

# WISCONSIN DWELLING FIRE AND HOMEOWNERS INSURANCE APPLICATION

## POLICY INFORMATION

Policy or Reference Number: <b>381-5010945964-01</b>	Producer Code: <b>895357706</b>	
Policy Effective Date: <b>12/09/2022</b>	Producer Name: <b>SCHMITZ,ANDREW THOMAS, FARMERS INSURANCE GROUP</b>	
Policy Form: <b>Dwelling Fire Three</b>	Producer Phone Number: <b>651-371-9191</b>	Fax Number: <b>612-759-6487</b>

## LOCATION INFORMATION

Dwelling Use: <b>Landlord / Rental</b> <ul style="list-style-type: none"> <li>Primary</li> <li>Secondary / Seasonal</li> <li>Landlord / Rental</li> <li>Vacant / Unoccupied</li> <li>Vacation / Short-term Rental</li> <li>Tenant / Renters</li> </ul>	Dwelling Classification: <b>Traditional Site Built Home</b> <ul style="list-style-type: none"> <li>Traditional Site Built Home</li> <li>Manufactured / Mobile Home</li> <li>Adobe Home</li> <li>Condo</li> <li>Dome Home*</li> <li>Earth Home</li> <li>Log Home</li> </ul> <ul style="list-style-type: none"> <li>Metal Home</li> <li>Modular Home</li> <li>Straw Home*</li> <li>Apartment Building / Complex <i>(Tenant/Renters only)</i></li> <li>Other</li> </ul>
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### Dwelling Location (Cannot be a P.O. Box or a PMB)

Address: <b>7707 W HUSTIS ST</b>		City: <b>MILWAUKEE</b>
State: <b>WI</b>	ZIP Code: <b>53223-4915</b>	County: <b>079</b>
Unit Complex Name (Optional): <i>(Condo, Tenant/Renters only)</i> <b>N/A</b>		Number of units in building: <i>(Condo, Tenant/Renters only)</i> <b>N/A</b>
Responding Fire Department: <b>MILWAUKEE FS 39</b>	Fire District Name: <b>MILWAUKEE</b>	Fire Protection Class: <b>1</b>
Is the dwelling located within 1000 ft. from a fire hydrant? <b>Yes</b>	Is the primary responding fire department within 5 road miles from the dwelling? <b>Yes</b>	
Will this location be part of a schedule (five or more rental/vacant locations on one policy)? <b>No</b> <i>(DF1, DF3 Landlord/Rental, Vacation/Short-term Rental, Vacant/Unoccupied use only)</i>	If yes, <input type="checkbox"/> Existing schedule policy <input type="checkbox"/> New schedule policy How many dwellings will be on the policy?	
Year dwelling was built: <i>(N/A Tenant/Renters)</i> <b>1975</b>	Purchase Date: <i>(N/A Tenant/Renters)</i> <b>07/2018</b>	

## MAILING ADDRESS

<input type="checkbox"/> Same as Location	Address: <b>2347 N 1ST ST</b>	
City: <b>MILWAUKEE</b>	State: <b>WI</b>	ZIP Code: <b>53212-3223</b>

\*Unacceptable

**APPLICANT INFORMATION**

Applicant includes all entities and/or individuals to be listed on the policy as Named Insured, including those Named Insureds listed as an Additional Interest. All applicants should be listed on the policy and underwriting rules and guidelines pertain to all applicants.

INDIVIDUAL

**Primary Applicant (When applicable, credit and loss reports will be obtained on this person.)**

First Name: JOEL	Middle Name (Optional):	Last Name: KRIEGER
Date of Birth: 08/13/1982	Social Security Number (Optional):	

**Secondary Applicant**

First Name:	Middle Name (Optional):	Last Name:
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ENTITY

Entity that appears on the title or deed:

**First Additional Named Insured/First Individual with Control (When applicable, credit and loss reports will be obtained on this person.) (N/A Tenant/Renters)**

- If use is owner-occupied, the person listed below is considered an additional insured and has been added as an Additional Interest to the policy.
- If use is non-owner occupied, the person listed below is considered an Individual with Control and is not a Named Insured under the policy. If the person has an insurable interest in the policy, they will need to be added as an Additional Interest (refer to page 6).

