



WISCONSIN DWELLING FIRE AND SPECIALTY HOMEOWNERS INSURANCE APPLICATION

REFERENCE POLICY NUMBER 0091703194	EFFECTIVE DATE 03/15/2017	You must have a completed and signed application with front and rear view photos of the dwelling. 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 INFORMATION		
PRODUCER CODE 89-5357-705		
PRODUCER NAME M J MCPHERSON INSURANCE AGENCY		
PHONE NUMBER 651-280-4180	FAX NUMBER	

POLICY INFORMATION			
<input checked="" type="checkbox"/> Dwelling Fire One (Fire and EC Perils) <input type="checkbox"/> Owner-Occupied <input type="checkbox"/> Seasonal/Secondary <input type="checkbox"/> Landlord <input type="checkbox"/> Vacation Rental <input checked="" type="checkbox"/> Vacant	<input type="checkbox"/> Dwelling Fire Three (Comprehensive Coverage) <input type="checkbox"/> Owner-Occupied <input type="checkbox"/> Seasonal/Secondary <input type="checkbox"/> Landlord <input type="checkbox"/> Vacation Rental	<input type="checkbox"/> Classic ACV HO (Comprehensive Coverage) <input type="checkbox"/> Owner-Occupied <input type="checkbox"/> Seasonal/Secondary	<input type="checkbox"/> Classic CL HO (Comprehensive Coverage) <input type="checkbox"/> Owner-Occupied <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"/> Life Estate	<input type="checkbox"/> Trust-Land <input type="checkbox"/> In Estate	<input type="checkbox"/> Trust-Family <input type="checkbox"/> Business Name	<input type="checkbox"/> Trust-Living <input type="checkbox"/> Other
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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.

First Named Insured† (Credit & loss reports when applicable, will be obtained on this person.)

LAST NAME DRAHER	FIRST NAME JAMES	MIDDLE INITIAL	DATE OF BIRTH 10/10/1976	SOCIAL SECURITY NUMBER XXX — XX — 3099
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 DRAHER	FIRST NAME KAREN	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†: _____

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 5715 N 93RD ST	CITY MILWAUKEE	STATE WI	ZIP CODE 53225-2710	COUNTY MILWAUKEE
IN CITY LIMITS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	PRIMARY F/D MILWAUKEE FS 4	PROTECTION CLASS 1	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? _____

IS THERE A LANDLORD ASSOCIATION YOU BELONG TO? YES NO
If YES, provide name of association you belong to _____

IS PROPERTY MANAGED BY A MANAGEMENT COMPANY? YES NO
If YES, provide management company name Home Invest Property Management

TENANT SCREENINGS (Check all that apply): Credit Check Eviction Search Skip Search HO4 Tenant policy on file Criminal Background Check None

DOES THE INSURED HAVE ANOTHER IN-FORCE PERSONAL LINES OR LIFE POLICY WITH FOREMOST, FARMERS, BRISTOL WEST OR 21st CENTURY? YES 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
 3762 S LEE CT LAKEWOOD CO 80235-1162

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
03 / 2017	\$ 110000.00	\$ 110000.00	\$ 110000.00	1037

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 Unacceptable = Fraternity/Sorority, Student Housing
 Refer to Program Guide for eligibility. 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 Borch 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* _____

* Underwriting approval may be required.

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 05/01/2017

- More Than One Apply - Check All That Apply
- New Dwelling - Fully-Enclosed*
- Room Addition*
- Room Remodel
- Roof Replacement
- Unacceptable = New Dwelling Semi-Enclosed
- Interior Cosmetic
- Siding Replacement
- Window Replacement
- Updates to Heat/Electric/Plumbing*
- 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
- Boa Constrictors/Pythons*
- Ferrets
- 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
- Dwelling/Other Structures - Condition*
- Unacceptable Animal*
- Other Liability Hazards*
- Lack of Heat/Electric/Plumbing Updates*
- Credit History
- Loss History
- Dwelling - Age or Value
- Prior Carrier Withdrew State/Agency
- Other*
- Change In Occupancy
- Vacant
- No Supporting Business

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:

1955

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

Plumbing 1970 Electrical 1970 Heating 1970 Roof 2004

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
- Smoke Detector
- Burglar Alarm (Includes both Local & Central)
- Bars on Windows & Doors w/quick release
- Central Fire Alarm
- Sprinkler System
- Dead Bolt
- Fire Extinguisher
- Carbon Monoxide Detector
- Other*

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

* Underwriting approval may be required.

