



WISCONSIN DWELLING FIRE AND SPECIALTY HOMEOWNERS INSURANCE APPLICATION

REFERENCE / POLICY NUMBER 0091596795	EFFECTIVE DATE 12/16/2016	You must have a completed and signed application with front and rear view photos of the dwelling.
PRODUCER INFORMATION		DO NOT MAIL BOUND APPLICATIONS. If coverage is bound you MUST: 1. Process within 5 days of the effective date. 2. Enter policy at www.ForemostSTAR.com, OR 3. Call Toll-Free 1-800-527-3905.
PRODUCER CODE 89-5357-705		
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"/> Trust-Land	<input type="checkbox"/> Trust-Family	<input type="checkbox"/> Trust-Living
	<input type="checkbox"/> Life Estate	<input type="checkbox"/> In Estate	<input type="checkbox"/> Business Name	<input type="checkbox"/> Other

If Individual is selected, complete Individual First Named Insured information. For all others, complete both Individual with Control and Entity that appears on the Title or Deed.

INSURED TYPE INDIVIDUAL	First Named Insured† (Credit & loss reports when applicable, will be obtained on this person.)				
	LAST NAME KIM	FIRST NAME SUNG	MIDDLE INITIAL	DATE OF BIRTH 09/09/1970	SOCIAL SECURITY NUMBER XXX — XX — 9867
	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				
INSURED TYPE OTHER	Second Named Insured†				
	LAST NAME		FIRST NAME	MIDDLE INITIAL	
	IS THE SECOND INSURED A FAMILY MEMBER RELATED TO THE NAMED INSURED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
	If NO, does the second insured have an insurable interest in the dwelling? <input type="checkbox"/> YES <input type="checkbox"/> NO				
DOES THE SECOND INSURED RESIDE IN THE DWELLING? (N/A if use is Rental, Vacation Rental, or Vacant) <input type="checkbox"/> YES <input type="checkbox"/> NO					

INSURED TYPE OTHER	ENTITY THAT APPEARS ON THE TITLE OR DEED†:					
	First Individual with Control (Credit & loss reports when applicable, will be obtained on this person.)					
	LAST NAME		FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH	SOCIAL SECURITY NUMBER
	PHONE NUMBER ()			WORK PHONE NUMBER ()		
	DOES THE FIRST INDIVIDUAL WITH CONTROL RESIDE IN THE DWELLING? (N/A if use is Rental, Vacation Rental, or Vacant) <input type="checkbox"/> YES <input type="checkbox"/> NO					
	Second Individual with Control					
LAST NAME		FIRST NAME	MIDDLE INITIAL			
DOES THE SECOND INDIVIDUAL WITH CONTROL RESIDE IN THE DWELLING? (N/A if use is Rental, Vacation Rental, or Vacant) <input type="checkbox"/> YES <input type="checkbox"/> NO						

PROPERTY LOCATION ADDRESS					
STREET AND HOUSE NUMBER 1333 W SILVER SPRING DR		CITY MILWAUKEE	STATE WI	ZIP CODE 53209-4414	COUNTY MILWAUKEE
IN CITY LIMITS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	PRIMARY F/D MILWAUKEE FS 37	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? <input type="checkbox"/> YES <input type="checkbox"/> NO					
If YES, provide name of association you belong to _____					
IS PROPERTY MANAGED BY A MANAGEMENT COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO					
If YES, provide management company name _____					
TENANT SCREENINGS (Check all that apply): <input type="checkbox"/> Credit Check <input type="checkbox"/> Eviction Search <input type="checkbox"/> Skip Search <input type="checkbox"/> HO4 Tenant policy on file <input type="checkbox"/> Criminal Background Check <input type="checkbox"/> None					
DOES THE INSURED HAVE ANOTHER IN-FORCE PERSONAL LINES OR LIFE POLICY WITH FOREMOST, FARMERS, BRISTOL WEST OR 21st CENTURY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
A life policy must be term, whole, universal or variable universal policy, have a face amount of \$50,000 or greater, issued to an adult and in-force.					

