

MINNESOTA DWELLING FIRE AND SPECIALTY HOMEOWNERS INSURANCE APPLICATION

REFERENCE / POLICY NUMBER	EFFECTIVE DATE	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: <ol style="list-style-type: none"> 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		
PRODUCER NAME		
PHONE NUMBER	FAX NUMBER	

POLICY INFORMATION			
<input 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 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.
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IS THE DWELLING DEEDED IN A NAME OTHER THAN AN INDIVIDUAL(S)? <input type="checkbox"/> YES <input type="checkbox"/> NO
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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"/> 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.

INSURED TYPE INDIVIDUAL	First Named Insured† (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 ()	
	IS THE FIRST NAMED INSURED ON THE DEED/TITLE? <input 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	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	CITY	STATE	ZIP CODE	COUNTY
IN CITY LIMITS? <input type="checkbox"/> YES <input type="checkbox"/> NO	PRIMARY F/D	PROTECTION CLASS	WITHIN 1,000 FT. OF FIRE HYDRANT? <input type="checkbox"/> YES <input type="checkbox"/> NO	WITHIN 5 MILES OF FIRE DEPT? <input 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 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? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, please provide additional information below.			
STREET AND HOUSE NUMBER	CITY	STATE	ZIP CODE

ELIGIBILITY INFORMATION	
CONSTRUCTION TYPE: <input type="checkbox"/> Frame <input type="checkbox"/> 90% or more Masonry Veneer <input type="checkbox"/> 90% or more Brick/Masonry <input type="checkbox"/> 90% or more Hardi-Plank <input type="checkbox"/> 90% or more Fire Resistant <input type="checkbox"/> Other* _____	DWELLING CLASSIFICATION: <input type="checkbox"/> Traditional Site Built <input type="checkbox"/> Adobe <input type="checkbox"/> Earth Home* <input type="checkbox"/> Manufactured (Mobile/Multi-Sectional) - Vacant Only <input type="checkbox"/> Log Home <input type="checkbox"/> Metal* <input type="checkbox"/> Modular <input type="checkbox"/> Other (Describe)* _____ Unacceptable = Condo, Dome Homes, Straw Homes, Manufactured (Mobile/Multi-Sectional) - Occupied

FOUNDATION: <input type="checkbox"/> Basement <input type="checkbox"/> Closed with Crawl Space (continuous foundation) <input type="checkbox"/> Open - Height More than 2 Feet* <input type="checkbox"/> Other* _____ <input type="checkbox"/> Slab <input type="checkbox"/> Open - Height 2 Feet or Lower* <input type="checkbox"/> Wood*	
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NUMBER OF FAMILY UNITS? Fire: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 HO: <input type="checkbox"/> 1 <input type="checkbox"/> 2	NUMBER OF RESIDENTIAL DWELLINGS ON SAME PREMISES? _____ 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.
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PRIMARY HEATING METHOD: <input type="checkbox"/> Coal Furnace <input type="checkbox"/> Portable Space Heater* (Kerosene = Unacceptable) <input type="checkbox"/> Electric Baseboard <input type="checkbox"/> Permanent Gas/Electric Space Heater - YES (meets requirements) <input type="checkbox"/> Fireplace* <input type="checkbox"/> Permanent Gas/Electric Space Heater - NO (does not meet requirements) <input type="checkbox"/> Furnace - Gas (Incl. LPG) or Electric <input type="checkbox"/> Steam <input type="checkbox"/> Heat Pump <input type="checkbox"/> Woodburner* <input type="checkbox"/> Liquid Fuel Furnace/Space Heater & Above Ground Tank less than 20 yrs. old* <input type="checkbox"/> None <input type="checkbox"/> Liquid Fuel Furnace/Space Heater & Above Ground Tank 20 yrs. or older* <input type="checkbox"/> Other* _____ <input type="checkbox"/> Liquid Fuel Furnace/Space Heater & Buried Tank less than 15 yrs. old* <input type="checkbox"/> 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.
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AUXILIARY HEAT <input type="checkbox"/> NO <input type="checkbox"/> YES (Select type from Primary Heating Methods listed above) _____
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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
_____/____/____	\$ _____	\$ _____	\$ _____	_____

