



600 W Virginia Street, Suite 101 | Milwaukee, WI 53204

P: 414-291-5353 | F: 414-291 5365

Dwelling Property Program Application (Not a Coverage Document or Binder)

For a 1 to 4 family residence, renters, or condo unit owners.

READ OUR PRODUCER MANUAL AT WWW.WISINSPLAN.COM

PAYMENT IS REQUIRED WITH APPLICATION.

1. APPLICANT

NAME(S)

TELEPHONE NUMBER

2. APPLICANT IS

OWNER & LANDLORD

OWNER & OCCUPANT

CONTRACT PURCHASER

TENANT

OTHER

If Corporation, List Officers

3. PROPERTY LOCATION

One Dwelling per application

STREET (If no street address: SEC, TWN, RNG), CITY, COUNTY, STATE, ZIP

4. MAILING ADDRESS

If different than above

STREET, CITY, STATE, ZIP

5. OTHER

FRAME

BRICK

OF FAMILIES

PROTECTION CLASS

WITHIN 1000 FEET OF HYDRANT ?

YES

NO

MARKET VALUE

YEAR BUILT

OF STORIES

GROUND FLOOR AREA

6a. PROPERTY COVERAGE REQUESTED*

FIRE

FIRE & EXTENDED COVERAGE

FIRE, EXTENDED COVERAGE, & VANDALISM

**No Liability or Medical Payments coverages are provided in this program.*

6b. DWELLING LIMIT REQUESTED \$

Maximum limit is \$200,000 - One Dwelling only per application.

6c. PERSONAL PROPERTY LIMIT REQUESTED \$

Maximum limit is \$100,000

ON PREMISES THEFT ENDORSEMENT LIMIT REQUESTED (optional)

\$1000*

\$2000*

\$3000

\$4000

\$5000

Only available if Personal Property limit is requested and box checked.

**\$1000 and \$2000 limits only available when Dwelling is owner occupied*

7. DEDUCTIBLE

\$250

\$500

\$1000

\$2500

8. OTHER FINANCIAL INTERESTS IN PROPERTY

Please provide complete name, address, and loan number.

1ST MORTGAGEE - OR -

ADDITIONAL INSURED (check box)

2ND MORTGAGEE - OR -

ADDITIONAL INSURED (check box)

NAME

NAME

STREET, CITY

STREET, CITY

STATE, ZIP, LOAN NUMBER

STATE, ZIP, LOAN NUMBER



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9. CONTACT PERSON/PHONE _____

10. CIRCLE 'Y' FOR YES AND 'N' FOR NO. EXPLAIN ALL "YES" ANSWERS IN THE BOX BELOW THIS SECTION.

a.	Occupied by the applicant?	Y or N
b.	Occupied by tenants only?	Y or N
c.	Currently vacant or unoccupied?	Y or N
d.	Currently for sale?	Y or N
e.	Is Property a Condo?	Y or N
f.	Seasonal/Secondary Dwelling?	Y or N
g.	Originally built for other than a private residence and converted?	Y or N
h.	Any farming done on premises? (if yes, note yearly gross income for farm.)	Y or N
i.	Any business conducted on premises?	Y or N
j.	Number of working smoke detectors?	
k.	Is a wood burning unit present in the Dwelling or any Other Structure	Y or N
l.	Are space heaters or kerosene heaters used on premises?	Y or N
m.	Property currently undergoing rehabilitation?	Y or N
n.	Unrepaired damage or other housekeeping/maintenance issues?	Y or N
o.	Currently cited for building, fire, safety, health or construction code violations?	Y or N
p.	Is the property currently in Foreclosure?	Y or N
q.	Has any person having financial interest in the property been indicted or convicted for fraud, bribery, arson, or any other crime for the purpose of defrauding an insurance company?	Y or N
r.	Are any real estate taxes delinquent?	Y or N
s.	Are any utilities disconnected or has the home been condemned or ordered uninhabitable?	Y or N
t.	Does one or more other structures need to be excluded from the policy?	Y or N



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EXPLAIN "YES" ANSWERS HERE

[Large empty box for explaining "YES" answers]

READ! How to Request Insurance Coverage, Conditions of Coverage, and Declinations.

To request coverage to begin, submit a properly completed, signed, and readable application along with proper documentation of rejection and the minimum deposit premium. A greater deposit may be submitted. The Wisconsin Insurance Plan will consider beginning coverage effective at 12:01am the day after it receives all these items in the Plan's office. Or, a later effective date may be requested (see below).

The Wisconsin Insurance Plan will determine the provisions of the coverage provided including effective date and time, coverage forms and endorsements, restrictions, limits, deductible, and payment plan. The Wisconsin Insurance Plan may decline the request for coverage. If the request is declined, a notice will be mailed to the applicant and producer within 5 business days after receipt of the application.

Make checks or money orders payable to: WISCONSIN INSURANCE PLAN. Enclose one check or money order per application.

Dwelling Limit	Minimum Deposit Premium
\$50,000 or less	\$150
\$50,001 - \$100,000	\$225
\$100,001 - \$150,000	\$300
\$150,001 - \$200,000	\$400

Later Effective Date Requested (Read Above)

[Empty box for Later Effective Date Requested]

READ! Responsibilities, Statements, and Signature of Producer. Rejection Documentation.

The Wisconsin Insurance Plan relies on the producer ("insurance agent" or intermediary who signs this application) to provide accurate and complete information on this application. The producer's signature below warrants that the following statements are true:

I, the producer, am a licensed insurance intermediary in the state of Wisconsin. I reviewed the questions, answers, and information provided on this application with the applicant(s). The information and answers provided are true, correct, and complete to the best of my knowledge.

I, the producer, explained to the applicant(s) I am not an agent or representative of the Wisconsin Insurance Plan and this application is strictly a request for insurance coverage and does not bind the Wisconsin Insurance Plan to provide insurance coverage on this property. I informed the applicant(s) the Plan may begin or decline to begin coverage at the option of the Plan.

Read above before signing. Signature and last 4 digits of producer's social security number warrants that all of the above statements are true.

Signature of Producer _____ SSN (Last 4) _____ Date: _____

Producer MUST attach documentation showing this property was rejected for Dwelling coverage by another insurer-NOT THE PLAN.

Name of Insurer Rejecting Coverage

Specific Reason for Rejection

Documentation of Cancellation / Non-Renewal Notice (within past 6 mo) Rejection from Underwriter (within past 6 mo)
Rejection Attached Copy of "Unacceptable Property" Section from Insurer's Agent Manual with Reason Circled

Name of Producer Signing Application
WIP Assigned Agency or Producer Number if known

Name / Address / Phone Number and Email address of Producer or Agency

Commission to be paid to [] Producer [] Agency
If no box checked, commission will be paid to agency.

WP DP 08 15