



# MINNESOTA DWELLING FIRE AND SPECIALTY HOMEOWNERS INSURANCE APPLICATION

REFERENCE / POLICY NUMBER 0092036086	EFFECTIVE DATE 12/28/2017	You must have a completed and signed application with front and rear view photos of the dwelling.
<b>PRODUCER INFORMATION</b>		<b>DO NOT MAIL BOUND APPLICATIONS.</b> <b>If coverage is bound you MUST:</b> 1. Process within 5 days of the effective date. 2. Enter policy at www.ForemostSTAR.com, OR 3. Call Toll-Free 1-800-527-3905.
PRODUCER CODE 89-5307-233		
PRODUCER NAME M J MCPHERSON INSURANCE AGENCY		
PHONE NUMBER 651-280-4189	FAX NUMBER	

<b>POLICY INFORMATION</b>			
<input type="checkbox"/> Dwelling Fire One (Fire and EC Perils) <input type="checkbox"/> Primary <input type="checkbox"/> Seasonal/Secondary <input type="checkbox"/> Rental <input type="checkbox"/> Vacation and Short Term Rental <input type="checkbox"/> Vacant	<input checked="" type="checkbox"/> Dwelling Fire Three (Comprehensive Coverage) <input type="checkbox"/> Primary <input type="checkbox"/> Seasonal/Secondary <input checked="" type="checkbox"/> Rental <input type="checkbox"/> Vacation and Short Term Rental	<input type="checkbox"/> Classic ACV HO (Comprehensive Coverage) <input type="checkbox"/> Primary <input type="checkbox"/> Seasonal/Secondary	<input type="checkbox"/> Classic CL HO (Comprehensive Coverage) <input type="checkbox"/> Primary <input type="checkbox"/> Seasonal/Secondary

**INSURED INFORMATION** Applicant includes all entities &/or individuals to be listed on our policy as Named Insured, including those Named Insureds listed under the additional interest section.

**IS THE DWELLING DEEDED IN A NAME OTHER THAN AN INDIVIDUAL(S)?**  YES  NO

INSURED TYPE:	<input type="checkbox"/> Individual	<input type="checkbox"/> Trust-Land	<input type="checkbox"/> Trust-Family	<input type="checkbox"/> Trust-Living
	<input type="checkbox"/> Life Estate	<input type="checkbox"/> In Estate	<input type="checkbox"/> Business Name	<input type="checkbox"/> Other

If Individual is selected, complete Individual First Named Insured information. For all others, complete both Individual with Control and Entity that appears on the Title or Deed.

<b>INSURED TYPE INDIVIDUAL</b>	<b>First Named Insured† (Credit &amp; loss reports when applicable, will be obtained on this person.)</b>				
	LAST NAME FAFINSKI	FIRST NAME THOMAS	MIDDLE INITIAL	DATE OF BIRTH 11/01/1964	SOCIAL SECURITY NUMBER XXX — XX — 9176
	PHONE NUMBER ( )			WORK PHONE NUMBER ( )	
	IS THE FIRST NAMED INSURED ON THE DEED/TITLE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
	If NO, is this a Land Contract or Buy For agreement? (N/A if use is Rental, Vacation Rental, or Vacant) <input type="checkbox"/> YES <input type="checkbox"/> NO				

<b>INSURED TYPE INDIVIDUAL</b>	<b>Second Named Insured†</b>				
	LAST NAME FAFINSKI	FIRST NAME AMY	MIDDLE INITIAL		
	IS THE SECOND INSURED A FAMILY MEMBER RELATED TO THE NAMED INSURED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
	If NO, does the second insured have an insurable interest in the dwelling? <input type="checkbox"/> YES <input type="checkbox"/> NO				
	DOES THE SECOND INSURED RESIDE IN THE DWELLING? (N/A if use is Rental, Vacation Rental, or Vacant) <input type="checkbox"/> YES <input type="checkbox"/> NO				