ELIGIBILITY QUESTIONS	▼ If question at left is "NO" skip to the next question. If "YES" select options below. ▼
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Is there a swimming pool with a depth of more than 2.5 feet on premises? <input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> Pool is Unfenced or Not Fully Enclosed* <input type="checkbox"/> Fence or Pool Height Less than 4 Feet* <input type="checkbox"/> Fence or Pool Height 4 Feet or Higher <input type="checkbox"/> Other* _____
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Is the dwelling currently vacant? <input type="checkbox"/> NO <input type="checkbox"/> YES	Are the following vacancy requirements met? <input type="checkbox"/> NO (Unacceptable) <input type="checkbox"/> 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. <input type="checkbox"/> Up for Sale <input type="checkbox"/> Under Renovation <input type="checkbox"/> Currently Up for Rent <input type="checkbox"/> Deceased/In Estate <input type="checkbox"/> New Purchase/Inherited <input type="checkbox"/> Other* _____ <input type="checkbox"/> Nursing Home/Assisted Living
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Owner Occupied Do you have any roomers or boarders? <input type="checkbox"/> NO <input type="checkbox"/> YES Non-owner Occupied Is the dwelling used for student housing? <input type="checkbox"/> NO <input type="checkbox"/> YES Refer to Program Guide for eligibility.	<input type="checkbox"/> 1 or 2 Roomers/Boarders Unacceptable = 3 or more roomers/boarders <input type="checkbox"/> Graduate Students* - Number of Students _____ Unacceptable = Fraternity/Sorority, Student Housing <input type="checkbox"/> Other* _____
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Business, including Farm/Ranch on premises? <input type="checkbox"/> NO <input type="checkbox"/> YES Refer to Program Guide for business definition and eligibility.	Is the business incidental use? <input type="checkbox"/> NO <input type="checkbox"/> YES Business: <input type="checkbox"/> Office* <input type="checkbox"/> Art Studio* <input type="checkbox"/> Other* _____ <input type="checkbox"/> Day Care* <input type="checkbox"/> Musical or Dance Lessons* Unacceptable = Auto Repair & Beauty Salon Farming: <input type="checkbox"/> Farms 25 acres or less & no farm animals <input type="checkbox"/> Farms 25 acres or less & owns 10 or less farm animals <input type="checkbox"/> Owns 10 or less farm animals and no farming <input type="checkbox"/> 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.
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Is there existing damage or needed repairs to Roof, Dwelling, Chimney, Foundation, Premises or Out Building? <input type="checkbox"/> NO <input type="checkbox"/> YES*	Roof: <input type="checkbox"/> None <input type="checkbox"/> Leaking Roof <input type="checkbox"/> Moss <input type="checkbox"/> More than One Apply-Check All that Apply <input type="checkbox"/> Age - Wear & Tear <input type="checkbox"/> Wavy/Buckling Roof <input type="checkbox"/> Missing Shingles <input type="checkbox"/> Curling Shingles <input type="checkbox"/> Other _____ Dwelling: <input type="checkbox"/> None <input type="checkbox"/> Rotting or Exposed Wood <input type="checkbox"/> More than One Apply-Check All that Apply <input type="checkbox"/> Damage to Fascia or Soffit Boards <input type="checkbox"/> Missing or Damaged Siding <input type="checkbox"/> Rotted Porch or Deck Boards <input type="checkbox"/> Peeling Paint Greater than 30% of Dwelling <input type="checkbox"/> Structural Damage <input type="checkbox"/> Peeling Paint 30% or Less of Dwelling <input type="checkbox"/> Missing/Damaged Railings <input type="checkbox"/> Missing/Broken/Boarded Windows <input type="checkbox"/> Other _____ Chimney: <input type="checkbox"/> None <input type="checkbox"/> Leaning Chimney <input type="checkbox"/> More than One Apply-Check All that Apply <input type="checkbox"/> Deteriorated Mortar <input type="checkbox"/> Missing and or Loose Bricks <input type="checkbox"/> Other _____ Foundation: <input type="checkbox"/> None <input type="checkbox"/> Mold and/or Mildew <input type="checkbox"/> More than One Apply-Check All that Apply <input type="checkbox"/> Other _____ <input type="checkbox"/> Cracking and/or Settling Premises: <input type="checkbox"/> None <input type="checkbox"/> Appliances on Property <input type="checkbox"/> More than One Apply-Check All that Apply <input type="checkbox"/> Sidewalks/Driveways/Steps in Poor Condition <input type="checkbox"/> Debris on Premises <input type="checkbox"/> Other _____ <input type="checkbox"/> Disabled Vehicles Out Building: <input type="checkbox"/> None <input type="checkbox"/> Missing/Broken/Boarded Windows <input type="checkbox"/> More than One Apply-Check All that Apply <input type="checkbox"/> Graffiti <input type="checkbox"/> Roof Damage <input type="checkbox"/> Structurally Unsound <input type="checkbox"/> Missing/Damaged Siding <input type="checkbox"/> Other _____
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* 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? <input type="checkbox"/> NO <input type="checkbox"/> YES	Work completed by a licensed contractor? <input type="checkbox"/> NO <input type="checkbox"/> YES Anticipated Completion Date ____/____/____ <input type="checkbox"/> More Than One Apply - Check All That Apply <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> New Dwelling - Fully-Enclosed* <input type="checkbox"/> Room Addition* <input type="checkbox"/> Room Remodel <input type="checkbox"/> Roof Replacement Unacceptable = New Dwelling Semi-Enclosed </div> <div style="width: 35%;"> <input type="checkbox"/> Interior Cosmetic <input type="checkbox"/> Siding Replacement <input type="checkbox"/> Window Replacement <input type="checkbox"/> Updates to Heat/Electric/Plumbing* <input type="checkbox"/> Other* _____ </div> </div>	
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. <input type="checkbox"/> NO <input type="checkbox"/> YES	If YES and liability is on policy, do you accept Animal Liability Exclusion? <input type="checkbox"/> NO <input type="checkbox"/> 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? <input type="checkbox"/> NO <input type="checkbox"/> YES	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> Small Lizards/Iguanas <input type="checkbox"/> Boa Constrictors/Pythons* </div> <div style="width: 35%;"> <input type="checkbox"/> Ferrets <input type="checkbox"/> Other* _____ </div> </div>	
Is the property currently uninsured? (Excludes new purchase) <input type="checkbox"/> NO <input type="checkbox"/> YES	Last date of insurance ____/____/____ <input type="checkbox"/> Policy Lapsed <input type="checkbox"/> Never-Insured	
Have you been cancelled, declined or non-renewed, including for non-payment, within the past 5 years? <input type="checkbox"/> NO <input type="checkbox"/> YES	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> Non-Payment of Premium <input type="checkbox"/> Dwelling/Other Structures - Condition* <input type="checkbox"/> Unacceptable Animal* <input type="checkbox"/> Other Liability Hazards* <input type="checkbox"/> Lack of Heat/Electric/Plumbing Updates* </div> <div style="width: 35%;"> <input type="checkbox"/> Credit History <input type="checkbox"/> Loss History <input type="checkbox"/> Dwelling - Age or Value <input type="checkbox"/> Prior Carrier Withdrew State/Agency <input type="checkbox"/> Other* _____ </div> </div>	
Have you had a Foremost policy cancelled, declined or non-renewed for underwriting reasons within the past 5 years? (Excludes non-payment) <input type="checkbox"/> NO <input type="checkbox"/> YES*		
Have you had three or more Foremost policies cancel for non-pay within the last five years, regardless of policy type? <input type="checkbox"/> NO <input type="checkbox"/> YES	If YES, unacceptable.	
Is the electrical service less than 100 AMP? (Applies to each unit in a multi-family dwelling) <input type="checkbox"/> NO <input type="checkbox"/> YES	If YES, unacceptable.	
Is there a trampoline on premises? <input type="checkbox"/> NO <input type="checkbox"/> YES	If YES and liability is on policy, do you accept Trampoline Exclusion? <input type="checkbox"/> NO <input type="checkbox"/> YES	
Any wood/solid fuel burning or portable kerosene heating device in garage or other structure? <input type="checkbox"/> NO <input type="checkbox"/> YES	If YES, unacceptable.	

