

MINNESOTA DWELLING FIRE AND HOMEOWNERS INSURANCE APPLICATION

POLICY INFORMATION		
Policy or Reference Number: 381-5003961740-01	Producer Code: 895453719	
Policy Effective Date: 08/19/2020	Producer Name: SCHMITZ, ANDREW THOMAS, FARMERS INSURANCE GROUP	
Policy Form: Dwelling Fire Three	Producer Phone Number: 651-456-8834	Fax Number: 651-493-1583

LOCATION INFORMATION		
Dwelling Use: Landlord / Rental <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 <i>(Tenant/Renters only)</i> Other 	
If Dwelling Use is Vacant: Does the dwelling owner intend to sell, rent or occupy the dwelling? Is the dwelling completely secured? Has the dwelling been insured at any time during the last 12 months? If this is a new purchase, answer this question Yes.		
Reason for Vacancy: <ul style="list-style-type: none"> 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: 1273 LAUREL AVE		City: SAINT PAUL
State: MN	ZIP Code: 55104-6977	County: 123
Unit Complex Name (Optional): <i>(Condo, Tenant/Renters only)</i> N/A		Number of units in building: <i>(Condo, Tenant/Renters only)</i> N/A
Responding Fire Department: SAINT PAUL FS 14	Fire District Name: SAINT PAUL	Fire Protection Class: 2
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 (five or more rental/vacant locations on one policy)? No <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> 1906	Purchase Date: <i>(N/A Tenant/Renters)</i> 07/2009	Amount of Insurance: <i>(N/A Condo, Tenant/Renters)</i> 200,000

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.)		
First Name: NASH	Middle Name (Optional):	Last Name: PHERSON
Date of Birth: 07/20/1982	Social Security Number (Optional):	
Is the primary applicant on the deed or title for the dwelling? Yes <i>(N/A Tenant/Renters)</i>	If no, is this a land contract or buy for agreement? N/A <i>(Primary, Secondary/Seasonal use only)</i>	
Does the primary applicant reside in the dwelling? N/A <i>(Primary, Secondary/Seasonal use only)</i>		
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? <i>(N/A Tenant/Renters)</i>
Does the secondary applicant reside in the dwelling? N/A <i>(Primary, Secondary/Seasonal, Tenant/Renters use only)</i>		

*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.

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) <ul style="list-style-type: none"> 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):			
Does the first additional named insured/first individual with control reside in the dwelling? (Primary, Secondary/Seasonal use only)					
Second Additional Named Insured/Second Individual with Control <ul style="list-style-type: none"> 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:		
Does the secondary additional named insured/secondary individual in control reside in the dwelling? (Primary, Secondary/Seasonal use only)					
Mailing Address					
<input type="checkbox"/> Same as Location	Address: 13526 CARRACH AVE				
City: ROSEMOUNT	State: MN	ZIP Code: 55068-4785			
Does the applicant intend to pay the entire annual premium at this time? N/A (Primary, Secondary/Seasonal use only)					
Does the applicant or anyone residing in the home smoke? N/A (Primary, Secondary/Seasonal use only)					
Does the applicant belong to any of the following affinity groups? Check all that apply: <input checked="" type="checkbox"/> None <input type="checkbox"/> Armed Forces Insurance - Membership Number: _____ <input type="checkbox"/> USAA - Membership Number: _____ <input type="checkbox"/> Farm Bureau - Membership Number: _____					
Do you have a completed Authorization for Collection and Disclosure of Personal and Privileged Information form? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Is the property currently insured? Yes		If yes, What is the name of the applicant's current insurance carrier? Allstate If no, Reason for no insurance: <ul style="list-style-type: none"> Never Insured New Purchase Policy Lapse If Policy Lapse, Last date of insurance:			
Has the applicant been canceled, declined or nonrenewed including for non-payment within the past 5 years? No		If yes, Reason for cancel, decline or nonrenew: <table border="0" style="width: 100%;"> <tr> <td> <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 </td> <td> <ul style="list-style-type: none"> Loss History Prior Carrier Withdrew State/Agency Change in Occupancy Vacant No Supporting Business Other </td> </tr> </table> Was the canceled, declined or nonrenewed policy a <i>Foremost</i> policy? How many <i>Foremost</i> policies have been canceled due to non-payment of premium, regardless of policy type? N/A <ul style="list-style-type: none"> 0-2 3 or More* 		<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 	<ul style="list-style-type: none"> Loss History Prior Carrier Withdrew State/Agency Change in Occupancy Vacant No Supporting Business Other
<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 	<ul style="list-style-type: none"> Loss History Prior Carrier Withdrew State/Agency Change in Occupancy Vacant No Supporting Business Other 				
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) N/A					