First Name:	Middle Name (Optional):	Last Name:
Date of Birth:	Social Security Number (Optional):	

**Second Additional Named Insured/Second Individual with Control**

- If use is owner-occupied, the person listed below is considered an additional insured and has been added as an Additional Interest to the policy.
- If use is non-owner occupied, the person listed below is considered an Individual with Control and is not a Named Insured under the policy. If the person has an insurable interest in the policy, they will need to be added as an Additional Interest (refer to page 6).

First Name:	Middle Name (Optional):	Last Name:
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Does the applicant intend to pay the entire annual premium at this time? **N/A**  
(Primary, Secondary/Seasonal use only. N/A Condo Homeowner)

Does the applicant or anyone residing in the home smoke? **N/A**  
(Primary, Secondary/Seasonal use only. N/A Condo Homeowner)

Does the applicant also have an auto policy with the agency? **Yes**  
(N/A DF1 Vacant/Unoccupied, Condo, Tenant/Renters)

Does the applicant belong to any of the following affinity groups? Check all that apply:  
 None     Armed Forces Insurance - Membership Number: \_\_\_\_\_     USAA - Membership Number: \_\_\_\_\_  
 Farm Bureau - Membership Number: \_\_\_\_\_

Is the property currently insured? <b>Yes</b>	If yes, What is the name of the applicant's current insurance carrier? <b>Farmers</b> If no, Reason for no insurance: <ul style="list-style-type: none"> <li>• Never Insured</li> <li>• New Purchase</li> <li>• Policy Lapse</li> </ul> If Policy Lapse, Last date of insurance:
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Has the applicant been canceled, declined or nonrenewed including for non-payment within the past 5 years? <b>No</b>	If yes, Reason for cancel, decline or nonrenew: <ul style="list-style-type: none"> <li>• Non-payment of premium</li> <li>• Dwelling/Other Structure Condition</li> <li>• Unacceptable Animal on Premises</li> <li>• Liability Hazards</li> <li>• Dwelling – Age or Value</li> <li>• Heat/Electrical/Plumbing not updated</li> <li>• Credit History</li> <li>• Loss History</li> <li>• Prior Carrier Withdrew State/Agency</li> <li>• Change in Occupancy</li> <li>• Vacant</li> <li>• No Supporting Business</li> <li>• Other</li> </ul> Was the canceled, declined or nonrenewed policy a <i>Foremost</i> policy?
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Does the applicant have another personal lines or life policy with Foremost, Farmers, Bristol West or 21st Century? **Yes**  
 Life policy must be term, whole, universal or variable universal, have a face amount of \$50,000 or greater, issued to an adult and be in-force.

Is the applicant an employee of Foremost Insurance Group or any of its affiliates?  
 (N/A DF1 Vacant/Unoccupied) **No**

**LOSSES**Have there been any losses at any location owned or occupied by any insured in the past 5 years? **No****Key for the sections below:**

**Occupancy at the Time of Loss:** • Primary • Secondary / Seasonal • Landlord / Rental • Vacation / Short-term Rental • Vacant / Unoccupied • Tenant / Renters  
**Status:** • Closed • Open • Peril Not Covered • Under Deductible • Subrogation

Is the loss location the same as the dwelling location? **NO LOSSES**

Loss Address:

Date of Loss:	Cause of Loss:	Occupancy at the Time of Loss:
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Damage Repaired?	Catastrophic Loss:	Amount Paid:	Status:
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Is the loss location the same as the dwelling location?

Loss Address:

Date of Loss:	Cause of Loss:	Occupancy at the Time of Loss:
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Damage Repaired?	Catastrophic Loss:	Amount Paid:	Status:
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Is the loss location the same as the dwelling location?

Loss Address:

Date of Loss:	Cause of Loss:	Occupancy at the Time of Loss:
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Damage Repaired?	Catastrophic Loss:	Amount Paid:	Status:
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Is the loss location the same as the dwelling location?

Loss Address:

Date of Loss:	Cause of Loss:	Occupancy at the Time of Loss:
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Damage Repaired?	Catastrophic Loss:	Amount Paid:	Status:
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Is the loss location the same as the dwelling location?

