

ILLINOIS 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: 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"/> Primary <input type="checkbox"/> Seasonal/Secondary <input type="checkbox"/> Rental <input type="checkbox"/> Vacation and Short Term Rental <input type="checkbox"/> Vacant | <input type="checkbox"/> Dwelling Fire Three (Comprehensive Coverage) <input type="checkbox"/> Primary <input type="checkbox"/> Seasonal/Secondary <input type="checkbox"/> Rental <input type="checkbox"/> Vacation and Short Term Rental | <input type="checkbox"/> Classic ACV HO (Comprehensive Coverage) <input type="checkbox"/> Primary <input type="checkbox"/> Seasonal/Secondary | <input type="checkbox"/> Classic CL HO (Comprehensive Coverage) <input type="checkbox"/> Primary <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)? 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 |
|---------------|---|---|---|---|

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 | | | | |
| 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 | | | | |

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|---|--|----------------|----------------|-----------------------|---------------------------------|
| 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 |
| IS THE DWELLING LOCATED IN A FIRE SUBSCRIPTION DISTRICT? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | IF YES, HAS THE SUBSCRIPTION FEE BEEN PAID? <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 Brick/Masonry <input type="checkbox"/> 90% or more Fire Resistant | <input type="checkbox"/> 90% or more Masonry Veneer <input type="checkbox"/> 90% or more Hardi-Plank <input type="checkbox"/> Other* _____ | DWELLING CLASSIFICATION: <input type="checkbox"/> Traditional Site Built <input type="checkbox"/> Log Home <input type="checkbox"/> Other (Describe)* _____ Unacceptable = Condo, Dome Homes, Straw Homes, Manufactured (Mobile/Multi-Sectional) - Occupied | <input type="checkbox"/> Adobe <input type="checkbox"/> Metal* <input type="checkbox"/> Earth Home* <input type="checkbox"/> Modular <input type="checkbox"/> Manufactured (Mobile/Multi-Sectional) - Vacant Only |
|--|--|--|---|

| | | | |
|--|---|--|---------------------------------------|
| FOUNDATION: <input type="checkbox"/> Basement <input type="checkbox"/> Slab | <input type="checkbox"/> Closed with Crawl Space (continuous foundation) <input type="checkbox"/> Open - Height 2 Feet or Lower* | <input type="checkbox"/> Open - Height More than 2 Feet* <input type="checkbox"/> Wood* | <input type="checkbox"/> Other* _____ |
|--|---|--|---------------------------------------|

| | |
|---|---|
| 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"/> Electric Baseboard <input type="checkbox"/> Fireplace* <input type="checkbox"/> Furnace - Gas (Incl. LPG) or Electric <input type="checkbox"/> Heat Pump <input type="checkbox"/> Liquid Fuel Furnace/Space Heater & Above Ground Tank less than 20 yrs. old* <input type="checkbox"/> Liquid Fuel Furnace/Space Heater & Above Ground Tank 20 yrs. or older* <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 | <input type="checkbox"/> Portable Space Heater* (Kerosene = Unacceptable unless U.L. Approved) <input type="checkbox"/> Permanent Gas/Electric Space Heater - YES (meets requirements) <input type="checkbox"/> Permanent Gas/Electric Space Heater - NO (does not meet requirements) <input type="checkbox"/> Steam <input type="checkbox"/> Woodburner* <input type="checkbox"/> None <input type="checkbox"/> 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) _____

| 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. ▼

| | | |
|---|--|--|
| 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 4 Feet or Higher | <input type="checkbox"/> Fence or Pool Height Less than 4 Feet* <input type="checkbox"/> Other* _____ |
| 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"/> Currently Up for Rent <input type="checkbox"/> New Purchase/Inherited <input type="checkbox"/> Nursing Home/Assisted Living | |
| Owner Occupied Do you have any roomers or boarders? <input type="checkbox"/> NO <input type="checkbox"/> YES | <input type="checkbox"/> 1 or 2 Roomers/Boarders Unacceptable = 3 or more roomers/boarders | |
| 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"/> Graduate Students* - Number of Students _____ <input type="checkbox"/> Other* _____ Unacceptable = Fraternity/Sorority, Student Housing | |
| 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. | |

