



MINNESOTA DWELLING FIRE AND SPECIALTY HOMEOWNERS INSURANCE APPLICATION

REFERENCE / POLICY NUMBER C E 0092033567	EFFECTIVE DATE 12/21/2017	You must have a completed and signed application with front and rear view photos of the dwelling.
PRODUCER INFORMATION		DO NOT MAIL BOUND APPLICATIONS. If coverage is bound you MUST: 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	

POLICY INFORMATION			
<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.
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IS THE DWELLING DEEDED IN A NAME OTHER THAN AN INDIVIDUAL(S)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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.				

INSURED TYPE INDIVIDUAL	First Named Insured† (Credit & loss reports when applicable, will be obtained on this person.)				
	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				
	DOES THE FIRST NAMED INSURED RESIDE IN THE DWELLING? (N/A if use is Rental, Vacation Rental, or Vacant) <input type="checkbox"/> YES <input type="checkbox"/> NO				
	Second Named Insured†				
	LAST NAME		FIRST NAME		MIDDLE INITIAL
	IS THE SECOND INSURED A FAMILY MEMBER RELATED TO THE NAMED INSURED? <input 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					

INSURED TYPE OTHER	ENTITY THAT APPEARS ON THE TITLE OR DEED†:				
	First Individual with Control (Credit & loss reports when applicable, will be obtained on this person.)				
	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				
	Second Individual with Control				
	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				

PROPERTY LOCATION ADDRESS				
STREET AND HOUSE NUMBER 14563 BOXWOOD PATH	CITY ROSEMOUNT	STATE MN	ZIP CODE 55068-2462	COUNTY DAKOTA
IN CITY LIMITS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	PRIMARY F/D ROSEMOUNT FS 2	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? 15				
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 RENTPRO				
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				
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.				

MAILING ADDRESS

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

STREET AND HOUSE NUMBER CITY STATE ZIP CODE
 1287 200TH ST W FARMINGTON MN 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 Steam
 Heat Pump Woodburner*
 Liquid Fuel Furnace/Space Heater & Above Ground Tank less than 20 yrs. old* None
 Liquid Fuel Furnace/Space Heater & Above Ground Tank 20 yrs. or older* Other* _____
 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
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	\$ 251000.00	\$ 251000.00	\$ 251000.00	1962

ELIGIBILITY QUESTIONS

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

Is there a swimming pool with a depth of more than 2.5 feet on premises? NO YES
 Pool is Unfenced or Not Fully Enclosed* Fence or Pool Height Less than 4 Feet*
 Fence or Pool Height 4 Feet or Higher Other* _____

Is the dwelling currently vacant? NO YES
Are the following vacancy requirements met? NO (Unacceptable) YES
 Requirements = Intent 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.
 Up for Sale Under Renovation
 Currently Up for Rent Deceased/In Estate
 New Purchase/Inherited Other* _____
 Nursing Home/Assisted Living

Owner Occupied
 Do you have any roomers or boarders? NO YES 1 or 2 Roomers/Boarders Unacceptable = 3 or more roomers/boarders

Non-owner Occupied
 Is the dwelling used for student housing? NO YES
 Refer to Program Guide for eligibility. Graduate Students* - Number of Students _____ Unacceptable = Fraternity/Sorority, Student Housing
 Other* _____

Business, including Farm/Ranch on premises? NO YES
 Refer to Program Guide for business definition and eligibility.
Is the business incidental use? NO YES
Business:
 Office* Art Studio* Other* _____
 Day Care* Musical or Dance Lessons*
 Unacceptable = Auto Repair & Beauty Salon
Farming:
 Farms 25 acres or less & no farm animals Farms 25 acres or less & owns 10 or less farm animals
 Owns 10 or less farm animals and no farming 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.