Loss Address:

Date of Loss:	Cause of Loss:	Occupancy at the Time of Loss:
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Damage Repaired?	Catastrophic Loss:	Amount Paid:	Status:
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Is the loss location the same as the dwelling location?

Loss Address:

Date of Loss:	Cause of Loss:	Occupancy at the Time of Loss:
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Damage Repaired?	Catastrophic Loss:	Amount Paid:	Status:
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Is the loss location the same as the dwelling location?

Loss Address:

Date of Loss:	Cause of Loss:	Occupancy at the Time of Loss:
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Damage Repaired?	Catastrophic Loss:	Amount Paid:	Status:
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Is the loss location the same as the dwelling location?

Loss Address:

Date of Loss:	Cause of Loss:	Occupancy at the Time of Loss:
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Damage Repaired?	Catastrophic Loss:	Amount Paid:	Status:
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Is the loss location the same as the dwelling location?

Loss Address:

Date of Loss:	Cause of Loss:	Occupancy at the Time of Loss:
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Damage Repaired?	Catastrophic Loss:	Amount Paid:	Status:
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Is the loss location the same as the dwelling location?

Loss Address:

Date of Loss:	Cause of Loss:	Occupancy at the Time of Loss:
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Damage Repaired?	Catastrophic Loss:	Amount Paid:	Status:
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**ELIGIBILITY**

Is there any existing damage, needed repairs or liability hazards to the Roof, Structure, Chimney, Foundation, Premises or Other Structures? *(N/A Condo, Tenant/Renters)*

No

Roof:

None of the above (Good Condition)

- Curling Shingles
- Leaking Roof\*
- More than one apply
- Moss
- Missing Shingles
- Wavy and/or Buckling Roof
- Age- Wear and Tear
- None of the above (Good Condition)
- Other

Chimney:

None of the above (Good Condition)

- Deteriorating Mortar\*
- Leaning Chimney\*
- Missing and/or Loose Bricks\*
- More than one apply\*
- None of the above (Good Condition)
- No Chimney
- Other

Premises:

None of the above (Good Condition)

- Discarded Appliances on Premises
- Debris on Premises
- Disabled Vehicles on Premises
- More than one apply
- Sidewalk/Driveway/Steps in Poor Condition
- None of the above (Good Condition)
- Other

Structure:

None of the above (Good Condition)

- Damaged Fascia or Soffit Board
- More than one apply
- Missing/Damaged Railings
- Missing / Damaged Siding
- Missing/Broken/Boarded Windows
- Peeling Paint Greater than 30%
- Peeling Paint Less than 30%
- Rotted Porch or Deck Boards
- Rotting or Exposed Wood
- Structural Damage\*
- None of the above (Good Condition)
- Other

Foundation:

None of the above (Good Condition)

- Cracking and/or Settling
- More than one apply
- Mold and/or Mildew\*
- None of the above (Good Condition)
- Other

Other Structures:

None of the above (Good Condition)

- Graffiti
- Missing or Damaged Siding
- Missing/Broken/Boarded Windows
- Roof Damage
- Structurally Unsound
- More than one apply
- None of the above (Good Condition)
- No Other Structures
- Other

Other Condition Detail:

Is the dwelling under construction or renovation?

*(N/A Tenant/Renters)*

No

If yes,

Type of construction or renovation:

- Heat/Electric &/or Plumbing Updates
- Interior Cosmetic
- New Dwelling – Fully Enclosed+
- New Dwelling – Semi Enclosed+
- New Dwelling – Not Enclosed+
- Roof Replacement *(N/A Condo)*
- Room Addition
- Room Remodel
- Siding Replacement *(N/A Condo)*
- Window Replacement
- More than one apply
- Other

Is the work being completed by a licensed contractor?

+Does the applicant want the Course of Construction endorsement? *N/A*  
*(Applies to Foremost Choice Home)*

+Anticipated completion date:

Is there a swimming pool with a depth of more than 2.5 feet on the premises?