MAILING ADDRESS

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

STREET AND HOUSE NUMBER CITY STATE ZIP CODE
 2ND FLOOR 66 ASHWOOD RD PORT WASHINGTON NY 11050-1620

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/
 Log Home Metal* Modular Multi-Sectional) - Vacant Only
 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*
 Electric Baseboard (Kerosene = Unacceptable)
 Fireplace* Permanent Gas/Electric Space Heater - YES
 Furnace - Gas (Incl. LPG) or Electric (meets requirements)
 Heat Pump Permanent Gas/Electric Space Heater - NO
 Liquid Fuel Furnace/Space Heater & Above Ground Tank less than 20 yrs. old* (does not meet requirements)
 Liquid Fuel Furnace/Space Heater & Above Ground Tank 20 yrs. or older*
 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
 Steam Woodburner*
 None Other* _____
 Permanent Gas/Electric Space Heater Requirements - Must be UL approved, professionally installed and attached by fuel supply lines or wall mounted and thermostatically controlled.

AUXILIARY HEAT NO YES (Select type from Primary Heating Methods listed above) FURNACE - ELECTRIC OR GAS INCLUDING LPG

DWELLING PURCHASE DATE (MO/YEAR)	AMOUNT OF INSURANCE	CURRENT MARKET VALUE OR ACV (Less Land)	REPLACEMENT AMOUNT (When replacement cost is purchased)	TOTAL SQUARE FEET
12 / 2016	\$ 85000.00	\$ 85000.00	\$ 85000.00	972

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
 Graduate Students* - Number of Students _____ Unacceptable = Fraternity/Sorority, Student Housing
 Other* _____
 Refer to Program Guide for eligibility.

Business, including Farm/Ranch on premises?
 NO YES
 Refer to Program Guide for business definition and eligibility.
Is the business incidental use? NO YES
Business:
 Office* Art Studio* Other* _____
 Day Care* Musical or Dance Lessons*
 Unacceptable = Auto Repair & Beauty Salon
Farming:
 Farms 25 acres or less & no farm animals Farms 25 acres or less & owns 10 or less farm animals
 Owns 10 or less farm animals and no farming Other* _____
 Unacceptable = Farms more than 25 acres, owns more than 10 farm animals, rents land to others, earns more than \$5,000 or boards animals of others.

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

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

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

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

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

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

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

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

Anticipated Completion Date 02/09/2017

Is the Dwelling under construction or renovation?
 NO YES

Work completed by a licensed contractor? NO YES

More Than One Apply - Check All That Apply

New Dwelling - Fully-Enclosed* Interior Cosmetic

Room Addition* Siding Replacement

Room Remodel Window Replacement

Roof Replacement Updates to Heat/Electric/Plumbing*

Unacceptable = New Dwelling Semi-Enclosed 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 Ferrets

Boa Constrictors/Pythons* 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 Credit History Change In Occupancy

Dwelling/Other Structures - Condition* Loss History Vacant

Unacceptable Animal* Dwelling - Age or Value No Supporting Business

Other Liability Hazards* Prior Carrier Withdrew State/Agency

Lack of Heat/Electric/Plumbing Updates* Other* _____

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: 1918

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 Bars on Windows & Doors w/quick release Sprinkler System Carbon Monoxide Detector

Smoke Detector Central Fire Alarm Dead Bolt Other* _____

Burglar Alarm (Includes both Local & Central) Fire Extinguisher

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

OPTIONAL LANDLORD PACKAGE: If selected may only choose one package.
WOULD YOU LIKE THE LANDLORD PLATINUM PACKAGE? (DF3 nonscheduled units only)
 YES NO
 If YES, Policy includes \$3,000 Personal Property, 10% Loss of Rents, \$300,000 Liability, \$1,000 Medical Replacement Cost Dwelling, 10% Other Structures to \$10,000, Personal Injury and Platinum endorsements.

WOULD YOU LIKE THE LANDLORD PACKAGE? YES NO
 If YES, Policy includes \$1,000 Personal Property (Landlord) or \$3,000 (Multi-Family Owner-Occupied), 10% Loss of Rents, \$100,000 Liability and \$500 Medical.

COVERAGE AND LIMITS

*Classic ACV & Classic CL only: Complete ONLY if amount requested is greater than package limits.

