacant/unoccupied? *If yes, how many?* _____ *Since when?* _____ *Under Rehab?* _____ j. Yes No
Date Rehab Starting _____ *Anticipated Occupancy Date* _____ *Cost* _____
- k. Have there been any insurance claims in the past five years? *Explain date of claim, type of claim, details of claim, amount paid or reserved, and name of insurer.* k. 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. The Wisconsin Insurance Plan will not accept third party checks.

<u>Dwelling Limit</u>	<u>Minimum Deposit Premium</u>
\$50,000 or less	\$150
\$50,001 - \$100,000	\$225
\$100,001 - \$150,000	\$300
\$150,001 - \$200,000	\$400

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 this property was rejected for Dwelling coverage by another insurer-NOT THE PLAN.

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

<u>Specific Reason for Rejection</u>

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

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

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

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