*(If Condo or Tenant/Renters, applies only when # of units in bldg. is 1-4)*

No

For Condo or Tenant/Renters, select one of the following:

- No Pool
- Community Owned Pool
- Individually Owned Pool
- Landlord Owned Pool *(Tenant/Renters only)*

Pool Information: *(If Condo - Individually Owned Pool only. If Tenant/Renters, Individually Owned Pool or Landlord Owned Pool only)*

- Fence/Pool Height 4ft or Higher
- Fence/Pool Height Less than 4ft
- Unfenced or Not Fully Enclosed
- Other

Is there a trampoline on the premises? No

*(If Condo or Tenant/Renters, applies only when # of units in bldg. is 1-4)*

If yes, and the applicant wants liability, do they accept the Trampoline Liability Exclusion?

*(N/A Condo, Tenant/Renters)*

Is the dwelling currently vacant? No

*(N/A Vacant/Unoccupied, Tenant/Renters use)*

If yes, Reason for Vacancy:

- Deceased / In Estate
- Currently Up for Rent
- Senior Living Facility / Living with Relative
- New purchase / Inherited
- Under Renovation
- Up for Sale
- Other

Does the applicant or anyone residing at the dwelling:

- own, keep or shelter an unacceptable dog OR
  - own, keep or shelter an animal that has caused harm? No
- Unacceptable - Akita, Chow, American Staffordshire Terrier, Presa Canario, Pit Bull, Rottweiler, Doberman Pinscher, Wolf Hybrid or any dog that is a mix that includes one or more of the breeds listed above.

If yes, and the applicant wants liability, do they accept the Animal Liability Exclusion?

Does the applicant or anyone residing at the dwelling own, keep or shelter any unusual or exotic animals that would increase liability concerns? No

*(N/A Condo, Tenant/Renters)*

*(May require Animal Liability Exclusion)*

If Yes,

Type of Animal:

- Boa Constrictor/Python Snakes
- Ferrets
- Small Lizards or Iguana
- Other

If the applicant wants liability, do they accept the Animal Liability Exclusion?

*(N/A if type is Ferrets or Small Lizards or Iguana)*

\*Unacceptable

<b>ELIGIBILITY (Continued)</b>	
Is the dwelling used for student housing? <b>N/A</b> (Landlord/Rental, Vacation/Short-term Rental use only)	If Yes, Housing Description: <ul style="list-style-type: none"> <li>• Fraternity/Sorority*</li> <li>• Student Housing</li> <li>• Graduate Students</li> <li>• Other</li> </ul> Number of students:
Is there any business conducted on the premises, including farming or ranching? (N/A Condo, Tenant/Renters) <b>No</b>  Does the applicant conduct any business on the premises? (Condo, Tenant/Renters only) <b>N/A</b>	If Yes, Category: (N/A Condo, Tenant/Renters) <ul style="list-style-type: none"> <li>• Business</li> <li>• Farm or Ranch</li> </ul> Type:  Business <ul style="list-style-type: none"> <li>• Office</li> <li>• Day Care</li> <li>• Art Studio</li> <li>• Music or Dance Lessons</li> <li>• Auto Repair*</li> <li>• Beauty Salon*</li> <li>• Other</li> </ul> Incidental Use?  Farm or Ranch: (N/A Condo, Tenant/Renters) <ul style="list-style-type: none"> <li>• Farms 25 acres or less &amp; no farm animals</li> <li>• Farms 25 acres or less &amp; owns 10 or less farm animals</li> <li>• Owns 10 or less farm animals and no farming</li> <li>• Farms more than 25 acres*</li> <li>• Owns more than 10 farm animals*</li> <li>• Rents land to others for farming/ranching*</li> <li>• Earns more than \$5,000 from farming/ranching*</li> <li>• Boards animals of others*</li> <li>• Other</li> </ul>
How many people not related to the applicant live in the unit? (Tenant/Renters only) <b>N/A</b>	

