

Sia Of The Great Lakes LLC - 10945
 727 Cormier Rd Ste 201
 Green Bay WI 54304-4871
 (920) 494-5000

Agent License Number: 40368043



Homeowners Policy Application
 Minnesota

Depositors Insurance Company

1100 Locust St., Dept. 1100
 Des Moines, IA 50391 - 1100

Policy Number: HOD 0054951043
 Customer Id:

NAMED INSURED INFORMATION

First	Middle	Last	Gender	D.O.B.	Marital Status
Aung		Aung	Male	XX-XX-1973	Single
Occupation				SSN	
Manufacturing				XXX-XX-4615	
Home Phone Number		Work Phone Number		Email Address	
651-354-3957					
Policy Period From: 10/19/2015 to: 10/19/2016 12:01 A.M. Standard Time					
Original Policy Effective Date: 10/19/2015					

ADDRESS INFORMATION

No. of prior residences in the last 3 years: 0					
	Street Address	City	State	Zip Code	County
Mailing Address	1319 Westminster St Apt 6	Saint Paul	MN	55130 3328	
Property Address	1319 Westminster St Apt 6	Saint Paul	MN	55130 3328	Ramsey
Previous Address (less than 3 years)					

MORTGAGEE OR LOSS PAYEE (including home equity loans)

#	Mortgagee Name	Street Address	City	State	Zip Code
1					

#	Type of Interest	Loan Number	Bank Number
1			

ADDITIONAL INSURED OR INTEREST

Interest or Insured	Name	Name2	Street Address	City

State	Zip Code

COVERAGES AND LIMITS OF LIABILITY

The applicant is hereby notified that this applicant has the option of reducing Coverage B, Other Structures, and/or Coverage C, Personal Property. If the applicant chooses this option, the premium will be reduced accordingly.

HO Form #	Package	(A) Dwelling Amount	Replacement Cost	Replacement Cost %
HO-4				

(B) Other Structure	Other Structure Increased Limit	Description of Other Structure (if increasing Coverage B)	(C) Personal Property
			10000

(D) Loss of Use	(E) Personal Liability	(F) Medical Payments
Actual Loss up to 12 months	100,000	1,000

Deductibles
\$1000 All Perils See All Perils Wind/Hail

TOTAL SCHEDULED PERSONAL PROPERTY

Jewelry Limits		Furs Limit	Fine Art Limits		Silverware Limit	Cameras Limit	Professional Cameras Limit	Music Limit	Professional Music Limit
Not in Safe	In Bank Safe/Vault		Non Breakable	Breakable					

Stamps				Coins				Golf Equipment Limit
Limit	In Bank Safe/Vault	In Unattended Auto	Display Use	Limit	In Bank Safe/Vault	In Unattended Auto	Display Use	

TOTAL AGREED VALUE SCHEDULED PERSONAL PROPERTY

Jewelry Limits		Furs Limit	Fine Art Limits		Silverware Limit	Cameras Limit	Professional Cameras Limit	Music Limit	Professional Music Limit
Not in Safe	In Bank Safe/Vault		Non Breakable	Breakable					

Stamps				Coins				Golf Equipment Limit
Limit	In Bank Safe/Vault	In Unattended Auto	Display Use	Limit	In Bank Safe/Vault	In Unattended Auto	Display Use	

TOTAL BLANKET PERSONAL PROPERTY

Jewelry Limits		Furs Limit	Fine Art Limit	Firearms Limit	Cameras Limit	Golf Equipment Limit	Music Limit
Not in Safe	In Bank Safe/Vault		Non Breakable				

SUMMARY OF HOMEOWNER ENDORSEMENTS

Advanced Home Protection	N	Landlord's Furnishings	
Actual Cash Value Roof		Limitation of Coverage to Designated Premises	N
Additional Residence Rented to Others		Off/On Premises Computer Value	
2nd Additional Residence Rented to Others		On Premises Computer Value	
Backup of Sewer or Drain		Permitted Incidental Occupancy	
Building Additions/Alterations Increased Limit		Permitted Incidental Occupancy Professional Services Rendered	
Building Additions/Alterations Limit Other		Personal Injury	
Builders Risk		Personal Property Replacement Cost	
Business Property Increase	None	Premier Endorsement	
Business Pursuits		Premier Extra	
Credit Card	1,000 Incl'd	Protection Plus	
Dwelling Replacement Options		Protective Devices	Y
Earthquake		Residence Rental Theft	
Earthquake Loss Assessment		Scheduled Personal Property	N
Earthquake Loss Assessment Limit	0	Agreed Value Scheduled Personal Property	N
Earthquake Zone	05	Blanket Personal Property	N
Earthquake Masonry Veneer Exclusion		Special Limit Guns	2,500 Included
Extended Liability Secondary Residence		Special Limit Money	200 Included
Farmers Comprehensive Personal Liability		Special Limit Silverware	2,500 Included
Identity Theft		Structure Rented To Others Limit	
Incidental Farm Liability	None	Structure Rented Number Families	None
Increase Coverage C Limit Other Location		Student Away From Residence Premises	
Inflation Guard		Total Loss Assessment	1,000 Incl'd
		Waterbed Liability	

PROPERTY CHARACTERISTICS

Residence Type	Dwelling Occupancy	Construction	Year Built	Square Feet	Number Stories	Market Value	Purchase Price	Purchase Date (mm/yyyy)
Dwelling	Primary	Frame	05/1980		3			