**ENTITY THAT APPEARS ON THE TITLE OR DEED†:** \_\_\_\_\_

<b>INSURED TYPE OTHER</b>	<b>First Individual with Control (Credit &amp; loss reports when applicable, will be obtained on this person.)</b>				
	LAST NAME	FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH	SOCIAL SECURITY NUMBER — — —
	PHONE NUMBER ( )			WORK PHONE NUMBER ( )	
	DOES THE FIRST INDIVIDUAL WITH CONTROL RESIDE IN THE DWELLING? (N/A if use is Rental, Vacation Rental, or Vacant) <input type="checkbox"/> YES <input type="checkbox"/> NO				

<b>INSURED TYPE OTHER</b>	<b>Second Individual with Control</b>				
	LAST NAME	FIRST NAME	MIDDLE INITIAL		
	DOES THE SECOND INDIVIDUAL WITH CONTROL RESIDE IN THE DWELLING? (N/A if use is Rental, Vacation Rental, or Vacant) <input type="checkbox"/> YES <input type="checkbox"/> NO				

<b>PROPERTY LOCATION ADDRESS</b>				
STREET AND HOUSE NUMBER 4410 UPPER 156TH ST W	CITY ROSEMOUNT	STATE MN	ZIP CODE 55068-4640	COUNTY DAKOTA
IN CITY LIMITS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	PRIMARY F/D ROSEMOUNT FS 1	PROTECTION CLASS 4	WITHIN 1,000 FT. OF FIRE HYDRANT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	WITHIN 5 MILES OF FIRE DEPT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

NUMBER OF RENTAL OR VACANT, SITE-BUILT PROPERTIES INSURED BY FOREMOST? <u>2</u>
IS THERE A LANDLORD ASSOCIATION YOU BELONG TO? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, provide name of association you belong to _____
IS PROPERTY MANAGED BY A MANAGEMENT COMPANY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, provide management company name <u>HOMEINVEST</u>
TENANT SCREENINGS (Check all that apply): <input checked="" type="checkbox"/> Credit Check <input checked="" type="checkbox"/> Eviction Search <input checked="" type="checkbox"/> Skip Search <input checked="" type="checkbox"/> HO4 Tenant policy on file <input checked="" type="checkbox"/> Criminal Background Check <input type="checkbox"/> None
DOES THE INSURED HAVE ANOTHER IN-FORCE PERSONAL LINES OR LIFE POLICY WITH FOREMOST, FARMERS, BRISTOL WEST OR 21st CENTURY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <small>A life policy must be term, whole, universal or variable universal policy, have a face amount of \$50,000 or greater, issued to an adult and in-force.</small>

† Name will appear on Declarations Page.  
Form 502022 06/14

**MAILING ADDRESS**

SAME AS PROPERTY ADDRESS?  YES  NO If NO, please provide additional information below.

STREET AND HOUSE NUMBER: 1287 200TH ST W CITY: FARMINGTON STATE: MN ZIP CODE: 55024-9712

**ELIGIBILITY INFORMATION**

**CONSTRUCTION TYPE:**  
 Frame  90% or more Masonry Veneer  
 90% or more Brick/Masonry  90% or more Hardi-Plank  
 90% or more Fire Resistant  Other\* \_\_\_\_\_

**DWELLING CLASSIFICATION:**  
 Traditional Site Built  Adobe  Earth Home\*  Manufactured (Mobile/Multi-Sectional) - Vacant Only  
 Log Home  Metal\*  Modular  
 Other (Describe)\* \_\_\_\_\_  
 Unacceptable = Condo, Dome Homes, Straw Homes, Manufactured (Mobile/Multi-Sectional) - Occupied

**FOUNDATION:**  
 Basement  Closed with Crawl Space (continuous foundation)  Open - Height More than 2 Feet\*  Other\* \_\_\_\_\_  
 Slab  Open - Height 2 Feet or Lower\*  Wood\*

**NUMBER OF FAMILY UNITS?** Fire:  1  2  3  4 HO:  1  2  
**NUMBER OF RESIDENTIAL DWELLINGS ON SAME PREMISES?** 1  
 Note: If requesting liability coverage, properties with multiple dwellings on the same premises must be written through Foremost and must be written with the same liability limit.