<b>DWELLING DETAILS</b>	
Construction Type: (N/A Tenant/Renters) <b>Frame</b> <ul style="list-style-type: none"> <li>• Frame</li> <li>• Brick/Masonry (90% or more)</li> <li>• Masonry Veneer (90% or more)</li> <li>• Hardi Plank (90% or more)</li> <li>• Fire Resistant (90% or more)</li> <li>• Other</li> </ul>	Foundation Type: (N/A Condo, Tenant/Renters) <b>Basement</b> <ul style="list-style-type: none"> <li>• Basement</li> <li>• Slab</li> <li>• Closed Crawl Space</li> <li>• Raised Pier and Beam / Open - Height 2 Feet or Lower</li> <li>• Raised Pier and Beam / Open - Height More Than 2 Feet</li> <li>• Wood</li> <li>• Other</li> </ul>
Number of Stories: (N/A Condo, Tenant/Renters) <b>1</b>	
Primary Heat Source: (N/A Tenant/Renters) <b>Furnace (Forced Air, Radiant and Central Air)</b> <ul style="list-style-type: none"> <li>• Furnace (forced air, radiant and central air)</li> <li>• Electric Baseboard</li> <li>• Heat Pump (geothermal and air-source)</li> <li>• Space Heater - permanent</li> <li>• Space Heater - portable</li> <li>• Boiler (steam and hot water)</li> <li>• Fireplace (including inserts)</li> <li>• Wood stove (including free standing fireplaces)</li> <li>• None</li> <li>• Other</li> </ul>	If permanent space heater, Are the following requirements met for the space heater? <ul style="list-style-type: none"> <li>• UL-approved AND</li> <li>• Approved by a local building inspector, meets local building codes or is commercially installed AND</li> <li>• Thermostatically controlled</li> </ul>
Primary Type of Fuel: (N/A Tenant/Renters) <b>Natural Gas</b> <ul style="list-style-type: none"> <li>• Natural Gas</li> <li>• Propane (including LPG)</li> <li>• Oil</li> <li>• Electricity with utility company (grid)</li> <li>• Electricity - solar, wind or generators</li> <li>• Wood (including pellet and corn)</li> <li>• Coal</li> <li>• Kerosene</li> <li>• Other</li> </ul>	If oil or kerosene, Where is the fuel tank located?  <ul style="list-style-type: none"> <li>• Above Ground</li> <li>• Basement</li> <li>• Buried</li> </ul> What is the age of the tank?
Is there a secondary heat source in the dwelling? <b>No</b> (N/A Condo, Tenant/Renters)	
Secondary Heat Source: (N/A Condo, Tenant/Renters) <ul style="list-style-type: none"> <li>• Furnace (forced air, radiant and central air)</li> <li>• Electric Baseboard</li> <li>• Heat Pump (geothermal and air-source)</li> <li>• Space Heater - permanent</li> <li>• Space Heater - portable</li> <li>• Boiler (steam and hot water)</li> <li>• Fireplace (including inserts)</li> <li>• Wood stove (including free standing fireplaces)</li> <li>• Other</li> </ul>	If permanent space heater, Are the following requirements met for the space heater? <ul style="list-style-type: none"> <li>• UL-approved AND</li> <li>• Approved by a local building inspector, meets local building codes or is commercially installed AND</li> <li>• Thermostatically controlled</li> </ul>
Secondary Type of Fuel: (N/A Condo, Tenant/Renters) <ul style="list-style-type: none"> <li>• Natural Gas</li> <li>• Propane (including LPG)</li> <li>• Oil</li> <li>• Electricity with utility company (grid)</li> <li>• Electricity - solar, wind or generators</li> <li>• Wood (including pellet and corn)</li> <li>• Coal</li> <li>• Kerosene</li> <li>• Other</li> </ul>	If oil or kerosene, Where is the fuel tank located?  <ul style="list-style-type: none"> <li>• Above Ground</li> <li>• Basement</li> <li>• Buried</li> </ul> What is the age of the tank?
Does any attached/detached garage or outbuilding contain a wood, solid fuel or portable kerosene heating device?* <b>No</b> (N/A Condo, Tenant/Renters)	
Is there a wood-burning device, other than a fireplace or fireplace insert, in the unit? (Applies to Condo and Tenant/Renters only when # of units in bldg. is 1-4.) <b>N/A</b>	