Is there existing damage or needed repairs to Roof, Dwelling, Chimney, Foundation, Premises or Out Building? NO YES*

Roof:
 None Leaking Roof Moss
 More than One Apply-Check All that Apply Age - Wear & Tear Wavy/Buckling Roof
 Missing Shingles Curling Shingles Other* _____

Dwelling:
 None Rotting or Exposed Wood
 More than One Apply-Check All that Apply Damage to Fascia or Soffit Boards
 Missing or Damaged Siding Rotted Porch or Deck Boards
 Peeling Paint Greater than 30% of Dwelling Structural Damage
 Peeling Paint 30% or Less of Dwelling Missing/Damaged Railings
 Missing/Broken/Boarded Windows Other* _____

Chimney:
 None Leaning Chimney
 More than One Apply-Check All that Apply Deteriorated Mortar
 Missing and/or Loose Bricks Other* _____

Foundation:
 None Mold and/or Mildew
 More than One Apply-Check All that Apply Other* _____
 Cracking and/or Settling

Premises:
 None Appliances on Property
 More than One Apply-Check All that Apply Sidewalks/Driveways/Steps in Poor Condition
 Debris on Premises Other* _____
 Disabled Vehicles

Out Building:
 None Missing/Broken/Boarded Windows
 More than One Apply-Check All that Apply Graffiti
 Roof Damage Structurally Unsound
 Missing/Damaged Siding Other* _____

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? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <h2 style="text-align: center;">FARMERS INSURANCE</h2>	Work completed by a licensed contractor? <input type="checkbox"/> NO <input type="checkbox"/> YES Anticipated Completion Date <input type="checkbox"/> More Than One Apply - Check All That Apply <input type="checkbox"/> New Dwelling - Fully-Enclosed* <input type="checkbox"/> Interior Cosmetic <input type="checkbox"/> Room Addition* <input type="checkbox"/> Siding Replacement <input type="checkbox"/> Room Remodel <input type="checkbox"/> Window Replacement <input type="checkbox"/> Roof Replacement <input type="checkbox"/> Updates to Heat/Electric/Plumbing* <input type="checkbox"/> Unacceptable = New Dwelling Semi-Enclosed <input type="checkbox"/> 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. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	If YES and liability is on policy, do you accept Animal Liability Exclusion? <input type="checkbox"/> NO <input type="checkbox"/> 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? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> Small Lizards/Iguanas <input type="checkbox"/> Ferrets <input type="checkbox"/> Boa Constrictors/Pythons* <input type="checkbox"/> Other* _____
Is the property currently uninsured? (Excludes new purchase) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	Last date of insurance <input type="checkbox"/> Policy Lapsed <input type="checkbox"/> Never-Insured
Have you been cancelled, declined or non-renewed, including for non-payment, within the past 5 years? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> Non-Payment of Premium <input type="checkbox"/> Credit History <input type="checkbox"/> Change In Occupancy <input type="checkbox"/> Dwelling/Other Structures - Condition* <input type="checkbox"/> Loss History <input type="checkbox"/> Vacant <input type="checkbox"/> Unacceptable Animal* <input type="checkbox"/> Dwelling - Age or Value <input type="checkbox"/> No Supporting Business <input type="checkbox"/> Other Liability Hazards* <input type="checkbox"/> Prior Carrier Withdrew State/Agency <input type="checkbox"/> Lack of Heat/Electric/Plumbing Updates* <input type="checkbox"/> Other* _____
Have you had a Foremost policy cancelled, declined or non-renewed for underwriting reasons within the past 5 years? (Excludes non-payment) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES*	
Have you had three or more Foremost policies cancel for non-pay within the last five years, regardless of policy type? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	If YES, unacceptable.
Is the electrical service less than 100 AMP? (Applies to each unit in a multi-family dwelling) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	If YES, unacceptable.
Is there a trampoline on premises? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	If YES and liability is on policy, do you accept Trampoline Exclusion? <input type="checkbox"/> NO <input type="checkbox"/> YES
Any garage or outbuilding with wood/solid fuel burning or portable kerosene heating device? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	If YES, unacceptable.

