



MINNESOTA DWELLING FIRE AND SPECIALTY HOMEOWNERS INSURANCE APPLICATION

FARMERS

POLICY INFORMATION

Policy or Reference Number: 381-5001870667-01	Producer Code: 895307233	
Policy Effective Date: 03/04/2019	Producer Name: DARIEN SCHAUF INSURANCE AGENCY INC, FARMERS INSURANCE GROUP	
Policy Form: Dwelling Fire One	Producer Phone Number: 651-280-4189	Fax Number: 952-314-3886

LOCATION INFORMATION

Dwelling Use: Vacant / Unoccupied <ul style="list-style-type: none"> • Primary • Secondary / Seasonal • Landlord / Rental • Vacant / Unoccupied • Vacation / Short-term Rental • Tenant / Renters 	Dwelling Classification: Traditional Site Built Home <ul style="list-style-type: none"> • Traditional Site Built Home • Manufactured / Mobile Home • Adobe Home • Condo • Dome Home* • Earth Home • Log Home <ul style="list-style-type: none"> • Metal Home • Modular Home • Straw Home* • Apartment Building / Complex (Tenant/Renters only) • Other
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If Dwelling Use is Vacant:
 Does the dwelling owner intend to sell, rent or occupy the dwelling? **Yes**
 Is the dwelling completely secured? **Yes**
 Has the dwelling been insured at any time during the last 12 months? If this is a new purchase, answer this question **Yes. Yes**

Reason for Vacancy: **Under Renovation**

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

Dwelling Location (Cannot be a P.O. Box or a PMB)

Address: 2728 30TH AVE S		City: MINNEAPOLIS
State: MN	ZIP Code: 55406-1606	County: 053
Unit Complex Name (Optional): (Condo, Tenant/Renters only) N/A		Number of units in building: (Condo, Tenant/Renters only) N/A
Responding Fire Department: MINNEAPOLIS FS 7	Fire District Name: MINNEAPOLIS	Fire Protection Class: 3
Is the dwelling located within 1000 ft. from a fire hydrant? Yes	Is the primary responding fire department within 5 road miles from the dwelling? Yes	
Will this location be part of a schedule (more than one rental/vacant location on one policy)? No (DF1, DF3 Landlord/Rental, Vacation/Short-term Rental, Vacant/Unoccupied use only)	If yes, how many dwellings will be on the policy?	
Year dwelling was built: (N/A Tenant/Renters) 1900	Purchase Date: (N/A Tenant/Renters) 03/2019	Amount of Insurance: (N/A Condo, Tenant/Renters) 145,000

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.

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

INDIVIDUAL

First Name:	Middle Name (Optional):	Last Name:
Date of Birth:	Social Security Number (Optional):	
Is the primary applicant on the deed or title for the dwelling? (N/A Tenant/Renters)		If no, is this a land contract or buy for agreement? (Primary, Secondary/Seasonal use only)
Does the primary applicant reside in the dwelling? (Primary, Secondary/Seasonal use only)		
Secondary Applicant		
First Name:	Middle Name (Optional):	Last Name:
Is the secondary applicant a family member related to the primary applicant?		If no, does the secondary applicant have an insurable interest in the dwelling? (N/A Tenant/Renters)
Does the secondary applicant reside in the dwelling? (Primary, Secondary/Seasonal, Tenant/Renters use only)		

*Unacceptable

APPLICANT INFORMATION (continued) 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.

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

Entity that appears on the title or deed:
TNS LOANS

ENTITY

First Name: MICHAEL	Middle Name (Optional):	Last Name: BONN
Date of Birth: 01/01/1966	Social Security Number (Optional): XXX-XX-7140	
Does the first additional named insured/first individual with control reside in the dwelling? N/A (Primary, Secondary/Seasonal use only)		

Second Additional Named Insured/Second Individual with Control

First Name:	Middle Name (Optional):	Last Name:
Does the secondary additional named insured/secondary individual in control reside in the dwelling? N/A (Primary, Secondary/Seasonal use only)		

Contact Information

Primary Phone: 303-539-3000	Email Address: MB@TNSLOANS.COM
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Mailing Address

<input type="checkbox"/> Same as Location	Address: 1101 W MINERAL AVE	
City: LITTLETON	State: CO	ZIP Code: 80120-4513

Alternate Mailing Address

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:

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: _____

Do you have a completed Authorization for Collection and Disclosure of Personal and Privileged Information form?
 Yes No

