

# 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

# Homeowner Program Application

## (Not a Coverage Document or Binder)

For a 1 or 2 family owner occupied principal residence.



Read Our Producer Manual at [www.wisinsplan.com](http://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 \_\_\_\_\_

### 6. LIMITS

#### SECTION I

#### SECTION II

FILL IN

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 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 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? <i>Explain</i> | a. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Are any real estate taxes delinquent on this property? <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 home been condemned or ordered uninhabitable? <i>Explain</i>   | c. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Is an animal owned or kept on premises that has injured someone or that has caused a liability claim?  | d. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Does the Dwelling or any Other Structure need repair? <i>Explain repairs needed and cost.</i>  | e. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| f. Is a woodburning stove present in the Dwelling or any Other Structure?   | f. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| g. Is any farming done on premises? <i>Explain type of farming and provide annual sales (not income)</i>  | g. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| h. Is a business operating on premises? <i>Explain type of business. Enclose copy of business liability policy Dec Page.</i>  | h. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| i. Is Day Care Service provided on premises? <i>Enclose copy of Day Care business liability policy Declarations Page.</i>   | i. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| j. Are any horses or other riding animals kept on premises? <i>Explain type, how many, and how used.</i>  | j. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| k. Is a dog(s) kept on premises? Breed(s) _____   | k. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| l. Is property being purchased or was purchased within past 5 years? <i>Provide date, price, and cost of improvements</i>   | l. <input type="checkbox"/> Yes <input type="checkbox"/> No |

- m. Is home vacant or unoccupied? *If yes, STOP. Apply to our Dwelling Property Program* m  Yes  No
- n. Is home a seasonal or secondary home 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, amount paid or reserved, and name of insurer.* 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).

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>
\$ 15,000 - \$100,000	\$150
\$100,001 - \$150,000	\$200
\$150,001 - \$200,000	\$250

<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. 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**

<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 Current 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.