DWELLING INFORMATION	
YEAR BUILT:	YEAR UPDATED (Complete replacement only. If not complete replacement, use year built.): Plumbing _____ Electrical _____ Heating _____ Roof _____
ROOF TYPE: <input type="checkbox"/> Asphalt <input type="checkbox"/> Wood Shingles <input type="checkbox"/> Metal <input type="checkbox"/> Slate <input type="checkbox"/> Wood shake <input type="checkbox"/> Tile <input type="checkbox"/> Other* _____ Unacceptable = Roofing Material Over Wood Shake/Shingles	
SECURITY DEVICES (Check all that apply): <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> None <input type="checkbox"/> Smoke Detector <input type="checkbox"/> Burglar Alarm (Includes both Local & Central) </div> <div style="width: 35%;"> <input type="checkbox"/> Bars on Windows & Doors w/quick release <input type="checkbox"/> Central Fire Alarm <input type="checkbox"/> Fire Extinguisher </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> Sprinkler System <input type="checkbox"/> Dead Bolt <input type="checkbox"/> Carbon Monoxide Detector <input type="checkbox"/> Other* _____ </div> </div>	
Is the dwelling a row house or townhouse? (Refer to Program Guide for Row house/Townhouse definition) <input type="checkbox"/> NO <input type="checkbox"/> 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? <input type="checkbox"/> NO <input type="checkbox"/> YES <i>If YES, please provide information.</i>									
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	

