

WISCONSIN DWELLING FIRE AND SPECIALTY HOMEOWNERS

EV3	_ · INS	URANCE APP	PLICATION			
REFERENCE PO CY VMAV E 0091703194 PRODUCER INFORMATION	RS EFFECTIVE DATE 03/15/2017		You must have a completed and signed application with front rear view photos of the dwelling.			
PRODUCER CODE 89-5357-705	DO NOT MAIL BOUND APPLICATIONS. If coverage is bound you MUST:					
PRODUCER NAME M J MCPHERSON INSURANCE AGENCY			Process within 5 days of the effective date. Enter policy at www.ForemostSTAR.com, OR			
PHONE NUMBER FAX NUMBER 3. Call Toll-Free 1-800-527-3905.					A1.3011, 011	
POLICY INFORMATION					Malista III Selv	
□ Dwelling Fire One (Fire and EC Perils) □ Owner-Occupied □ Seasonal/Secondary □ Landlord □ Vacation Rental ☑ Vacant	Dwelling Fire Three (Comprehensive Coverage) Owner-Occupied Seasonal/Secondary Landlord Vacation Rental	□ Own ⊔ Seas	rehensive Coverage) er-Occupied sonal/Secondary	ù Owi ū Sea	orehensive Coverage) ner-Occupied sonal/Secondary	
INSURED INFORMATION	Applicant includ Insureds listed (es all entities &/or indi inder the additional int	viduals to be listed on our terest section.	policy as Named Insi	red_including those Named	
IS THE DWELLING DEEDED IN A N	AME OTHER THAN AN INDIVI	DUAL(S)? II YES	⊉ NO			
INSURED TYPE: ☐ Individual ☐ Life Estate If Individual is selected, complete Individual Fi	□ Ţrust-Lan <u>d</u> □ Įn <u>E</u> state rst Named Insured information. For all d	T Bus	st- <u>F</u> amily siness <u>N</u> ame dividual with Control and Ent	☐ Irust-Living ☐ Other lity that appears on the	Title or Deed.	
First Named Insured† (Credit	& loss reports when applicat	ole, will be obtaine	d on this person.)		3W (C) () ()	
S LAST NAME URAHER PHONE NUMBER ()	FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH	so	OCIAL SECURITY NUMBER	
PHONE NUMBER ()	JAMES	- 3	10/10/1976 WORK PHONE NUMB	EB /)	XXX — XX — 3099	
J IS THE FIRST NAMED INS	JRED ON THE DEED/TITLE? Ø Y t or Buy For agreement? (N/A if use				11/Volumentum	
E DOES THE FIRST NAMED	INSURED RESIDE IN THE DWELL	NG? (N/A if use is Re	ntal, Vacation Rental, or Va	acant) ☐ YES ☐ N	0	
Second Named Insured†			32.00 P. 2			
I LAST NAME	FIRST NAME KAREN		MIDDLE INITIAL			
	A FAMILY MEMBER RELATED TO red have an insurable interest in the					
DOES THE SECOND INSU	RED RESIDE IN THE DWELLING?	(N/A if use is Rental, V	acation Rental, or Vacant)	☐YES ☐NO		
ENTITY THAT APPEARS ON TH	E TITLE OR DEEDT:					
First Individual with Control	(Credit & loss reports when a	pplicable, will be	obtained on this perso	on.)		
N First Individual with Control U LAST NAME E D	FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH	- Sie	OCIAL SECURITY NUMBER	
		E	WORK PHONE NUMB	ER ()		
PHONE NUMBER () DOES THE FIRST INDIVIDU	JAL WITH CONTROL RESIDE IN TI	HE DWELLING? (N/A	if use is Rental, Vacation F	Rental, or Vacant)	YES INO	
Second Individual with Cont	rol			-	3011-	
T LAST NAME	FIRST NAME		MIDDLE INITIAL			
DOES THE SECOND INDIV	IDUAL WITH CONTROL RESIDE IN	THE DWELLING? (N	I/A if use is Rental, Vacatio	n Rental, or Vacant)	□YES □NO	
PROPERTY LOCATION ADDRES	SS	UNIVERSE				
STREET AND HOUSE NUMBER		ITY	STATE	ZIP CODE	COUNTY	
5715 N 93RD ST	N	MILWAUKEE	WI	53225-2710	MILWAUKEE	
IN CITY LIMITS? PRIMARY F/D VI YES LI NO MILWAUKEE FS 4	1	PROTECTION V	VITHIN 1,000 FT. OF FIRE H ☑ YES □ NO		5 MILES OF FIRE DEPT?	