*Unacceptable

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*
- Roof Replacement *(N/A Condo)*
- Room Addition
- Room Remodel
- Siding Replacement *(N/A Condo)*
- Window Replacement
- More than one apply
- Other

Anticipated completion date:

Is the work being completed by a licensed contractor?

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)

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)

Is the dwelling used for student housing? No

(Landlord/Rental, Vacation/Short-term Rental use only)

If Yes,

Housing Description:

- Fraternity/Sorority*
- Student Housing*
- Graduate Students
- Other

Number of students: *(Graduate Students only)*

Does the applicant have any roomers or boarders? N/A

(Primary, Secondary/Seasonal use only)

If Yes,

Number of roomers/boarders:

- 1 or 2 Roomers/Boarders
- 3 or More Roomers/Boarders*

*Unacceptable

ELIGIBILITY (Continued)	
Is the electrical service less than 100 amps?* No (Applies only when year built is prior to 1975. 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
Does the applicant conduct any business on the premises? (Condo, Tenant/Renters only) N/A	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
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) Fire Resistant (90% or more) • Frame • Fire Resistant (90% or more) • Brick/Masonry (90% or more) • Other • Masonry Veneer (90% or more) • Hardi 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) 2 (Includes Bi-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	

*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) Duplex 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) 2134
Has the roof of the dwelling been updated? (Applies to Primary, Secondary/Seasonal use only; N/A Condo Homeowner.)	Year the roof was updated:
Current market value minus land or ACV: (N/A Condo, Tenant/Renters) 200,000	Does the applicant want replacement cost on the dwelling? No (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 checked="" type="checkbox"/> Smoke detector <input type="checkbox"/> Sprinkler system <input type="checkbox"/> Bars on windows and doors with quick release <input type="checkbox"/> Central fire alarm <input type="checkbox"/> Carbon monoxide detector <input type="checkbox"/> Fire extinguisher <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: 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: (N/A Vacant/Unoccupied use) <input checked="" type="checkbox"/> Credit check <input checked="" type="checkbox"/> Criminal background check <input type="checkbox"/> Eviction search <input checked="" type="checkbox"/> HO4 tenant policy on file <input type="checkbox"/> Skip search <input type="checkbox"/> None	

Contact Information

Primary Phone: (507) 304-0946	Email Address: PHERSON@GMAIL.COM
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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:

ADDITIONAL INTEREST

Key for the sections below: Interest Type: Yes			
<ul style="list-style-type: none"> • 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) 	<ul style="list-style-type: none"> • 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: First Mortgagee			
Name: JP MORGAN CHASE BANK NA ISAOA	Address: PO BOX 47020		
City: ATLANTA	State: GA	ZIP Code: 30362-0020	Loan Number: 1147444498
Interest Type: Second Mortgagee			
Name: PENTAGON FEDERAL CU ISAOA/ ATIMA	Address: PO BOX 2489		
City: SIOUX CITY	State: IA	ZIP Code: 51106-0489	Loan Number: 11634733
Interest Type:			
Name:	Address:		
City:	State:	ZIP Code:	Loan Number:

*Unacceptable

COVERAGE AND LIMITS**Coverages/Endorsements**

	Limit	Deductible	Premium
Dwelling	\$200,000	\$1,000	\$997
Personal Property	\$3,000	\$1,000	\$18
Loss of Rents	\$45,700		\$140
Premises Liability	\$500,000		\$140
Medical Payments	\$1,000		\$5
Water Backup of Sewers or Drains			\$75

Discounts/Surcharges

Claims Free Discount			-\$12
Masonry Discount			-\$121
Multi-Policy Discount			-\$60
Pre - 1930 Surcharge			\$121
Tenant Screening Discount			-\$18
2 Family Surcharge			\$85

Premium Summary

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

Total Policy Premium:	\$1,370.00
Total Taxes & Fees:	\$23.83
Total 1 Year Premium:	\$1,393.83

BILLING INFORMATION

Pay Plan: 1 Pay • 1 Pay • 10 Pay (N/A Condo, • 2 Pay <i>Tenant/Renters</i>) • 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) Yes
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REQUIRED APPLICANT INFORMATION APPLICANT MUST COMPLETE, SIGN AND DATE THIS FORM.

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, the insurer 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. The insurer 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 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.

Nash Pherson

Nash Pherson (Aug 20, 2020 14:51 CDT)

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

Aug 20, 2020

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

08/19/2020

Date

Schmitz, Andrew Thomas

Producer Name (Print)

Producer License Number

**NOTICE CONCERNING POLICYHOLDER RIGHTS IN AN
INSOLVENCY UNDER THE MINNESOTA INSURANCE
GUARANTY ASSOCIATION LAW**

The financial strength of your insurer is one of the most important things for you to consider when determining from whom to purchase a property or liability insurance policy. It is your best assurance that you will receive the protection for which you purchased the policy. If your insurer becomes insolvent, you may have protection from the Minnesota Insurance Guaranty Association as described below but to the extent that your policy is not protected by the Minnesota Insurance Guaranty Association or if it exceeds the guaranty association's limits, you will only have the assets, if any, of the insolvent insurer to satisfy your claim.

Residents of Minnesota who purchase property and casualty or liability insurance from insurance companies licensed to do business in Minnesota are protected, SUBJECT TO LIMITS AND EXCLUSIONS, in the event the insurer becomes insolvent. This protection is provided by the Minnesota Insurance Guaranty Association.

Minnesota Insurance Guaranty Association
7600 Parklawn Avenue #460
Edina, Minnesota 55435
(852) 831-1908

The maximum amount that the Minnesota Insurance Guaranty Association will pay in regard to a claim under all policies issued by the same insurer is limited to \$300,000. This limit does not apply to worker's compensation insurance. Protection by the Guaranty Association is subject to other substantial limitations and exclusions. If your claim exceeds the Guaranty Association's limits you may still recover a part or all of that amount from the proceeds from the liquidation of the insolvent insurer, if any exist. Funds to pay claims may not be immediately available. The Guaranty Association assesses insurers licensed to sell property & casualty insurance or liability insurance in Minnesota after the insolvency occurs. Claims are paid from the assessment.

THE PROTECTION PROVIDED BY THE GUARANTY ASSOCIATION IS NOT A SUBSTITUTE FOR USING CARE IN SELECTING INSURANCE COMPANIES THAT ARE WELL MANAGED AND FINANCIALLY STABLE. IN SELECTING AN INSURANCE COMPANY OR POLICY, YOU SHOULD NOT RELY ON PROTECTION BY THE GUARANTY ASSOCIATION.

THIS NOTICE IS REQUIRED BY MINNESOTA STATE LAW TO ADVISE POLICYHOLDERS OF PROPERTY AND CASUALTY INSURANCE POLICIES OF THEIR RIGHTS IN THE EVENT THEIR INSURANCE CARRIER BECOMES INSOLVENT. THIS NOTICE IN NO WAY IMPLIES THAT THE COMPANY CURRENTLY HAS ANY TYPE OF FINANCIAL PROBLEMS. ALL PROPERTY AND CASUALTY INSURANCE POLICIES ARE REQUIRED TO PROVIDE THIS NOTICE.