**PRIMARY HEATING METHOD:**  
 Coal Furnace  Portable Space Heater\* (Kerosene = Unacceptable)  
 Electric Baseboard  Permanent Gas/Electric Space Heater - YES (meets requirements)  
 Fireplace\*  Permanent Gas/Electric Space Heater - NO (does not meet requirements)  
 Furnace - Gas (Incl. LPG) or Electric  Heat Pump  
 Liquid Fuel Furnace/Space Heater & Above Ground Tank less than 20 yrs. old\*  
 Liquid Fuel Furnace/Space Heater & Above Ground Tank 20 yrs. or older\*  
 Liquid Fuel Furnace/Space Heater & Buried Tank less than 15 yrs. old\*  
 Liquid Fuel Furnace/Space Heater & Buried Tank 15 yrs. or older\*  
 Note: Buried Bare Steel Tanks = Unacceptable  
 Steam  Woodburner\*  
 None  Other\* \_\_\_\_\_

**Permanent Gas/Electric Space Heater Requirements** - Must be UL approved, professionally installed and attached by fuel supply lines or wall mounted and thermostatically controlled.

**AUXILIARY HEAT**  NO  YES (Select type from Primary Heating Methods listed above) **FURNACE - ELECTRIC OR GAS INCLUDING LPG**

DWELLING PURCHASE DATE (MO/YEAR)	AMOUNT OF INSURANCE	CURRENT MARKET VALUE OR ACV (Less Land)	REPLACEMENT AMOUNT (When replacement cost is purchased)	TOTAL SQUARE FEET
12 / 2017	\$ 260000.00	\$ 260000.00	\$ 260000.00	1661