\*Unacceptable

**DWELLING DETAILS (Continued)**

Roof Material: <i>(N/A Condo, Tenant/Renters)</i> Asphalt / Composition Shingle <ul style="list-style-type: none"> <li>• Asphalt / Composition Shingle</li> <li>• Wood</li> <li>• Metal - Steel / Aluminum / Copper</li> <li>• Slate</li> <li>• Tile - Concrete / Clay</li> </ul>	<ul style="list-style-type: none"> <li>• Wood Shake / Shingle</li> <li>• Roof over Woodshake / Shingle*</li> <li>• Unknown</li> <li>• Other</li> </ul>	Is the dwelling a rowhouse or townhouse? <i>(N/A Condo, Tenant/Renters)</i> No
Number of separate living units: <i>(N/A Condo, Tenant/Renters)</i> Single family dwelling <ul style="list-style-type: none"> <li>• Single family dwelling</li> <li>• Duplex family dwelling</li> <li>• Triplex family dwelling</li> </ul>	<ul style="list-style-type: none"> <li>• Fourplex family dwelling</li> <li>• Five or more family dwelling*</li> </ul>	
Number of residential dwellings on the same premises: <i>(N/A Condo, Tenant/Renters)</i> 1		Total Square Footage: <i>(N/A Condo, Tenant/Renters)</i> 1630
Has the roof of the dwelling been updated? <i>(Applies to Primary, Secondary/Seasonal use only; N/A Condo Homeowner.)</i>		Year the roof was updated:
Does the dwelling have a fortified roof? <i>N/A (Primary, Secondary/Seasonal use only; N/A Condo Homeowner)</i>		Amount of Insurance: <i>(N/A Condo, Tenant/Renters)</i> 321,000
Current market value minus land or ACV: <i>(N/A Condo, Tenant/Renters)</i> 321,000		Does the applicant want replacement cost on the dwelling? <i>Yes (N/A Condo, Tenant/Renters)</i> If yes, estimated 360Value Replacement Cost Value: \$321,000
Amount of Unit Owners Building Coverage: <i>(DF6 only)</i> N/A		Amount of Personal Property Coverage: <i>(Condo Homeowner, Tenant/Renters only)</i> N/A
Security Devices - Check all that apply: <input checked="" type="checkbox"/> Deadbolt <input type="checkbox"/> Central fire alarm <input type="checkbox"/> Fire extinguisher <input type="checkbox"/> Burglar alarm (Include both local & central) <input type="checkbox"/> Smart Home Device <input checked="" type="checkbox"/> Smoke detector <input type="checkbox"/> Sprinkler system <input type="checkbox"/> Carbon monoxide detector <input type="checkbox"/> Bars on windows and doors with quick release		
<b>LANDLORD DETAIL</b> <i>(N/A Condo Homeowner, Tenant/Renters. All other risks, apply to Landlord/Rental, Vacation/Short-term Rental and Primary when multi-family use)</i>		
Number of rental and vacant site-built properties, including this one, insured by Foremost: 1		
Is the property managed by a management company? No		If yes, Management Company Name: For coverage, add as an Additional Interest (see below).
Does the applicant belong to a landlord association? No		If yes, Landlord Association Name:
Tenant Screenings - Check all that apply: <i>(N/A Vacant/Unoccupied use)</i> <input type="checkbox"/> Credit check <input type="checkbox"/> Skip search <input type="checkbox"/> Criminal background check <input type="checkbox"/> Eviction search <input type="checkbox"/> HO4 tenant policy on file <input checked="" type="checkbox"/> None		

**Contact Information**

Primary Phone: (414) 522-9534	Email Address: JOELKRIEG@GMAIL.COM	
<b>Alternate Mailing Address</b>		
Does the applicant have a temporary or seasonal mailing address? No		
Effective From:	Effective To:	Is this a recurring date?
Address:		
City:	State:	ZIP Code:

**ADDITIONAL INTEREST**

**Key for the sections below:**  
**Interest Type: Yes**

- Mortgagee *(N/A Tenant/Renters)*
- Additional Named Insured - Additional Named Insured Endorsement *(Primary, Secondary/Seasonal use only)*
- Co-Titleholder - Additional Insured Non-resident Endorsement *(N/A Tenant/Renters)*
- Contract Seller - Additional Insured Non-resident Endorsement *(N/A Tenant/Renters)*
- Condo Association - Additional Insured for Premises *(Condo only)*
- Condo Association - Certificate Holder *(Condo only)*
- Life Estate - Certificate Holder, Notification Only *(N/A Tenant/Renters)*
- Loss Payee - Loss Payee Endorsement
- Premium Finance - Certificate Holder, Notification Only
- Property Management - Additional Insured for Premises Liability *(N/A Condo Homeowner, Tenant/Renters)*
- Property Management - Certificate Holder, Notification Only
- Titleholder - Additional Insured Non-resident Endorsement *(N/A Tenant/Renters)*
- Co-Op - Certificate Holder *(Tenant/Renters only)*
- Landlord - Certificate Holder *(Tenant/Renters only)*