ADDITIONAL QUESTION	
Does the agent have a completed Authorization for Collection and Disclosure of Personal and Privileged Information form? <i>If NO, Form 740463 must be attached.</i>	<input type="checkbox"/> NO <input type="checkbox"/> YES

* Underwriting approval may be required.

OPTIONAL LANDLORD PACKAGE: If selected may only choose one package.			
WOULD YOU LIKE THE LANDLORD PLATINUM PACKAGE? (DF3 only) <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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. MN customers may purchase personal property and other structures below package amounts.			
COVERAGES	AMT. OF INS.	DEDUCTIBLE	PREMIUM
DWELLING VMM (Dwelling Fire One) <input type="checkbox"/> YES <input type="checkbox"/> NO (Minimum \$500 deductible on vacants)	\$	\$ \$	\$ \$
OTHER STRUCTURES Provide description in "REMARKS".	\$	\$	\$
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*	\$	N/A	\$
MEDICAL PAYMENTS*	\$	N/A	\$
OTHER COVERAGES / ENDORSEMENTS (Specify)			
			\$
			\$
			\$
			\$
			\$
			\$
			\$
REMARKS:	Total From Above	\$	
	Discounts/Surcharges	\$	
	Estimated Premium	\$	
NOTE: Minimum premium - Prices may be subject to minimum written premiums and non-refundable minimum earned premium.			