**ELIGIBILITY QUESTIONS** ▼ If question at left is "NO" skip to the next question. If "YES" select options below. ▼

<p><b>Is there a swimming pool with a depth of more than 2.5 feet on premises?</b>  <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES</p>	<p><input type="checkbox"/> Pool is Unfenced or Not Fully Enclosed* <input type="checkbox"/> Fence or Pool Height Less than 4 Feet*  <input type="checkbox"/> Fence or Pool Height 4 Feet or Higher <input type="checkbox"/> Other* _____</p>
<p><b>Is the dwelling currently vacant?</b>  <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES</p>	<p><b>Are the following vacancy requirements met?</b> <input type="checkbox"/> NO (Unacceptable) <input type="checkbox"/> YES                  Requirements = Intend to sell, rent or occupy; vacant for less than 24 months; completely secured; and if currently uninsured, has been uninsured for less than 12 months prior to effective date.  <input type="checkbox"/> Up for Sale <input type="checkbox"/> Under Renovation  <input type="checkbox"/> Currently Up for Rent <input type="checkbox"/> Deceased/In Estate  <input type="checkbox"/> New Purchase/Inherited <input type="checkbox"/> Other* _____  <input type="checkbox"/> Nursing Home/Assisted Living</p>
<p><b>Owner Occupied</b>                  Do you have any roomers or boarders? <input type="checkbox"/> NO <input type="checkbox"/> YES</p> <p><b>Non-owner Occupied</b>                  Is the dwelling used for student housing? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES                  Refer to Program Guide for eligibility.</p>	<p><input type="checkbox"/> 1 or 2 Roomers/Boarders Unacceptable = 3 or more roomers/boarders</p> <p><input type="checkbox"/> Graduate Students* - Number of Students _____ Unacceptable = Fraternity/Sorority, Student Housing  <input type="checkbox"/> Other* _____</p>
<p><b>Business, including Farm/Ranch on premises?</b>  <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES                  Refer to Program Guide for business definition and eligibility.</p>	<p><b>Is the business incidental use?</b> <input type="checkbox"/> NO <input type="checkbox"/> YES</p> <p><b>Business:</b>  <input type="checkbox"/> Office* <input type="checkbox"/> Art Studio* <input type="checkbox"/> Other* _____  <input type="checkbox"/> Day Care* <input type="checkbox"/> Musical or Dance Lessons*                  Unacceptable = Auto Repair &amp; Beauty Salon</p> <p><b>Farming:</b>  <input type="checkbox"/> Farms 25 acres or less &amp; no farm animals <input type="checkbox"/> Farms 25 acres or less &amp; owns 10 or less farm animals  <input type="checkbox"/> Owns 10 or less farm animals and no farming <input type="checkbox"/> Other* _____                  Unacceptable = Farms more than 25 acres, owns more than 10 farm animals, rents land to others, earns more than \$5,000 or boards animals of others.</p>
<p><b>Is there existing damage or needed repairs to Roof, Dwelling, Chimney, Foundation, Premises or Out Building?</b>  <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES*</p>	<p><b>Roof:</b>  <input checked="" type="checkbox"/> None <input type="checkbox"/> Leaking Roof <input type="checkbox"/> Moss  <input type="checkbox"/> More than One Apply-Check All that Apply <input type="checkbox"/> Age - Wear &amp; Tear <input type="checkbox"/> Wavy/Buckling Roof  <input type="checkbox"/> Missing Shingles <input type="checkbox"/> Curling Shingles <input type="checkbox"/> Other* _____</p> <p><b>Dwelling:</b>  <input checked="" type="checkbox"/> None <input type="checkbox"/> Rotting or Exposed Wood  <input type="checkbox"/> More than One Apply-Check All that Apply <input type="checkbox"/> Damage to Fascia or Soffit Boards  <input type="checkbox"/> Missing or Damaged Siding <input type="checkbox"/> Rotted Porch or Deck Boards  <input type="checkbox"/> Peeling Paint Greater than 30% of Dwelling <input type="checkbox"/> Structural Damage  <input type="checkbox"/> Peeling Paint 30% or Less of Dwelling <input type="checkbox"/> Missing/Damaged Railings  <input type="checkbox"/> Missing/Broken/Boarded Windows <input type="checkbox"/> Other* _____</p> <p><b>Chimney:</b>  <input checked="" type="checkbox"/> None <input type="checkbox"/> Leaning Chimney  <input type="checkbox"/> More than One Apply-Check All that Apply <input type="checkbox"/> Deteriorated Mortar  <input type="checkbox"/> Missing and/or Loose Bricks <input type="checkbox"/> Other* _____</p> <p><b>Foundation:</b>  <input checked="" type="checkbox"/> None <input type="checkbox"/> Mold and/or Mildew  <input type="checkbox"/> More than One Apply-Check All that Apply <input type="checkbox"/> Other* _____  <input type="checkbox"/> Cracking and/or Settling</p> <p><b>Premises:</b>  <input checked="" type="checkbox"/> None <input type="checkbox"/> Appliances on Property  <input type="checkbox"/> More than One Apply-Check All that Apply <input type="checkbox"/> Sidewalks/Driveways/Steps in Poor Condition  <input type="checkbox"/> Debris on Premises <input type="checkbox"/> Other* _____  <input type="checkbox"/> Disabled Vehicles</p> <p><b>Out Building:</b>  <input checked="" type="checkbox"/> None <input type="checkbox"/> Missing/Broken/Boarded Windows  <input type="checkbox"/> More than One Apply-Check All that Apply <input type="checkbox"/> Graffiti  <input type="checkbox"/> Roof Damage <input type="checkbox"/> Structurally Unsound  <input type="checkbox"/> Missing/Damaged Siding <input type="checkbox"/> Other* _____</p>

**ELIGIBILITY QUESTIONS**

▼ If question at left is "NO" skip to the next question. If "YES" select options below. ▼