NUMBER OF RENTAL OR VACANT, SITE IS THERE A LANDLORD ASSOCIATION V If YES, provide name of association you	OU BELONG TO? TYES TO NO				77 37 47 47 47 47 47 47 47 47 47 47 47 47 47	
IS PROPERTY MANAGED BY A MANAGE If YES, provide management company no	MENT COMPANY? YLYES DING	operty Mane	gement	- Addison		
TENANT SCREENINGS (Check all that app	oly): 🗆 Credit Check 🗀 Eviction Sea	arch 🗆 <u>Š</u> kip <u>S</u> earch	□ <u>HO4</u> Tenant policy on f			
DOES THE INSURED HAVE ANOTHER IN- A life policy must be term, whole, universal	FORCE PERSONAL LINES OR LIF or variable universal policy, have a fa	E POLICY WITH FOR	REMOST, FARMERS, BRIS or greater, issued to an ad	STOL WEST OR 21st dult and in-force.	CENTURY? TO YES TO NO	

			were the same				
MAILING ADDRESS SAME AS PROPERTY ADDRESS? ☐ YES ☑ NO	If NO please provide	additional information	helow				
STREET AND HOUSE NUMBER	CITY	additional information		ATE ZIP CODE			
3762 S LEE CT	LAKEWO	OOD	CC	0 80235-1162			
ELIGIBILITY INFORMATION		DANKE, ALL DANK					
CONSTRUCTION TYPE:		DWELLING CLASSIFIC	ATION:	dome* □ Manufactured (Mobile/			
☑ Erame ☐ 90% or more Masonry Vene ☐ 90% or more Hardi-Plank		☑ Traditional Site Built ☐ Log Home	☐ Metal* ☐ Modula	ar <u>Multi-Sectional</u>) - Vacant Only			
□ 90% or more Fire <u>H</u> esistant □ <u>O</u> ther*		Unacceptable = Condo, Dome	Homes, Straw Homes, Manu	ufactured (Mobile/Multi-Sectional) - Occupied			
FOUNDATION:	# 10 M 200 TO TOTAL	Discount of the State of the St	September 7- Annih Maria September 1981				
☑ Basement ☐ Closed with Crawl Space (continued Space	ous foundation) □ Ωp □ <u>W</u> σ	en - Height <u>M</u> ore than 2 F io <u>d</u> *	eet* Utner*				
		NUMBER OF RESIDEN	TIAL DWELLINGS ON	SAME PREMISES? 1			
NUMBER OF FAMILY UNITS? Fire: 201 □ 2 □ 3 □ 4	H O : □1 □2	Note: If requesting liability cov through Foremost and must b	erage, properties with multiple e written with the same liabilit	e dwellings on the same premises must be written y limit.			
PRIMARY HEATING METHOD:		D Portable Space L	actor*				
☐ Coal Eurnace ☐ Portable Space Heater* ☐ Electric Baseboard ☐ (Kerosene = Unacceptable)							
☐ Eireplace* ☑ Furnace - Gas (Incl. LPG) or Electric		(moote requireme	lectric Space Heater - Y nts)				
C Heat Pump	than 20 yrs old*	Permanent Gas/E (does not meet re	Bectric Space Heater - N	ĪO			
☐ Liquid Fuel Furnace/Space Heater & Above Ground Tank less ☐ Liquid Fuel Furnace/Space Heater & Above Ground Tank 20 y	rs. or older*	☐ Steam ☐ Woodburner*					
☐ Liquid Fuel Furnace/Space Heater & Buried Tank less than 15☐ Liquid Fuel Furnace/Space Heater & Buried Tank 15 yrs. or old	der*	□ None □ Other					
Note: Buried Bare Steel Tanks = Unacceptable Permanent Gas/Electric Space Heater Requirements - Must be	UL approved, professiona	ally installed and attached b	y fuel supply lines or wal	I mounted and thermostatically controlled.			