| | | | |
|--|--|--|---|
| 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"/> More than One Apply-Check All that Apply <input type="checkbox"/> Missing Shingles | <input type="checkbox"/> Leaking Roof <input type="checkbox"/> Age - Wear & Tear <input type="checkbox"/> Curling Shingles | <input type="checkbox"/> Moss <input type="checkbox"/> Wavy/Buckling Roof <input type="checkbox"/> Other* _____ |
| | Dwelling: <input type="checkbox"/> None <input type="checkbox"/> More than One Apply-Check All that Apply <input type="checkbox"/> Missing or Damaged Siding <input type="checkbox"/> Peeling Paint Greater than 30% of Dwelling <input type="checkbox"/> Peeling Paint 30% or Less of Dwelling <input type="checkbox"/> Missing/Broken/Boarded Windows | <input type="checkbox"/> Rotting or Exposed Wood <input type="checkbox"/> Damage to Fascia or Soffit Boards <input type="checkbox"/> Rotted Porch or Deck Boards <input type="checkbox"/> Structural Damage <input type="checkbox"/> Missing/Damaged Railings <input type="checkbox"/> Other* _____ | |
| | Chimney: <input type="checkbox"/> None <input type="checkbox"/> More than One Apply-Check All that Apply <input type="checkbox"/> Missing and or Loose Bricks | <input type="checkbox"/> Leaning Chimney <input type="checkbox"/> Deteriorated Mortar <input type="checkbox"/> Other* _____ | |
| | Foundation: <input type="checkbox"/> None <input type="checkbox"/> More than One Apply-Check All that Apply <input type="checkbox"/> Cracking and/or Settling | <input type="checkbox"/> Mold and/or Mildew <input type="checkbox"/> Other* _____ | |
| | Premises: <input type="checkbox"/> None <input type="checkbox"/> More than One Apply-Check All that Apply <input type="checkbox"/> Debris on Premises <input type="checkbox"/> Disabled Vehicles | <input type="checkbox"/> Appliances on Property <input type="checkbox"/> Sidewalks/Driveways/Steps in Poor Condition <input type="checkbox"/> Other* _____ | |
| | Out Building: <input type="checkbox"/> None <input type="checkbox"/> More than One Apply-Check All that Apply <input type="checkbox"/> Roof Damage <input type="checkbox"/> Missing/Damaged Siding | <input type="checkbox"/> Missing/Broken/Boarded Windows <input type="checkbox"/> Graffiti <input type="checkbox"/> Structurally Unsound <input type="checkbox"/> Other* _____ | |

* Underwriting approval may be required.

ELIGIBILITY QUESTIONS

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

| | |
|---|--|
| <p>Is the Dwelling under construction or renovation? <input type="checkbox"/> NO <input type="checkbox"/> YES</p> | <p>Work completed by a licensed contractor? <input type="checkbox"/> NO <input type="checkbox"/> YES Anticipated Completion Date ____/____/____</p> <p><input type="checkbox"/> More Than One Apply - Check All That Apply <input type="checkbox"/> New Dwelling - Fully-Enclosed* <input type="checkbox"/> Interior Cosmetic <input type="checkbox"/> Room Addition* <input type="checkbox"/> Siding Replacement <input type="checkbox"/> Room Remodel <input type="checkbox"/> Window Replacement <input type="checkbox"/> Roof Replacement <input type="checkbox"/> Updates to Heat/Electric/Plumbing* Unacceptable = New Dwelling Semi-Enclosed <input type="checkbox"/> Other* _____</p> |
| <p>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</p> | <p>If YES and liability is on policy, do you accept Animal Liability Exclusion? <input type="checkbox"/> NO <input type="checkbox"/> YES</p> |
| <p>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</p> | <p><input type="checkbox"/> Small Lizards/Iguanas <input type="checkbox"/> Ferrets <input type="checkbox"/> Boa Constrictors/Pythons* <input type="checkbox"/> Other* _____</p> |
| <p>Is the property currently uninsured? (Excludes new purchase) <input type="checkbox"/> NO <input type="checkbox"/> YES</p> | <p>Last date of insurance ____/____/____ <input type="checkbox"/> Policy Lapsed <input type="checkbox"/> Never-Insured</p> |
| <p>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</p> | <p><input type="checkbox"/> Non-Payment of Premium <input type="checkbox"/> Credit History <input type="checkbox"/> Change In Occupancy <input type="checkbox"/> Dwelling/Other Structures - Condition* <input type="checkbox"/> Loss History <input type="checkbox"/> Vacant <input type="checkbox"/> Unacceptable Animal* <input type="checkbox"/> Dwelling - Age or Value <input type="checkbox"/> No Supporting Business <input type="checkbox"/> Other Liability Hazards* <input type="checkbox"/> Prior Carrier Withdrew State/Agency <input type="checkbox"/> Lack of Heat/Electric/Plumbing Updates* <input type="checkbox"/> Other* _____</p> |
| <p>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*</p> | |
| <p>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</p> | <p>If YES, unacceptable.</p> |
| <p>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</p> | <p>If YES, unacceptable.</p> |
| <p>Is there a trampoline on premises? <input type="checkbox"/> NO <input type="checkbox"/> YES</p> | <p>If YES and liability is on policy, do you accept Trampoline Exclusion? <input type="checkbox"/> NO <input type="checkbox"/> YES</p> |
| <p>Any garage or outbuilding with wood/solid fuel burning or portable kerosene heating device? <input type="checkbox"/> NO <input type="checkbox"/> YES</p> | <p>If YES, unacceptable.</p> |