Protection Class	City Code	Territory	In City Limits	# Feet to Hydrant	# Miles from Fire Department	Responding Fire Department Name
3	06212	555	Y	1,000 ft and under	001	ST PAUL FS 17

Is the dwelling currently undergoing extensive remodeling or additions?	Registered historic home?	Located in a historic district?
N		

Wiring Type (all that apply)				Heat Type
Knob and Tube	Aluminum	Fuse Box	Circuit Breakers	
N	N	N	Y	Natural Gas

Roof Type	Flat Roof?	Roof UL Class	Roof Thickness
	N		Not Available

Year Renovated:				
Wiring	Plumbing	Heating	Cooling	Roof

Condition of:						
Dwelling	Wiring	Plumbing	Heating	Cooling	Foundation	Roof
Good	Good	Good	Good	Good	Good	Good

Dwelling Foundation Type:

Auxiliary Heating	Fireplace
None	None

Gated Community	Fire Alarm	Smoke Detector	Burglar Alarm	Sprinkler System
N	None	Y	None	None

Pool, Tub, or Spa	Pool in Ground	Fence Height	Depth Under Diving Board	Depth Under Slide	Are Swimming Lessons Provided?
None	N	N/A	N/A	N/A	No

# of Families	# of Weeks Rented	# of Units	Visible to Neighbors	Occupied Daily	# Residing in Dwelling	Relationship to Insured	Flood Hazard

1 family	0	20	Y	Y	4	family	N
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Acreage Size	Farming Operation	Description of Farm or Similar Type of Buildings	Total Farm Full Time Employees	Total Farm Part Time Employees	Total Farm Receipts
0	N				

PRIOR LOSSES - Any losses over the previous three years

Any Losses During the Last 3 Years? N				
Date	Type of Loss	Description of Loss	Amount Paid	Catastrophic Loss?

INSURANCE COVERAGE

Prior Insurance			
No lapse on this property			
Name of Prior Carrier	Number of Years With Company	Expiration Date	Coverage Ever Declined, Cancelled, or Non-Renewed
Allstate	0		N

Multi Policy Discount	Policies with Company			
	Policy Type	Policy Number	Policy Type	Policy Number
Y				

FULL TIME RESIDENCE EMPLOYEES

Number of Full Time Residence Employees	Type of Work	Monthly Payroll	Hours per Week

BUSINESS ON PREMISES

Business on Premises N	Business Pursuits Name/Individual
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Daycare Operation		
Number of Children	Other Insurance	License Number
	N	

ADDITIONAL RESIDENCES

	Number of Families	Street Address	City	State	Zip Code	Medical Pay
Rented						
Occupied						

MISCELLANEOUS

Animals		
Do you own any animals?	No. of Animals	Animal Category
N	0	
Is your dog a mixed-breed or pure-breed of dog breeds reviewed from the state list?	If a purebred or mixed breed of the previous breed selections has your dog(s) completed an AKC Canine Good Citizenship program?	Do you currently own an animal that has caused injury?

Other Miscellaneous			
Trampoline	Bankruptcy	Convicted of Felony	Fireplace/Stove Professionally Cleaned Annually(MM/DD/YYYY)
N	N	N	

PREMIUM PAYMENT

How should this be billed?	Bill to Account number
Direct to Insured (Recurring EFT)	7276398089
Customer paying by check or cash?	How is payment being processed?
	One Time EFT
Money submitted with application	Check Number if Customer is paying by check
\$8.46	
Monthly Premium	Total Premium
\$10.16	\$101.63

THE INSURER MAY ELECT TO CANCEL COVERAGE AT ANY TIME DURING THE FIRST 59 DAYS FOLLOWING ISSUANCE OF THE COVERAGE FOR ANY REASON WHICH IS NOT SPECIFICALLY PROHIBITED BY STATUTE.

I understand that the company may adjust the limits of liability annually according to information received from a recognized appraisal agency.

THIRTY DAY BINDER: Upon completion of this application, the coverages specified are bound subject to the terms of the policy applied for, provided this Binder shall be terminated by the insured by surrender of this binder or by written notice to the company stating when cancellation will be effective, upon issuance of a policy by the company or upon cancellation by the company in accordance with the terms and conditions specified in the policy.

IMPORTANT TO LENDER: This Binder of Insurance is in full effect for the lender until (1) cancelled by the company or (2) replaced by a numbered policy. Your interests to the extent of the Limits indicated, are thus protected.

YOUR PRIVACY - INFORMATION GATHERING

Most of the information needed to issue a policy comes directly from you. However, on occasion, we will need additional information or need to verify information we already have. The information we acquire may include credit and/or loss history reports. You have the right to access such information and to correct the information if you feel it contains errors. Additional details about our information and disclosure practices are available upon request. Information collected by us may in certain circumstances be disclosed to third parties without authorization.

APPLICANT'S STATEMENT

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true; and that these statements are offered as an inducement to the Company to issue the policy for which I am applying.

How many years has agent known applicant?	1
Previously insured through your agency?	N
If yes, how many years?	
Coverage Bound?	N Time: _____

Date(mm/dd/yyyy):

Agent Signature

Applicant Signatures

Date

12605E (01-14) 22