DWELLING INFORMATION

YEAR BUILT: 2005	YEAR UPDATED (Complete replacement only. If not complete replacement, use year built): Plumbing <u>2005</u> Electrical <u>2005</u> Heating <u>2005</u> Roof <u>2005</u>
ROOF TYPE: <input checked="" type="checkbox"/> Asphalt <input type="checkbox"/> Wood Shingles <input type="checkbox"/> Metal <input type="checkbox"/> Slate <input type="checkbox"/> Wood shake <input type="checkbox"/> Tile <input type="checkbox"/> Other* _____ Unacceptable = Roofing Material Over Wood Shake/Shingles	
SECURITY DEVICES (Check all that apply): <input type="checkbox"/> None <input type="checkbox"/> Bars on Windows & Doors w/quick release <input type="checkbox"/> Sprinkler System <input checked="" type="checkbox"/> Carbon Monoxide Detector <input checked="" type="checkbox"/> Smoke Detector <input type="checkbox"/> Central Fire Alarm <input checked="" type="checkbox"/> Dead Bolt <input type="checkbox"/> Other* _____ <input type="checkbox"/> Burglar Alarm (Includes both Local & Central) <input checked="" type="checkbox"/> Fire Extinguisher	
Is the dwelling a row house or townhouse? (Refer to Program Guide for Row house/Townhouse definition) <input checked="" type="checkbox"/> NO <input type="checkbox"/> 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
DWELLING VMM (Dwelling Fire One) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (Minimum \$500 deductible on vacants)	\$ 251,000	\$ 10,000	\$ 744.00
OTHER STRUCTURES Provide description in "REMARKS".	\$	\$	\$
PERSONAL PROPERTY*	\$	\$	\$
ADDITIONAL LIVING EXPENSES* (Dwelling Fire One & Dwelling Fire Three)	\$	\$	\$
LOSS OF RENTS Maximum 1/12 per month for settlement (Dwelling Fire One & Dwelling Fire Three)	\$	\$	\$
LIABILITY*	\$ 1,000,000	N/A	\$ 127.00
MEDICAL PAYMENTS*	\$ 500	N/A	\$
OTHER COVERAGES / ENDORSEMENTS (Specify)			
PREMISES LIABILITY			\$
REPL COST INCL ROOF UP TO 15YR OLD			\$ 20.00
			\$
			\$
			\$
			\$
REMARKS:	Total From Above		\$ 891.00
	Discounts/Surcharges		\$ (244.00)
	Estimated Premium		\$ 650.24

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

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 59 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.

1. 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.
 2. 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.
 3. I declare that the selections indicated in this application accurately reflect the limits, coverages and deductibles I chose.

APPLICANT SIGNATURE *Darien Declan Schauf* DATE 12-27-17 TIME 2:30 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.

PRODUCER SIGNATURE DARIEN DECLAN SCHAUF DATE 12/22/2017 TIME _____ AM PM
 PRODUCER NAME (Print) DARIEN DECLAN SCHAUF PRODUCER LICENSE NO. _____
 COVERAGE BOUND? YES NO

ADDITIONAL INTEREST

NAME LINE 1 PLATINUM BANK
 NAME LINE 2 _____
 ADDRESS LINE 1 7667 10TH ST N
 ADDRESS LINE 2 _____
 CITY OAKDALE, MN STATE MN ZIP CODE 55128-5339
 LOAN NUMBER 5016892 COUNTRY (If not USA) _____

Mortgagee
 Contract Seller (Add'l Insc. Nonresident end't)
 Co-Titleholder (Add'l Insc. Nonresident end't)
 Add'l Named Insd. (Add'l Named Insured end't)
 Loss Payee (Loss Payee end't)
 Life Estate (Add'l Insc. Nonresident end't)
 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. Nonresident end't)

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. Nonresident end't)
 Co-Titleholder (Add'l Insc. Nonresident end't)
 Add'l Named Insd. (Add'l Named Insured end't)
 Loss Payee (Loss Payee end't)
 Life Estate (Add'l Insc. Nonresident end't)
 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. Nonresident end't)

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.