

Agency Information

Agency WICHERT INSURANCE Code 03-0393-00 Producer Policy Number

Policy Term Information

Term: [X] Annual [] Semi-Annual Applicant is: [X] Individual [] Estate [] Trust [] FLP [] LLC²⁴ Policy is: [X] New [] Rewrite of Effective Date: 06/12/2024 [X] Coverage bound [] Submitting unbound for review

Applicant / Location Information

Applicant(s) TIMOTHY SEISLOVE Customer ID

Mailing Address 1745 BOBWHITE TRL

County SUMMIT Twp.

City STOW State OH Zip 44224-2545

Property location if other than mailing address² ([] Legal description attached) Street: 2318 MORNING STAR DR

City ROAMING SHORES State OH Zip 44084-9616 County ASHTABULA Twp.

Previous address if less than 3 years at insured location:

Table with columns: Applicant, Occupation, Employer, Years Th. Row: TIMOTHY SEISLOVE, VP. QC & RISK MGMT, PNC BANK, 15

Franchise# How long have you known the applicant? Have you seen this dwelling? [] Yes [] No How long ago?

Oldest Applicant's Date of Birth 10/17/1962 Marital Status: Married Insurance Score: X867 Confirmation # 248490003 DOB: 04/13/1963

Other policies written in the Auto-Owners Group:

Type: Auto Personal Number: 5519067901

List All Losses in the Past 5 Years [] None

Table with columns: Date, Amount, Weather Related?, Description. Rows: 08/29/2022, \$1,500, Yes X No, LOC 001 LOSS REPORT: OTHER; 09/11/2020, \$75, Yes X No, LOC 001 LOSS REPORT: ACCDL

Billing Information

Add to current billing account: [] Yes [X] No If yes, billing account number:

Payment Plan: [] Agency Bill [] Monthly [] Escrow Pay [] Full Pay [] Quarterly [] At Renewal [] Semi-Annual Initial payment: \$ Mail insured's copy of policy to agency? [X] Yes [] No

Alternate billing address:

Policy Coverage Information

Form [X] 3 [] 4 [] 6

A. Dwelling \$ 458,000 B. Other Structures [X] Automatic Limit [] See structures scheduled on page 2. C. Personal Property [] Automatic Limit or \$ 328,300 D. Add'l Living Expense [X] Automatic Limit or \$ 91,600 E. Personal Liability \$ 300,000 [] Assumed F. Medical Payments [X] \$1,000 [] \$5,000 [] \$10,000 [] Assu

If E and F are assumed under another policy, provide the policy number:

Deductible \$ 2,500 All Perils (Unless specific perils indicated) \$ All Other Perils \$ Wind/

Rating Information

Construction: [X] Frame [] Masonry Veneer [] Fire Resistive [] Masonry [] Log [] Cement Fiber Board [] Modular Original Year Built 1997 Total Living Area: 2,120 Date Purchased: 2016 Replacement per estimate: \$457,700 Current Market Value: \$350,000

Is dwelling constructed with material containing asbestos? [X] No [] Yes

Basement: Finished Number of Stories: 1 Story Number of Bathrooms (Full/Half): 2 /

Occupancy: [X] Primary [] Seasonal [] Secondary Expected Occupancy Date: # Families/Units: 1

Wood, or other solid fuel heat other than corn/pellet or built-in fireplace? No Yes⁵
 If yes, located in Dwelling Outbuilding Outside
 If located in dwelling, quantity _____

Corn/pellet solid fuel heat appliance? No Yes¹
 If yes, located in Dwelling Outbuilding Out
 If located in dwelling, quantity _____

Fireplace? No Yes If yes, Gas Solid Fuel Both

Water Shut-Off Device? No Yes If yes, is it connected to a Central Station Alarm? No Yes

Can dwelling be seen from 2 other occupied dwellings? Yes No

Condition of buildings and grounds?
 Excellent Good Fair¹ Poor¹ Foundation Open¹ Continuous

If home is over 30 years old, indicate year each utility has been updated
 Electrical _____ Plumbing _____ Heating _____

Is there a swimming pool? No Yes If yes, is it in-ground? Yes No If yes, is it fenced? Yes No¹

Roofing material Wood Asphalt Synthetic Polymer Metal Concrete Tile Other _____

Roof Year: 2018 2014 Is material: Hail Resistive Non-Hail Resistive

Roof Loss Settlement if Damaged by Windstorm or Hail: Replacement Cost Actual Cash Value

Cosmetic Damage Exclusion: Dwelling and Other Structures
 Farm Outbuilding

Is the property located on an island? No Yes Is there bridge access? No¹ Yes

Is the Dwelling ever rented? No Yes If yes, Daily Weekly Monthly Number of nights per year: _____

If yes, Entire Home Separate Unit Partial or Shared Unit Does the insured occupy the premises while it is rented? No Yes

Other Adjustments:

Coverage Endorsement Options - Property

- Earthquake Deductible 5% 10% 15%
- Loss Assessment Coverage for Earthquake
- Guaranteed Home Replacement Cost Cash Out Option
- Homeowners / Condo-Owners / Renters Plus
- Increased Cost - 25%
- Increased Cost Enhanced - 50% Cash Out Option
- Equipment Breakdown Coverage
- Functional Replacement Cost
- Home Cyber Protection Limit: \$
- Water Backup of Sewers or Drains¹ Limit:²³ \$ **10,000**
- Enhanced High Value Protection Endorsement
- Undamaged Siding or Roofing
- Identity Theft Expense Coverage
- Other Structures Off Premises Replacement Cost
- Personal Property Replacement Cost
- Special Personal Property Coverage
- Limit for Fungi, Wet Rot, Dry Rot and Bacteria 15%²² 20%²
- Mine Subsidence Coverage
- Service Line Coverage: \$ **10,000**
- Ordinance or Law Coverage 10% 20% 50% 100%
- Ordinance or Law Exclusion
- Inland Flood Coverage¹ Limit:²³ \$
- Interior Matching Protection 10% 25%

Other Structures Owner Occupied: Increase Description Square Feet Construction

On-Premises Off
 On-Premises Off

Structures Rented to Others Increase Description Square Feet # Families Construction Med Pay
 Yes No
 Yes No

Dwelling Under Construction Start Date: _____ Contractor's Interest (Include on Secured Interest Schedule)

Temporary Residence Premises:

Increased Limits	Increase	Increased Limits	Increase
<input type="checkbox"/> Business Property (On-Premises)	\$	<input type="checkbox"/> Theft of Jewelry/Watches/Furs	\$
<input type="checkbox"/> Loss Assessment	\$	<input type="checkbox"/> Theft of Guns	\$
<input type="checkbox"/> Money	\$	<input type="checkbox"/> Theft of Silverware	\$
<input type="checkbox"/> Securities	\$	<input type="checkbox"/>	\$

Other Property Coverage Options:

Coverage Endorsement Options - Liability

2. Does anyone in addition to the applicant(s) have an ownership interest in the dwelling (excluding the Mortgage Company or Secured Interested Party)? No Yes²¹ If yes, explain.
3. Does the applicant currently reside at this premises? No Yes If no, explain.

Explanation(s):

Previous Carrier Information

Name: **Grange Ins Co** Code: **000000509**
 Policy Number: _____ Expiration Date: **09/30/2024**
 Notes: _____

Secured Interested Parties

<input checked="" type="checkbox"/> Mortgagee <input type="checkbox"/> Loss Payable <input type="checkbox"/> Contract Holder <input type="checkbox"/> Contractor <input type="checkbox"/> Additional Insured (describe interest: _____) Loan # 8000738023 Name PNC BANK, NA ISAOA/ATIMA Address PO BOX 7433 City SPRINGFIELD State OH Zip Code 45501	<input type="checkbox"/> Mortgagee <input type="checkbox"/> Loss Payable <input type="checkbox"/> Contract Holder <input type="checkbox"/> Contractor <input type="checkbox"/> Additional Insured (describe interest: _____) Loan # _____ Name _____ Address _____ City _____ State _____ Zip Code _____
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SCHEDULED PROPERTY^{11 12} Note: Submit separate listing if additional scheduled items

List property to be specifically insured, such as cameras, fine arts, furs, sports equipment, jewelry, musical instruments, silverware, stamp and coin collector personal computers. Refer to the Personal Inland Marine manual section for appraisal requirements.

Item	Description	Amount	Class	Deductible	Breakage?	R:
1.						
2.						
3.						

Are cameras used professionally? No Yes Is payment received for playing scheduled musical instruments? No Yes

Additional listing attached Boat Application attached RV Protection Application attached

APPLICANT'S STATEMENT INSURANCE FRAUD / IMPORTANT NOTICE

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is of insurance fraud.

It is understood and agreed that the statements made in this application are incorporated into and shall become part of the policy and that any material misrepresentation or omission made in this application shall render the policy void from its inception.

IMPORTANT NOTICE REGARDING THE FAIR CREDIT REPORTING ACT: In making this application for insurance, it is understood that as part of our underwriting procedure, we develop information using one or more of the following: physical inspections of the premises, consumer reports (where allowed), motor vehicle reports and independently maintained records of previously filed claims. You will be notified whenever information from a consumer reporting agency results in an adverse underwriting decision.

The facts stated on this application are true to the best of my knowledge and are to be relied upon by the Company for the purpose of issuing the insurance that I have requested. I understand that if I am not eligible for a specific Company, program, or rating tier for which I have applied, my policy may be issued or renewed under a different program or rating tier or by another Company within the Auto-Owners Insurance Group: Auto-Owners Insurance Company, Home-Owners Insurance Company, or Insurance Company, Property-Owners Insurance Company and Southern-Owners Insurance Company (all companies may not be licensed in all states). I also understand that the coverages may be different among the Auto-Owners Insurance Group Companies writing in this state. I have discussed my specific insurance needs with my agent in order to determine the most appropriate policy for my situation.