Has the applicant been canceled, declined or nonrenewed including for nonpayment within the past 5 years? No	<p>If yes, Reason for cancel, decline or nonrenew:</p> <ul style="list-style-type: none"> • Non-payment of premium • Dwelling/Other Structure Condition • Unacceptable Animal on Premises • Liability Hazards • Dwelling - Age or Value • Heat/Electrical/Plumbing not updated • Credit History • Loss History • Prior Carrier Withdrew State/Agency • Change in Occupancy • Vacant • No Supporting Business • Other <p>Was the canceled, declined or nonrenewed policy a <i>Foremost</i> policy?</p> <p>How many <i>Foremost</i> policies have been canceled due to nonpayment of premium, regardless of policy type? N/A</p> <ul style="list-style-type: none"> • 0-2 • 3 or More*
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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?
(Condo, Tenant/Renters only) N/A

Have there been any losses at any location owned or occupied by any insured in the past 5 years? No

*Unacceptable

LOSSES

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

**FARMER'S
INSURANCE**

NO LOSSES

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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Description:

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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Description:

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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Description:

Damage Repaired?	Catastrophic Loss:	Amount Paid:	Status:
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Loss Address:

Date of Loss:	Cause of Loss:	Occupancy at the Time of Loss:
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Description:

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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Description:

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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Description:

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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Description:

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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Description:

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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Description:

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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Description:

Damage Repaired?	Catastrophic Loss:	Amount Paid:	Status:
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ELIGIBILITY

Dwelling Condition - Use the fields below to describe any issues with the condition of the dwelling and premises. (N/A Condo, Tenant/Renters)

<p>Roof: None of the above (Good Condition)</p> <ul style="list-style-type: none"> • 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 	<p>Structure: None of the above (Good Condition)</p> <ul style="list-style-type: none"> • 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
<p>Chimney: None of the above (Good Condition)</p> <ul style="list-style-type: none"> • Deteriorating Mortar* • Leaning Chimney* • Missing and/or Loose Bricks* • More than one apply* • None of the above (Good Condition) • No Chimney • Other 	<p>Foundation: None of the above (Good Condition)</p> <ul style="list-style-type: none"> • Cracking and/or Settling • More than one apply • Mold and/or Mildew* • None of the above (Good Condition) • Other
<p>Premises: None of the above (Good Condition)</p> <ul style="list-style-type: none"> • 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 	<p>Other Structures: None of the above (Good Condition)</p> <ul style="list-style-type: none"> • 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
<p>Other Condition Detail:</p>	
<p>Is the dwelling under construction or renovation? (N/A Tenant/Renters) Yes</p>	<p>If yes, Type of construction or renovation: Room Remodel</p> <ul style="list-style-type: none"> • Heat/Electric &/or Plumbing Updates • Interior Cosmetic • New Dwelling – Fully Enclosed • New Dwelling – Semi Enclosed* • Roof Replacement (N/A Condo) • Room Addition • Room Remodel • Siding Replacement (N/A Condo) • Window Replacement • More than one apply • Other <p>Anticipated completion date: Is the work being completed by a licensed contractor? Yes</p>
<p>Is the property currently uninsured? NO If this is a new purchase, answer this question No. (N/A Tenant/Renters)</p>	<p>If Yes Reason for no insurance:</p> <ul style="list-style-type: none"> • Never Insured • Policy Lapsed • Other <p>If lapse, last date of insurance:</p>
<p>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</p> <p>For Condo or Tenant/Renters, select one of the following:</p> <ul style="list-style-type: none"> • No Pool • Community Owned Pool • Individually Owned Pool • Landlord Owned Pool (Tenant/Renters only) 	<p>Pool Information: (If Condo - Individually Owned Pool only. If Tenant/Renters, Individually Owned Pool or Landlord Owned Pool only)</p> <ul style="list-style-type: none"> • Fence/Pool Height 4ft or Higher • Fence/Pool Height Less than 4ft • Unfenced or Not Fully Enclosed • Other
<p>Is there a trampoline on the premises? NO (If Condo or Tenant/Renters, applies only when # of units in bldg. is 1-4)</p>	<p>If yes, and the applicant wants liability, do they accept the Trampoline Liability Exclusion? (N/A Condo, Tenant/Renters)</p>
<p>Is the dwelling currently vacant? N/A (N/A Vacant/Unoccupied, Tenant/Renters use)</p>	
<p>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.</p>	<p>If yes, and the applicant wants liability, do they accept the Animal Liability Exclusion?</p>
<p>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)</p>	<p>If Yes, Type of Animal:</p> <ul style="list-style-type: none"> • Boa Constrictor/Python Snakes • Ferrets • Small Lizards or Iguana • Other <p>If the applicant wants liability, do they accept the Animal Liability Exclusion? (N/A if type is Ferrets or Small Lizards or Iguana)</p>
<p>Is the dwelling used for student housing? (Landlord/Rental, Vacation/Short-term Rental use only) N/A</p>	<p>If Yes, Housing Description:</p> <ul style="list-style-type: none"> • Fraternity/Sorority* • Graduate Students • Student Housing* • Other <p>Number of students: (Graduate Students only)</p>
<p>Does the applicant have any roomers or boarders? N/A (Primary, Secondary/Seasonal use only)</p>	<p>If Yes, Number of roomers/boarders:</p> <ul style="list-style-type: none"> • 1 or 2 Roomers/Boarders • 3 or More Roomers/Boarders*