ADDITIONAL INTEREST		
NAME LINE 1	<input type="checkbox"/> Mortgagee <input type="checkbox"/> Contract Seller (Add'l Insd. Nonresident end't)	
NAME LINE 2	<input type="checkbox"/> Co-Titleholder (Add'l Insd. Nonresident end't) <input type="checkbox"/> Add'l. Named Insd. (Add'l Named Insured end't)	
ADDRESS LINE 1	<input type="checkbox"/> Loss Payee (Loss Payee end't) <input type="checkbox"/> Life Estate (Add'l Insd. Nonresident end't)	
ADDRESS LINE 2	<input type="checkbox"/> Property Mgmt (Add'l Insd. end't - Sec. II) <input type="checkbox"/> Property Mgmt (Certificate Holder-notification only)	
CITY	STATE	ZIP CODE
LOAN NUMBER	COUNTRY (If not USA)	
<input type="checkbox"/> Premium Finance Co (Certificate Holder-notification only) <input type="checkbox"/> Titleholder (Add'l Insd. Nonresident end't)		

ADDITIONAL INTEREST		
NAME LINE 1	<input type="checkbox"/> Mortgagee <input type="checkbox"/> Contract Seller (Add'l Insd. Nonresident end't)	
NAME LINE 2	<input type="checkbox"/> Co-Titleholder (Add'l Insd. Nonresident end't) <input type="checkbox"/> Add'l. Named Insd. (Add'l Named Insured end't)	
ADDRESS LINE 1	<input type="checkbox"/> Loss Payee (Loss Payee end't) <input type="checkbox"/> Life Estate (Add'l Insd. Nonresident end't)	
ADDRESS LINE 2	<input type="checkbox"/> Property Mgmt (Add'l Insd. end't - Sec. II) <input type="checkbox"/> Property Mgmt (Certificate Holder-notification only)	
CITY	STATE	ZIP CODE
LOAN NUMBER	COUNTRY (If not USA)	
<input type="checkbox"/> Premium Finance Co (Certificate Holder-notification only) <input type="checkbox"/> Titleholder (Add'l Insd. Nonresident end't)		

PAYMENT PLANS/BILLING	
<input type="checkbox"/> ANNUAL PAY <input type="checkbox"/> ESCROW BILL <input type="checkbox"/> TWO-PAY <input type="checkbox"/> FOUR-PAY <input type="checkbox"/> TEN-PAY <input type="checkbox"/> 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				
<input type="checkbox"/> SAME AS HOME LOCATION EFFECTIVE DATES: FROM: _____ TO: _____				
DATES SHOWN ARE VALID: <input type="checkbox"/> ONE-TIME CHANGE, ONLY <input type="checkbox"/> YEARLY				
ADDRESS	CITY	STATE	ZIP CODE	COUNTRY (If not USA)

REQUIRED APPLICANT INFORMATION APPLICANT MUST COMPLETE, SIGN AND DATE THIS APPLICATION.	
THE INSURER MAY ELECT TO CANCEL COVERAGE AT ANY TIME DURING THE FIRST 60 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 may review your credit report or obtain or use a credit-based insurance score based on information contained in that credit report. The insurer may use a third party in connection with the development of your insurance score. Notice of Information Practices. 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 that the insurer may secure and review consumer reports, including records of loss history or credit report information as described above, for persons listed in the application or subsequently added to the policy. 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, or for my request for a change in policy benefits, or for a replacement policy as permitted by law. I or my authorized representative may request a copy of this authorization from my insurance representative.	
2. 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.	
3. I declare that the selections indicated in this application accurately reflect the limits, coverages and deductibles I chose.	
4. I agree that the insurer and its affiliates may use any telephone number, including any cell phone number, I provide now or in the future to contact me by way of live calls or by use of any automatic dialing system or artificial or prerecorded voice.	
APPLICANT SIGNATURE _____	DATE _____ TIME _____ <input type="checkbox"/> AM <input type="checkbox"/> 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.	
PRODUCER SIGNATURE _____	DATE _____ TIME _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
COVERAGE BOUND? <input type="checkbox"/> YES <input type="checkbox"/> NO	
PRODUCER NAME (Print) _____	PRODUCER LICENSE NO. _____