COVERAGES	AMT. OF INS.	DEDUCTIBLE	PREMIUM
DWELLING VMM (Dwelling Fire One) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (Minimum \$500 deductible on vacants)	\$ 85,000	\$ 1,000	\$ 881.00
OTHER STRUCTURES Provide description in "REMARKS".	\$ 10,000	\$ 1,000	\$ 37.00
PERSONAL PROPERTY*	\$	\$	\$
ADDITIONAL LIVING EXPENSES* (Dwelling Fire One & Dwelling Fire Three)	\$	\$	\$
LOSS OF RENTS Maximum 1/12 per month for settlement (Dwelling Fire One & Dwelling Fire Three)	\$	\$	\$
LIABILITY*	\$ 300,000	N/A	\$ 83.00
MEDICAL PAYMENTS*	\$ 500	N/A	\$
OTHER COVERAGES / ENDORSEMENTS (Specify)			
PREMISES LIABILITY			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
REMARKS:	Total From Above		\$ 1,001.00
	Discounts/Surcharges		\$
	Estimated Premium		\$ 1,001.00

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

ADDITIONAL INTEREST

NAME LINE 1
HOME INVEST PROPERTY MNG

NAME LINE 2

ADDRESS LINE 1
10125 W NORTH AVE

ADDRESS LINE 2

CITY STATE ZIP CODE
WAUWATOSA, WI 53226-2426

LOAN NUMBER COUNTRY (If not USA)

Mortgagee
 Contract Seller (Add'l Insc. Nonresident and't)
 Co-Titleholder (Add'l Insc. Nonresident and't)
 Add'l. Named Insd. (Add'l Named Insured and't)
 Loss Payee (Loss Payee and't)
 Life Estate (Add'l Insc. Nonresident and't)
 Property Mgmt (Add'l Insc. and't - Sec. II)
 Property Mgmt (Certificate Holder-notification only)
 Premium Finance Co (Certificate Holder-notification only)
 Titleholder (Add'l Insc. Nonresident and't)

ADDITIONAL INTEREST

NAME LINE 1

NAME LINE 2

ADDRESS LINE 1

ADDRESS LINE 2

CITY STATE ZIP CODE

LOAN NUMBER COUNTRY (If not USA)

Mortgagee
 Contract Seller (Add'l Insc. Nonresident and't)
 Co-Titleholder (Add'l Insc. Nonresident and't)
 Add'l. Named Insd. (Add'l Named Insured and't)
 Loss Payee (Loss Payee and't)
 Life Estate (Add'l Insc. Nonresident and't)
 Property Mgmt (Add'l Insc. and't - Sec. II)
 Property Mgmt (Certificate Holder-notification only)
 Premium Finance Co (Certificate Holder-notification only)
 Titleholder (Add'l Insc. Nonresident and't)

PAYMENT PLANS/BILLING

ANNUAL PAY
 ESCROW BILL
 TWO-PAY
 FOUR-PAY
 TEN-PAY
 TWELVE-PAY (EFT)

Producers must collect down payment, except when escrow billed.

DOWN PAYMENT COLLECTED: \$ _____
 A service charge will apply if payment plan is other than annual.

ALTERNATE MAILING ADDRESS

SAME AS HOME LOCATION EFFECTIVE DATES: FROM: _____ TO: _____

DATES SHOWN ARE VALID: ONE-TIME CHANGE, ONLY YEARLY

ADDRESS CITY STATE ZIP CODE COUNTRY (If not USA)

REQUIRED APPLICANT INFORMATION APPLICANT MUST COMPLETE, SIGN AND DATE THIS APPLICATION.

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 may review your credit report or obtain or use a credit-based insurance score based on the information contained in that credit report. The insurer may use a third party in connection with the development of your insurance score.

- I agree that the insurer may secure and review consumer reports, including loss history reports or credit report information for persons listed in the application or subsequently added to the policy by me or my authorized representatives. I agree to allow the insurer 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 insurer may secure and review new consumer reports in evaluating this policy, for my request for a change in policy benefits or for a replacement policy as permitted by law. I understand that this authorization will remain in effect unless I make arrangements to revoke it through my insurance representative. I or my representatives may obtain a copy of this application and authorization by requesting it from my insurance representative.
- 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.
- I declare that the selections indicated in this application accurately reflect the limits, coverages and deductibles I chose.

APPLICANT SIGNATURE SJB/llm DATE 12-19-2016 TIME _____ AM PM

REQUIRED PRODUCER INFORMATION

By signing this application, I certify that I am both licensed by the state and appointed by Foremost to write this specific line of business.

MATHEW JAMES MCPHERSON 12/15/2016 TIME _____ AM PM
 PRODUCER SIGNATURE DATE

MATHEW JAMES MCPHERSON _____
 PRODUCER NAME (Print) PRODUCER LICENSE NO. _____

COVERAGE BOUND?
 YES NO