AUXILIARY HEAT DINO 2 YES (Select type from Primary	Heating Methods listed a	bove) FUNIVACE - LLL					
DWELLING PURCHASE DATE (MO/YEAR) AMOUNT OF INS	OR ACV (Le	ess Land) (W	EPLACEMENT AMOUN hen replacement cost is purchas				
03 / 2017 \$ 110000.00	<u>\$ 110000</u>	0.00 \$_	110000.00	1037			
ELIGIBILITY QUESTIONS	▼ If question at	left is "NO" skip to th	e next question. If "	'YES" select options below. ▼			
Is there a swimming pool with a depth of more		or Not Fully Enclosed*	☐ Fence or Pool H	eight Less than 4 Feet*			
than 2.5 feet on premises?	☐ Fence or Pool Height	ght 4 Feet or <u>H</u> igher	□ <u>Ot</u> her*				
Is the dwelling currently vacant?	Are the following vac	ancy requirements met?	□ NO (Unacceptabl	e) ZIYES			
ONO ZIYES	Doguiromento - Inter	at to call rept or occurive v	geant for loce than 24 m	nonths; completely secured; and if 12 months prior to effective date.			
	□ Up for Sale □ Currently Up for B		□ <u>U</u> nder <u>R</u> enovation □ <u>Deceased/In Est</u>	on			
	New Purchase/Inh	erited					
	□ Nursing Home/Ass	sisted Living					
Owner Occupied Do you have any roomers or boarders? NO UYES	☐ 1 or 2 Roomers/Boarders ☐ unacceptable = 3 or more roomers/boarders						
Non-owner Occupied Is the dwelling used for student housing? ☐ NO ☐ YES	☐ Graduate Students* - Number of Students Unacceptable = Fraternity/Sorority, Student Housing						
Refer to Program Guide for eligibility.	□ Other*						
Business, including Farm/Ranch on premises?	Is the business incide	ental use? 🗆 NO 🗆 Y	S				
☑ NO ☐ YES	Business: ☐ Office*						
Refer to Program Guide for business definition and eligibility. Office*							
Farming:							
☐ Earms 25 acres or less & no farm animals ☐ Earms 25 acres or less & owns 10 or less farm animals ☐ Qwns 10 or less farm animals and no farming ☐ Qther ☐ Unacceptable — Earms mgre than 25 acres, gwns more than 10 farm animals, rents land to others.							
La company of the second	Unacceptable = Earr earr	ns more than 25 acres, gv ns <u>m</u> ore than \$5,000 or <u>b</u> c	ms more than 10 tarm a ards <u>a</u> nimals of others.	nimals, rents land to others, ———			
Is there existing damage or needed repairs to	Roof:						
Roof, Dwelling, Chimney, Foundation, Premises or Out Building?	☑ None ☐ More than One Ar	oply-Check All that Apply	☐ Leaking Roof ☐ Age - Wear & Tear	□ <u>Mo</u> ss □ <u>W</u> avy/ <u>B</u> uckling Roof			
ZINO TYES	☐ Missing Shingles Dwelling:		☐ Curling Shingles	□ Other			
	☑ None	I Ou all All that A and	☐ <u>R</u> otting or Expo	sed Wood			
	☐ More than One Ap	oply-Check All that Apply ged Siding	☐ Botted Porch or	sed <u>W</u> ood cia or Soffit Boards r Deck Boards			
	Peeling Paint Gree	ped Siding ater than 30% of Dwelling or Less of Dwelling	☐ Structural Dama ☐ Missing/Damag	ige ed <u>R</u> ailings			
1.57114	☐ Missing/Broken/Bo Chimney:	oarded <u>W</u> indows	□ Other				
	☑ None		 Leaning Chimne Deteriorated Mo 	ey ortor			
	Missing and or Lo	pply-Check All that Apply lose <u>B</u> ricks	□ Other	71(4)			
	Foundation: 2 None		☐ Mold and/or Mile	dew			
		oply-Check All that Apply	□ <u>Ot</u> her	Other			
	Premises:	24.449	D Angliness I	Proporty			
	☑ None ☐ More than One Apply-Check All that Apply ☐ Sidewalk			pliances on Property lewalks/Driveways/Steps in Poor Condition			
	□ Debris on Premises □ Disabled Vehicles						
	Out Building:		Ti Missing/Rroken	/Boarded <u>W</u> indows			
	☑ None □ More than One A	pply-Check All that Apply	☐ Graffiti				
20	☐ Roof Damage ☐ Missing/Damaged	d <u>S</u> iding	Structurally Uns	sound			

^{*} Underwriting approval may be required. Form 502048 10/13