Is the Dwelling under construction or renovation?  
 NO  YES



Work completed by a licensed contractor?  NO  YES Anticipated Completion Date  
 More Than One Apply - Check All That Apply  
 New Dwelling - Fully-Enclosed\*  Interior Cosmetic  
 Room Addition\*  Siding Replacement  
 Room Remodel  Window Replacement  
 Roof Replacement  Updates to Heat/Electric/Plumbing\*  
 Unacceptable = New Dwelling Semi-Enclosed  Other\*

Do you or any person who resides at the dwelling own, keep or shelter an animal that has caused harm or an unacceptable dog? 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.  
 NO  YES

If YES and liability is on policy, do you accept Animal Liability Exclusion?  
 NO  YES

Do you or any person who resides at the dwelling own, keep or shelter an exotic or unusual animal that would increase liability concerns?  
 NO  YES

Small Lizards/Iguanas  Ferrets  
 Boa Constrictors/Pythons\*  Other\*

Is the property currently uninsured? (Excludes new purchase)  
 NO  YES

Last date of insurance  
 Policy Lapsed  Never-Insured

Have you been cancelled, declined or non-renewed, including for non-payment, within the past 5 years?  
 NO  YES

Non-Payment of Premium  Credit History  Change In Occupancy  
 Dwelling/Other Structures - Condition\*  Loss History  Vacant  
 Unacceptable Animal\*  Dwelling - Age or Value  No Supporting Business  
 Other Liability Hazards\*  Prior Carrier Withdrew State/Agency  
 Lack of Heat/Electric/Plumbing Updates\*  Other\*

Have you had a Foremost policy cancelled, declined or non-renewed for underwriting reasons within the past 5 years? (Excludes non-payment)  
 NO  YES\*

Have you had three or more Foremost policies cancel for non-pay within the last five years, regardless of policy type?  
 NO  YES

If YES, unacceptable.

Is the electrical service less than 100 AMP? (Applies to each unit in a multi-family dwelling)  
 NO  YES

If YES, unacceptable.

Is there a trampoline on premises?  
 NO  YES

If YES and liability is on policy, do you accept Trampoline Exclusion?  
 NO  YES

Any garage or outbuilding with wood/solid fuel burning or portable kerosene heating device?  
 NO  YES

If YES, unacceptable.

**DWELLING INFORMATION**

YEAR BUILT:

1990

YEAR UPDATED (Complete replacement only. If not complete replacement, use year built.):

Plumbing 1990 Electrical 1990 Heating 1990 Roof 1990

ROOF TYPE:

Asphalt  Wood Shingles  Metal  Slate  Wood shake  Tile  Other\*  
 Unacceptable = Roofing Material Over Wood Shake/Shingles

SECURITY DEVICES (Check all that apply):

None  Bars on Windows & Doors w/quick release  Sprinkler System  Carbon Monoxide Detector  
 Smoke Detector  Central Fire Alarm  Dead Bolt  Other\*  
 Burglar Alarm (Includes both Local & Central)  Fire Extinguisher

Is the dwelling a row house or townhouse? (Refer to Program Guide for Row house/Townhouse definition)  NO  YES

**LOSS HISTORY**

Have there been any losses at this or any other location owned or previously owned by the applicant within the last 5 years?  NO  YES  
 If YES, please provide information.