Interest Type: <b>First Mortgagee</b>			
Name: WELLS FARGO BANK NA #936 ISAOA	Address: PO BOX 100515		
City: FLORENCE	State: SC	ZIP Code: 29502-0515	Loan Number: 0562200501
Interest Type:			
Name:	Address:		
City:	State:	ZIP Code:	Loan Number:
Interest Type:			
Name:	Address:		
City:	State:	ZIP Code:	Loan Number:

\*Unacceptable

**COVERAGE AND LIMITS**

Coverages/Endorsements	Limit	Deductible	Premium
Dwelling	\$321,000	\$1,000	\$852
ExtRep Cost Incl Ord/Law Excl Roof 15Yr Or Older			\$80
Other Structures - Additional Amount of Insurance		\$1,000	\$10
Personal Property	\$15,000	\$1,000	\$27
Replacement Cost-Personal Property	\$15,000		\$35
Loss of Rents	\$32,100		\$147
Premises Liability	\$500,000		\$83
Medical Payments	\$1,000		\$5
Landlord Personal Injury Liab Cov	\$500,000		\$10
Water Backup of Sewers or Drains	\$5,000		\$75
Platinum Endorsement			\$15

**Discounts/Surcharges**

Claims Free Discount			-\$13
Multi-Policy Discount			-\$69
Platinum Discount			-\$83
Companion Auto Policy Discount			-\$69

**Premium Summary**

**NOTE:** Minimum premium - Prices may be subject to minimum written premiums and non-refundable minimum earned premium.

<b>Total Policy Premium:</b>	\$1,105.00
<b>Total Taxes &amp; Fees:</b>	\$0.00
<b>Total 1 Year Premium:</b>	\$1,105.00

**BILLING INFORMATION**

Pay Plan: <b>1 Pay</b> • 1 Pay      • 10 Pay (N/A Condo, • 2 Pay           Tenant/Renters) • 4 Pay      • 12 Pay (EFT)	Producers must collect down payment, except when escrow billed. Down Payment Collected: \$ _____ A service charge will apply if payment plan is other than annual.	Would the customer like future renewals billed to the mortgagee? (N/A Tenant/Renters) <b>Yes</b>
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**REQUIRED APPLICANT INFORMATION APPLICANT MUST COMPLETE, SIGN AND DATE THIS FORM.**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages.

In connection with this application for insurance, the insurer may review your credit report or obtain or use a credit-based insurance score based on the information contained in that credit report. The insurer may use a third party in connection with the development of your insurance score.

1. I agree that the insurer may secure and review consumer reports, including loss history reports or credit report information for persons listed in the application or subsequently added to the policy by me or my authorized representatives. I agree to allow the insurer to share my name, address, date of birth and social security number with third party consumer reporting and insurance support organizations in order to obtain consumer reports. I further agree that the insurer may secure and review new consumer reports in evaluating this policy, for my request for a change in policy benefits or for a replacement policy as permitted by law. I understand that this authorization will remain in effect unless I make arrangements to revoke it through my insurance representative. I or my representatives may obtain a copy of this application and authorization by requesting it from my insurance representative.
2. I declare that the information contained in this application is true and complete to the best of my knowledge and belief. I understand that the insurer will rely on this information in determining my eligibility and premium.
3. I declare that the selections indicated in this application accurately reflect the limits, coverages and deductibles I chose.

*Joel Krieger*

Joel Krieger (Dec 8, 2022 10:28 CST)

Applicant/If applicant is an entity, Individual with Control Signature

Dec 8, 2022

Date

**REQUIRED PRODUCER INFORMATION**

By signing this application, I certify that I am both licensed by the state and appointed by Foremost to write this specific line of business.

Schmitz,Andrew Thomas

Producer Signature

12/08/2022

Date

Schmitz,Andrew Thomas

Producer Name (Print)

Producer License Number

Signature: *Joel Krieger*

Joel Krieger (Dec 8, 2022 10:29 CST)

Email: joelkrieg@gmail.com