	SILITY QUESTIONS		▼ If question	at left is "NO" skip t	to the next question. If '	"YES" select	options b	elow. V	
Is the Dw	Is the Dwelling under constitution or renovation? NO 2 YES FARMERS		▼ If question at left is "NO" skip to the next question. If "YES" select options below. ▼ Work completed by a licensed contractor? □ NO ☑ YES Anticipated Completion Date 05/01/2017 □ More Than One Apply - Check All That Apply □ New Dwelling - Eully-Enclosed* □ Interior Cosmetic □ Boom Addition* □ Siding Replacement □ Boom Remodel □ Window Replacement □ Boof Replacement □ Updates to Heat/Electric/Plumbing*						
Do you o	INSURA	NCE		lew Dwelling Semi-Enclo	sed Other*	-1310	9		
staffordsh Doberman	r any person who resides shelter an animal that has table dog? Unacceptable - hire Terrier, Presa Canario, n Pinscher, Wolf Hybrid or a one or more of the breeds in YES	Caused harm or an Akita, Chow, American Pit Bull, Rottweiler,	If YES and liability	is on policy, do you ac	cept Animal Liability Exclu	usion?			
keep or st	any person who resides helter an exotic or unusua iability concerns?	at the dwelling own, al animal that would	□ Small Lizards/Iç □ Boa Constrictor	juanas s/Pythons*	☐ <u>Ferrets</u> ☐ <u>Ot</u> her*				
(Excludes ZiNO	CONTRACTOR		Last date of insu	rance Never-Insured				. 1	
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* □ Loss History □ Loss History □ Loss History □ Vacant □ Unacceptable Animal* □ Other Liability Hazards* □ Prior Carrier Withdrew State/Agency □ Lack of Heat/Electric/Plumbing Updates* □ Other*					usiness	
non-renew years? (Ex ☑ NO 및	m nomato	ons within the past 5		3					
Have you I non-pay w ☑ NO 및	had three or more Foremo rithin the last five years, re I YES	ost policies cancel for egardless of policy type?	If YES, unacceptable	355 165 05***********************************		*****			
Is the electrical service less than 100 AMP? (Applies to each unit in a multi-family dwelling) 2 NO DYES			If YES, unacceptable.						
Ø NO	Children many		If YES and liability i	s on policy, do you acc	ept Trampoline Exclusion?		111		
Any garage portable ke ☑ NO □	e or outbuilding with woo erosene heating device? I YES	d/solid fuel burning or	If YES, unacceptable		9	*			
DWELLI	NG INFORMATION	Prince State of the State of th				renivice.	3872.70		
YEAR BUIL 1955		DATED (Complete replaced ng 1970 Electr	nent only. If not complical _1970 -	ete replacement, use yea leating <u>1970</u>	ar built.):	AIII-	14		
ROOF TYP	E: t □ Wood Shingles	DiMetal DiState D	Wood <u>sh</u> ake □ <u>Tile</u>		H001 2004				
	ble = Roofing Material Over DEVICES (Check all that		JR						
☐ None ☑ Smoke		Bars on Windows & Doors	•		<u>✓ Carbon Monoxide Detecto</u> <u>Other</u> <u>Other</u>	r	1/2		
	ling a row house or town		1 Guide for Row hous	se/Townhouse definitio	n) 🗹 NO 🗇 YES	11			
	STORY been any losses at this of ease provide information.	r any other location own	ed or previously own	ed by the applicant wit	hin the last 5 years?	NO □YES	art de Édició	ericker o	
DATE	CAUSE (Example: Fire, Wind, Hail)	CAT OCCUPANCY TIME OF LOS (owner-occup	iS?	DESCRIPTION	WAS LOSS LOCATION SAME AS DWELLING LOCATION? (non owner-occupied)	AMOUNT PAID	STATUS	REPAIRE	
		□ No □ Yes □ Unknown □ Seasonal □			□ NO □ YES		Open Closed	D NO D YES	
##W-		□ No □ Yes □ Unknown □ Seasonal □	Vacant		□ NO □ YES	W 100	☐ Open ☐ Closed	□ NO □ YES	
		□ No □ Yes □ Unknown □ Seasonal □ '	Vacant		□ NO □ YES		☐ Open ☐ Closed	□ NO □ YES	
		☐ No ☐ Yes ☐ Unknown ☐ Primary ☐ Seasonal ☐ Y	Vacant		□ NO □ YES		☐ Open ☐ Closed	□ NO □ YES	
		□ No □ Yes □ Useasonal □ N			□ NO	//	☐ Open	□ NO	

^{*} Underwriting approval may be required.