DATE	CAUSE (Example: Fire, Wind, Hail)	CAT RELATED?	OCCUPANCY AT TIME OF LOSS? (owner-occupied)	DESCRIPTION	WAS LOSS LOCATION SAME AS DWELLING LOCATION? (non owner-occupied)	AMOUNT PAID	STATUS	REPAIRED
		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> Primary <input type="checkbox"/> Rental <input type="checkbox"/> Seasonal <input type="checkbox"/> Vacant		<input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> Open <input type="checkbox"/> Closed	<input type="checkbox"/> NO <input type="checkbox"/> YES
		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> Primary <input type="checkbox"/> Rental <input type="checkbox"/> Seasonal <input type="checkbox"/> Vacant		<input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> Open <input type="checkbox"/> Closed	<input type="checkbox"/> NO <input type="checkbox"/> YES
		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> Primary <input type="checkbox"/> Rental <input type="checkbox"/> Seasonal <input type="checkbox"/> Vacant		<input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> Open <input type="checkbox"/> Closed	<input type="checkbox"/> NO <input type="checkbox"/> YES
		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> Primary <input type="checkbox"/> Rental <input type="checkbox"/> Seasonal <input type="checkbox"/> Vacant		<input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> Open <input type="checkbox"/> Closed	<input type="checkbox"/> NO <input type="checkbox"/> YES
		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> Primary <input type="checkbox"/> Rental <input type="checkbox"/> Seasonal <input type="checkbox"/> Vacant		<input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> Open <input type="checkbox"/> Closed	<input type="checkbox"/> NO <input type="checkbox"/> YES

**ADDITIONAL QUESTION**

Does the agent have a completed Authorization for Collection and Disclosure of Personal and Privileged Information form?  
 If NO, Form 740463 must be attached.

NO  YES

\* Underwriting approval may be required.

**OPTIONAL LANDLORD PACKAGE: If selected may only choose one package.**

**WOULD YOU LIKE THE LANDLORD PLATINUM PACKAGE? (DF3 only)**  YES  NO  
 If YES, Policy includes \$3,000 Personal Property, 10% Loss of Rents, \$300,000 Liability, \$1,000 Medical Replacement Cost Dwelling, 10% Other Structures to \$10,000, Personal Injury and Platinum endorsements.

**WOULD YOU LIKE THE LANDLORD PACKAGE?**  YES  NO  
 If YES, Policy includes \$1,000 Personal Property (Landlord) or \$3,000 (Multi-Family Owner-Occupied), 10% Loss of Rents, \$100,000 Liability and \$500 Medical.

**COVERAGE AND LIMITS**

\*Classic ACV & Classic CL only: Complete ONLY if amount requested is greater than package limits.  
 MN customers may purchase personal property and other structures below package amounts.

COVERAGES	AMT. OF INS.	DEDUCTIBLE	PREMIUM
<b>DWELLING</b> VMM (Dwelling Fire One) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (Minimum \$500 deductible on vacants)	\$ 260,000	\$ 10,000	\$ 774.00
<b>OTHER STRUCTURES</b> Provide description in "REMARKS".	\$	\$	\$
<b>PERSONAL PROPERTY*</b>	\$	\$	\$
<b>ADDITIONAL LIVING EXPENSES*</b> (Dwelling Fire One & Dwelling Fire Three)	\$	\$	\$
<b>LOSS OF RENTS</b> Maximum 1/12 per month for settlement (Dwelling Fire One & Dwelling Fire Three)	\$	\$	\$
<b>LIABILITY*</b>	\$ 1,000,000	N/A	\$ 127.00
<b>MEDICAL PAYMENTS*</b>	\$ 500	N/A	\$
<b>OTHER COVERAGES / ENDORSEMENTS (Specify)</b>			
<b>PREMISES LIABILITY</b>			\$
<b>REPL COST INCL ROOF UP TO 15YR OLD</b>			\$ 20.00
			\$
			\$
			\$
			\$
<b>REMARKS:</b>	<b>Total From Above</b>		\$ 921.00
	<b>Discounts/Surcharges</b>		\$ (105.00)
	<b>Estimated Premium</b>		\$ 820.08

