

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

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

\$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).

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. 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

<u>Later Effective Date Requested (Read Above)</u>
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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>Name of Producer Signing Application</u>
<u>WIP Assigned Agency or Producer Number if known</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.