*Unacceptable

ELIGIBILITY (continued)

Is the electrical service less than 100 amps? No (N/A Tenant/Renters)	
Is there any business conducted on the premises, including farming or ranching? (N/A Condo, Tenant/Renters) No	If Yes, Category: (N/A Condo, Tenant/Renters) • Business • Farm or Ranch Type: Business • Office • Art Studio • Auto Repair* • Other • Day Care • Music or Dance Lessons • Beauty Salon* Incidental Use? Farm or Ranch: (N/A Condo, Tenant/Renters) • 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 • Farms more than 25 acres* • Owns more than 10 farm animals* • Rents land to others for farming/ranching* • Earns more than \$5,000 from farming/ranching* • Boards animals of others* • Other
Does the applicant conduct any business on the premises? (Condo, Tenant/Renters only) N/A	
How many people not related to the applicant live in the unit? (Tenant/Renters only) N/A	

DWELLING DETAILS

Construction Type: (N/A Tenant/Renters) Frame • Frame • Fire Resistive (90% or more) • Brick/Masonry (90% or more) • Other • Masonry Veneer (90% or more) • Hard Plank (90% or more)	Foundation Type: (N/A Condo, Tenant/Renters) Basement • Basement • Wood • Slab • Other • Closed Crawl Space • Raised Pier and Beam / Open - Height 2 Feet or Lower • Raised Pier and Beam / Open - Height More Than 2 Feet
Number of Stories (Including Basement): (N/A Tenant/Renters) 1.5 (Includes Split-level and Tri-level)	
Primary Heat Source: (N/A Tenant/Renters) Furnace (Forced Air, Radiant and Central Air) • Furnace (forced air, radiant and central air) • Boiler (steam and hot water) • Electric Baseboard • Fireplace (including inserts) • Heat Pump (geothermal and air-source) • Wood stove (including free standing fireplaces) • Space Heater - permanent • None • Space Heater - portable • Other	If permanent space heater, Are the following requirements met for the space heater? • UL-approved AND • Approved by a local building inspector, meets local building codes or is commercially installed AND • Thermostatically controlled
Primary Type of Fuel: (N/A Tenant/Renters) Natural Gas • Natural Gas • Wood (including pellet and corn) • Propane (including LPG) • Coal • Oil • Kerosene • Electricity with utility company (grid) • Other • Electricity - solar, wind or generators	If oil or kerosene, Where is the fuel tank located? • Above Ground • Basement • Buried What is the age of the tank?
Is there a secondary heat source in the dwelling? No (N/A Condo, Tenant/Renters)	
Secondary Heat Source: (N/A Condo, Tenant/Renters) • Furnace (forced air, radiant and central air) • Boiler (steam and hot water) • Electric Baseboard • Fireplace (including inserts) • Heat Pump (geothermal and air-source) • Wood stove (including free standing fireplaces) • Space Heater - permanent • Other • Space Heater - portable	If permanent space heater, Are the following requirements met for the space heater? • UL-approved AND • Approved by a local building inspector, meets local building codes or is commercially installed AND • Thermostatically controlled
Secondary Type of Fuel: (N/A Condo, Tenant/Renters) • Natural Gas • Wood (including pellet and corn) • Propane (including LPG) • Coal • Oil • Kerosene • Electricity with utility company (grid) • Other • Electricity - solar, wind or generators	If oil or kerosene, Where is the fuel tank located? • Above Ground • Basement • Buried What is the age of the tank?
Does any attached/detached garage or outbuilding contain a wood, solid fuel or portable kerosene heating device? No (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. N/A for DF6 Vacant/Unoccupied.) N/A	