THE STATE OF THE S				akaga	ADDITIONAL INTEREST	*
OPTIONAL LANDLORD PACKAGE: If se	elected may only	y choose on escheduled u	nits o	okage. niv)	NAME LINE 1	☐ Mortgagee ☐ Contract Soller
WOULD YOU LIKE THE LANDLORD PLATINUM PACKAGE? (DF3 nonscheduled units only) ☐ YES ☐ NO					HOME INVEST PROPERTY MNG	(Aud'I Insd. Nonresident end't)
If YES, Policy includes \$3,000 Personal Property, 10% Replacement Cost Dwelling, 10% Other Structures to	Loss of Rents, \$3 \$10,000, Personal	00,000 Liability Injury and Plat	/, \$1,0 tinum	00 Medical	NAME LINE 2	∠ Co-Titleholder (Add'l insd. Nonresident end't) Add'l. Named Insd. (Add'l Named Insured end't)
endorsements.	DVER DNO		-		ADDRESS LINE 1	Loss Payee (Loss Payee and 1)
WOULD YOU LIKE THE LANDLORD PACKAGE? If YES, Policy includes \$1,000 Personal Property (Land	lord) or \$3,000 (Mui	Iti-Family Owne	er-Occ	upied), 10%	10125 W NORTH AVE	
Loss of Rents, \$100,000 Liability and \$500 Medical.					ADDRESS LINE 2	☐ 2raperty Mgmt (Add'l Inst. and't - Sec. II)
COVERAGE AND LIMITS			10000000000		CITY STATE ZIP C	Property Mgmt
*Classic ACV & Classic CL only: Complete ONLY i limits.	f amount requeste	ed is greater t	nan p	acxage	CITY STATE ZIP C WAUWATOSA, WI 53226-2426	only) 2 Premium Einance C
COVERAGES	AMT. OF INS.	DEDUCTIBLE	P	REMIUM	LOAN NUMBER COUNTRY (If not	(Certificate Holder-notification
DWELLING	\$ 110,000	\$ 1,000	S	1,127.00		☐
VMM (Dwelling Fire One) ☐ YES ☑ NO (Minimum \$500 deductible on vacants)	12000 02001	\$	\$		ADDITIONAL INTEREST	
OTHER STRUCTURES Provide description in "REMARKS".	\$ 10,000	\$ 1,000	\$	37.00	NAME LINE 1	☐ Mortgagee ☐ <u>Contract Seller</u> (Add Tinsd, Ronresident end't)
PERSONAL PROPERTY*	\$	\$	\$		NAME LINE 2	☐ <u>Co-Titleholder</u> (Add'l Insd. Nonresident and't)
ADDITIONAL LIVING EXPENSES*	\$	\$	\$		TO MILE ENTE L	Add'l. Named Insd. (Add'l Named Insured end't)
(Dwelling Fire One & Dwelling Fire Three)					ADDRESS LINE 1	Loss Payee (Loss Payee end')
LOSS OF RENTS Maximum 1/12 per month for settlement (Dwelling Fire One & Dwelling Fire Three)	\$	\$	<u>\$</u>		ADDRESS LINE 2	(Add I Inst. Nonresident and I) Property Mgmt (Add I Inst. end t - Sec. II)
	# 200,000	NI/A	\$	83.00		Property Mgmt
LIABILITY*	\$ 300,000	2000	0.000	65.00	CITY STATE ZIP C	only)
MEDICAL PAYMENTS*	\$ 500	N/A	\$		LOAN NUMBER COUNTRY (If not	TUSA) Premium Einance C (Certificate Holder-notification only)
OTHER COVERAGES / ENDORSEMENTS (Specify		- 100	1		EOAN NOMBERT	☐ Titleholder (And Trisd, Nooresident end't
PREMISES LIABILITY			\$			(App 1) inst. Notifies both cite to
- 19 M			\$		PAYMENT PLANS/BILLING	AN MARKET OF THE
			\$		☐ ANNUAL PAY ☐ ESCROW BILL	
(a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c		70	\$		TWO-PAY	
			\$		D FOUR-PAY	
			\$		Ø TWELVE-PAY (EFT)	
			\$		Producers must collect down payment, excep	t when escrow billed.