DWELLING INFORMATION

| | |
|---|--|
| YEAR BUILT: | YEAR UPDATED (Complete replacement only. If not complete replacement, use year built.): Plumbing _____ Electrical _____ Heating _____ Roof _____ |
| <p>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</p> | |
| <p>SECURITY DEVICES (Check all that apply): <input type="checkbox"/> None <input type="checkbox"/> Bars on Windows & Doors w/quick release <input type="checkbox"/> Sprinkler System <input type="checkbox"/> Carbon Monoxide Detector <input type="checkbox"/> Smoke Detector <input type="checkbox"/> Central Fire Alarm <input type="checkbox"/> Dead Bolt <input type="checkbox"/> Other* _____ <input type="checkbox"/> Burglar Alarm (Includes both Local & Central) <input type="checkbox"/> Fire Extinguisher</p> | |
| <p>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</p> | |

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 |

ADDITIONAL QUESTIONS

| | |
|---|---|
| <p>Does the applicant want earthquake coverage?</p> | <p><input type="checkbox"/> NO <input type="checkbox"/> YES</p> |
| <p>Does the applicant want mine subsidence on the dwelling (DW) or other structures (OS)? If NO, and dwelling is located in one of the following counties: Bond Franklin Jefferson McDonough Marshall Peoria Rock Island Tazewell Bureau Fulton Knox Macoupin Menard Perry St. Clair Vermillion Christian Gallatin LaSalle Madison Mercer Putnam Saline Washington Clinton Grundy Logan Marion Montgomery Randolph Sangamon Williamson Douglas Jackson A signed Illinois Mine Subsidence Rejection Form (736185) must be attached.</p> | <p>DW - <input type="checkbox"/> NO <input type="checkbox"/> YES OS - <input type="checkbox"/> NO <input type="checkbox"/> YES</p> |

* Underwriting approval may be required.

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 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 | | \$ |

ADDITIONAL INTEREST

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

ADDITIONAL INTEREST

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

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

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.

- I agree to allow the insurer and its representatives to secure and review consumer report information including credit report information for persons listed in the application or subsequently added to the policy. I agree to allow the insurer and its representatives to share my name, address, date of birth, social security number with third party consumer reporting and insurance support organizations in order to obtain consumer reports. I further agree that the purpose of this authorization is to collect information in connection with my application, for my request for a change in policy benefits or for a replacement policy I may request. I understand that this authorization will remain in effect for one year from the date of my signature. I or my authorized representatives may request a copy of this authorization 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 _____ DATE _____ 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.

PRODUCER SIGNATURE _____ DATE _____ TIME _____ AM PM

PRODUCER NAME (Print) _____ PRODUCER LICENSE NO. _____

COVERAGE BOUND?
 YES NO