X T. D. [Signature] X 6/11/24
 Applicant's Signature Date

SIGNATURE / PROXY

PROXY DESIGNATION:
 I designate J.P. Whisnant, A.O. Dean, and A.L. Lindemeyer, and each of them, my attorneys and proxies, with power of substitution and revocation to each, to vote as my proxy at meetings of the Company, and at any and all adjournments thereof. The powers hereunder shall be exercised by a majority of said attorneys and proxies so present, but if only one is present, then that one shall have full power to act.

X _____ X _____
 Applicant's Signature Date

AGENT'S SIGNATURE _____ **Date** _____

Remember . . . Disability Insurance and Life Insurance are available to protect financial obligations.

Remarks (Indicate additional information.)

Mail copy of policy to agency for new business and renewals.

1.	<input type="checkbox"/> Yes <input type="checkbox"/> No							
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No							
<input type="checkbox"/> Accidental Death Benefit <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$20,000	<input checked="" type="checkbox"/> Damage to Property of Others <input checked="" type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000							
Incidental Farm Coverage: <input type="checkbox"/> Liability <input type="checkbox"/> Property								
<input type="checkbox"/> Farm Outbuilding Limit: \$ _____ <input type="checkbox"/> Farm Personal Property: \$ _____								
Total # of Acres Farmed	# of Acres Farmed by Insured	# of Acres Farmed by Others	Gross Farm Income	Full time Farm Employees	# of Large Farm Animals	# of Medium Farm Animals	# of Poultry	
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<input type="checkbox"/> Incidental Business Description							% of area occupied	Medical Paym
							<input type="checkbox"/> Yes	<input type="checkbox"/>
<input type="checkbox"/> RV Liability Indicate number, type and cc's:								
<input type="checkbox"/> Watercraft Liability: (Attach Boat Application for Physical Damage Coverage.) (See manual for description of boats automatically covered.)								
Boat Type (circle one): Length HP MPH Year Boat and Motor Make/Model Serial #								
IB IO OB SB WJ								
IB IO OB SB WJ								
IB = Inboard IO = Inboard/Outdrive OB = Outboard SB = Sailboat WJ = Waterjet Propelled								
Other Liability Coverage Options: <input type="checkbox"/>								

Underwriting Information (Explain all "Yes" answers below)

<p>1. Any business, day care or farming on premises? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>a. If business, provide description of operation. If customers come to the premises, what percentage of the square footage of the dwelling is involved?</p> <p>b. If day care, indicate how many persons are cared for and whether child or adult.</p> <p>c. If farming, indicate number and type of livestock, total acreage farmed by an insured, total acreage farmed by others and gross income.</p>	<p>6. Has this applicant filed personal bankruptcy, had repossessions, court judgments or substantially past due mortgage, utility or property tax payments within the past 5 years? <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
<p>2. Any flooding/brush/landslide or unusual hazards? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>7. Any dogs kept on premises? <input checked="" type="checkbox"/> No <input type="checkbox"/> If so, specify breed and whether any history of aggressiveness.</p>
<p>3. Has any company canceled, refused to write or declined renewal for this applicant? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes¹</p>	<p>8. Any animals, other than livestock, not typically regarded as household pets on premises? If so, explain. <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
<p>4. Has applicant had insurance with any Auto-Owners Group company within the past 5 years? If yes, provide policy number below. <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>9. Has any applicant been convicted of arson? <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
<p>5. Provide the company name and policy expiration date for the most recent carrier at this or any other address below. If you did not have a previous insurer or there is a lapse in coverage, please explain why.</p>	<p>10. Any uncorrected fire code violations? <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>11. Is building undergoing renovation or reconstruction? If yes, describe extent and whether occupied. <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
	<p>12. Is house for sale? <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>13. Any outbuildings? If yes, describe type, use and condition of all outbuildings. <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>14. Difficult access by fire and police departments? <input checked="" type="checkbox"/> No <input type="checkbox"/></p>

Explanation(s):

04: 5519067900

GARAGE

LLC Underwriting Information (Explain all "Yes" answers below)

1. Is there anyone else that is part of the LLC besides the named insured(s)?	<input type="checkbox"/> No <input type="checkbox"/> Yes
2. For what purposes was the LLC formed?	
<input type="checkbox"/> Estate planning <input type="checkbox"/> Business purposes <input type="checkbox"/> Rental property <input type="checkbox"/> Other: _____	
3. Within the past 5 years, has the LLC engaged directly or indirectly in any form of business or own any real estate used for business purposes whether or not identified on this application?	<input type="checkbox"/> No <input type="checkbox"/> Yes
4. Within the past 5 years, has the LLC been the subject of litigation of any kind?	<input type="checkbox"/> No <input type="checkbox"/> Yes
5. Does the LLC have any employees?	<input type="checkbox"/> No <input type="checkbox"/> Yes
6. Does the LLC own any real estate, personal property or assets not listed on the application?	<input type="checkbox"/> No <input type="checkbox"/> Yes
7. Does the LLC own, maintain or use any automobile, recreational vehicle or watercraft?	<input type="checkbox"/> No <input type="checkbox"/> Yes

Explanation(s):