		Links In	\$		DOWN PAYMENT COLLECTED: \$	31 W
REMARKS:	Total From	Total From Above		1,247.00	A service charge will apply if payment plan is	Office than annual.
	Discounts/S	Surcharges	S	f0		
	Estimated P	remium	\$	1,247.00		
NOTE: Minimum premium - Prices may be subject to minimum earned premium. ALTERNATE MAILING ADDRESS		premiums and	non-re			
☐ SAME AS HOME LOCATION	TES: FROM: _			_ TO:	10-11-11-11-11-11-11-11-11-11-11-11-11-1	30-2-
DATES SHOWN ARE VALID: ONE-TIME CHA	NGE, ONLY	YEARLY				
ADDRESS	CITY		-	STA	ATE ZIP CODE	COUNTRY (If not USA)
REQUIRED APPLICANT INFORMATIO	N APPLICANT MU	JST COMPLE	TE, SI	GN AND DA	TE THIS APPLICATION.	Y SUITE WAY
It is unlawful to knowingly provide false, incomplete, or misli	eading facts or inform	ation to an insura	ance co	ompany for the	purpose of defrauding or attempting to defraud the con	npany, Penalties may include
imprisonment, fines, denial of insurance and civil damages. In connection with this application for insurance, the insurer						
1. Lagree that the insurer may secure and review consum	er reports, including le	oss history repor	ts or cr	edit report info	rmation for persons listed in the application or subseque I security number with third party consumer reporting an sumer reports in evaluating this policy, for my request for	intly added to the policy by m nd insurance support
or my authorized representatives. I agree to allow the	insurer to share my ma	ame, address, da	ne oi b	מונוו, מונט סטטימו	a mar reports in avaluating this policy for my request for	r a change in policy benefits of
for a replacement policy as permitted by law. I underst	and that this authorize	AUDIT WILL TETTICAL	III COC	of united tonics	entative	100 175 184 1850 1850 1850 1850 1850 1850 1850 1850
representatives may obtain a copy of this application a 2. I declare that the information contained in this application	ion is true to the best	of my knowledge	e and b	elief. I underst	entative. tand that the insurer will rely on this information in deter	mining my eligibility and
premium.					chose,	2
I declare that the selections indicated in this application	accuracy renove th			3.	-17-17 TIM	E 3:15 PAM
APPLICANT SIGNATURE		10000	DA	ATE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
				K - Y SECTION		
REQUIRED PRODUCER INFORMATIO	N		- 1124 \$			
By signing this application, I certify that I am I	both licensed by	the state and	app	ointed by Fo	oremost to write this specific line of busines	
MATHEW JAMES MCPHERSON			O	3/13/2017	TIM	☐ AM IE ☐ PM
PRODUCER SIGNATURE		-		ATE	- NE C	/ERAGE BOUND?
						ES ONO
MATHEW JAMES MCPHERSON	-2	<u> </u>	DI	RODUCERI	IÇENSE NO.	
PRODUCER NAME (Print)			F.	,JUUGETTE	200	

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