*Unacceptable

DWELLING DETAILS (Continued)

Roof Material: (N/A Condo, Tenant/Renters) Asphalt / Composition Shingle <ul style="list-style-type: none"> • Asphalt / Composition Shingle • Wood • Metal - Steel / Aluminum / Copper • Slate • Tile - Concrete / Clay 		Is the dwelling a rowhouse or townhouse? No (N/A Condo, Tenant/Renters) <ul style="list-style-type: none"> • Wood Shake / Shingle • Roof over Woodshake / Shingle* • Unknown • Other 	
Number of separate living units: (N/A Condo, Tenant/Renters) Single family dwelling <ul style="list-style-type: none"> • Single family dwelling • Duplex family dwelling • Triplex family dwelling 		<ul style="list-style-type: none"> • Fourplex family dwelling • Five or more family dwelling* 	
Number of residential dwellings on the same premises: (N/A Condo, Tenant/Renters) 1		Total Square Footage: (N/A Condo, Tenant/Renters) 1561	
Has the dwelling's electrical, plumbing or heating been updated? Yes (N/A Condo, Tenant/Renters)	Year the electrical was updated: 1992	Year the plumbing was updated: 1992	Year the heating was updated: 1992
Has the roof of the dwelling been updated? (N/A Condo, Tenant/Renters) Yes		Year the roof was updated: 1992	
Current market value minus land or ACV: (N/A Condo, Tenant/Renters) 145,000		Does the applicant want replacement cost on the dwelling? N/A (N/A Condo, Tenant/Renters) If yes, Replacement Cost Value:	
Amount of Unit Owners Building Coverage: (DF6 only) N/A		Amount of Personal Property Coverage: (Condo Homeowner, Tenant/Renters only) N/A	
Security Devices - Check all that apply:			
<input checked="" type="checkbox"/> Deadbolt <input type="checkbox"/> Bars on windows and doors with quick release <input checked="" type="checkbox"/> Smoke detector <input type="checkbox"/> Central fire alarm <input checked="" type="checkbox"/> Fire extinguisher <input type="checkbox"/> Sprinkler system <input checked="" type="checkbox"/> Carbon monoxide detector <input type="checkbox"/> Burglar alarm (Include both local & central)			
LANDLORD DETAIL (N/A Condo Homeowner, Tenant/Renters. All others, applies to Landlord/Rental, Vacation/Short-term Rental and Primary when multi-family use)			
Number of rental and vacant site-built properties, including this one, insured by Foremost: N/A			
Is the property managed by a management company? N/A		If yes, Management Company Name:	
Does the applicant belong to a landlord association? N/A		If yes, Landlord Association Name:	
Tenant Screenings - Check all that apply: (N/A Vacant/Unoccupied use) N/A			
<input type="checkbox"/> Credit check <input type="checkbox"/> Skip search <input type="checkbox"/> Criminal background check <input type="checkbox"/> None <input type="checkbox"/> Eviction search <input type="checkbox"/> HO4 tenant policy on file			

ADDITIONAL INTEREST

Key for the sections below:

Interest Type: No

- Mortgagee
- 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:			
Name:		Address:	
City:	State:	ZIP Code:	Loan Number:
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	\$145,000	\$2,500	\$1,293
Dwelling Comprehensive Coverage		0	\$180
Other Structures	\$15,000	\$2,500	\$46
Premises Liability	\$1,000,000	0	\$166
Medical Payments	\$500	0	Incl
Water Backup of Sewers or Drains		0	\$75



Discounts/Surcharges

Premium Summary

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

Total Policy Premium:	\$1,760.00
Total Taxes & Fees:	\$26.92
Total 1 Year Premium:	\$1,786.92

BILLING INFORMATION

Pay Plan: 1 Pay • 1 Pay • 10 Pay • 2 Pay • 12 Pay (EFT) • 4 Pay	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) No
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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 will review your credit report or obtain or use a credit score, insurance score or other credit information as part of the underwriting process, except when you are applying for a vacant policy other than a vacant condominium. 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

3-20-19
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.

Producer Signature

03/04/2019
Date

Producer Name (Print)

Producer License Number