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

**ADDITIONAL INTEREST**

NAME LINE 1  
 PLATINUM BANK

NAME LINE 2

ADDRESS LINE 1  
 7667 TENTH ST N

ADDRESS LINE 2

CITY STATE ZIP CODE  
 OAKDALE, MN 55128-5339

LOAN NUMBER COUNTRY (if not USA)  
 5016992

Mortgagee  
 Contract Seller (Add'l Insc. Non-resident end'd)  
 Co-Titleholder (Add'l Insc. Non-resident end'd)  
 Add'l. Named Insd. (Add'l Name Insured end'd)  
 Loss Eayee (Loss Payee end'd)  
 Life Estate (Add'l Insc. Non-resident end'd)  
 Property Mgmt (Add'l Insc. end't - Sec. II)  
 Property Mgmt (Certificate Holder-notification only)  
 Premium Finance Co (Certificate Holder-notification only)  
 Titleholder (Add'l Insc. Non-resident end'd)

**ADDITIONAL INTEREST**

NAME LINE 1

NAME LINE 2

ADDRESS LINE 1

ADDRESS LINE 2

CITY STATE ZIP CODE

LOAN NUMBER COUNTRY (if not USA)

Mortgagee  
 Contract Seller (Add'l Insc. Non-resident end'd)  
 Co-Titleholder (Add'l Insc. Non-resident end'd)  
 Add'l. Named Insd. (Add'l Name Insured end'd)  
 Loss Eayee (Loss Payee end'd)  
 Life Estate (Add'l Insc. Non-resident end'd)  
 Property Mgmt (Add'l Insc. end't - Sec. II)  
 Property Mgmt (Certificate Holder-notification only)  
 Premium Finance Co (Certificate Holder-notification only)  
 Titleholder (Add'l Insc. Non-resident end'd)

**PAYMENT PLANS/BILLING**

ANNUAL PAY  
 ESCROW BILL  
 TWO-PAY  
 FOUR-PAY  
 TEN-PAY  
 TWELVE-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.

**ALTERNATE MAILING ADDRESS**

SAME AS HOME LOCATION EFFECTIVE DATES: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

DATES SHOWN ARE VALID:  ONE-TIME CHANGE, ONLY  YEARLY

ADDRESS CITY STATE ZIP CODE COUNTRY (if not USA)

**REQUIRED APPLICANT INFORMATION** APPLICANT MUST COMPLETE, SIGN AND DATE THIS APPLICATION.

**THE INSURER MAY ELECT TO CANCEL COVERAGE AT ANY TIME DURING THE FIRST 90 DAYS FOLLOWING ISSUANCE OF THE COVERAGE FOR ANY REASON WHICH IS NOT SPECIFICALLY PROHIBITED BY STATUTE.**

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, we may review your credit report or obtain or use a credit-based insurance score based on the information contained in that credit report. We may use a third party in connection with the development of your insurance score.

The insurer may obtain consumer reports or personal or privileged information from third parties. The information as well as other personal or privileged information subsequently collected by the insurer or your agent may in certain circumstances be disclosed to third parties without authorization, as permitted by law. You have the right of access and correction with respect to all personal information collected. At your request, the insurer will provide you with more detailed information regarding the collection, use and disclosure of personal information, and your rights to access and correct such information.

- I agree to allow the insurer and its representatives to secure and review consumer report information including loss history reports for persons listed in the application or subsequently added to the policy. I agree to allow the insurer and its representatives 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 purpose of this authorization is to collect information in connection with my application, for my request for a change in policy benefits or for a replacement policy I may request. I understand that this authorization will remain in effect as long as I am continually insured with the insurer unless I revoke it.
- I declare that the information contained in this application is true to the best of my knowledge and belief. I understand that the insurer will rely on this information in determining my eligibility and premium.
- I declare that the selections indicated in this application accurately reflect the limits, coverages and deductibles I chose.

APPLICANT SIGNATURE [Signature] DATE 12-3-18 TIME 4:50  AM  PM

**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.

DARIEN DECLAN SCHAUF 12/28/2017 TIME \_\_\_\_\_  AM  PM  
 PRODUCER SIGNATURE DATE

DARIEN DECLAN SCHAUF \_\_\_\_\_ COVERAGE BOUND?  
 PRODUCER NAME (Print) PRODUCER LICENSE NO.  YES  NO