

CITY OF SPARTA
FINANCE MEETING AGENDA
March 7, 2018

CITY HALL

6:00 p.m.

- 1. Call Meeting to Order**
- 2. Consent Agenda: Consisting of minutes of the regular meeting on February 7, 2018**
- 3. Consideration of Sewer Backups on Feb. 20th and Feb. 27th**
- 4. Items for Future Consideration**
- 5. Adjourn to go into Closed Session**
- 6. CLOSED SESSION: Per Wis. Stats. 19.85(1)(e) deliberating or negotiating the purchasing of public properties, the investing of public funds, or conducting other specified public business, whenever competitive or bargaining reasons require a closed session.**
Re: Police Department Site Locations
- 7. Adjourn from Closed Session**

A possible quorum of the Common Council may be in attendance at this meeting but no action will be taken by the Council.

Posted: 3-5-18

CITY OF SPARTA
FINANCE MINUTES
February 7, 2018

PRESENT: Kevin Riley, Josh Lydon, Norm Stanek

ABSENT: None

ALSO PRESENT: Mark Sund, Todd Fahning, Dave Kuderer, Greg Skon, Brad Gilbertson, spokesperson from Sparta Youth Hockey Association

Chairman Riley called the meeting to order at 6:00 p.m.

A motion was made by Josh Lydon and seconded by Norm Stanek to approve the Consent Agenda consisting of the minutes of the regular meeting of January 3, 2018. Motion carried 3-0.

A spokesperson from the Sparta Youth Hockey Association is requesting tourism funds in the amount of \$1500.00 for their Bantom Tournament. **A motion was made by Norm Stanek and seconded by Josh Lydon to approve the tourism fund request of \$1500.00 for the SYHA. Motion carried 3-0.**

Greg Skon is an intern with our Park & Rec department and is working on a project within the City of Sparta. He would like to set up 4 bike repair stations at different locations in Sparta. He is requesting an amount of \$2400.00 from tourism funds, will be doing fundraising and US Silica will be funding 2 stations. **A motion was made by Josh Lydon and seconded by Kevin Riley to approve the bike project for Greg Skon in the amount of \$2400.00. Motion carried 3-0.**

In 2012, the City had new servers installed at the Police Department which served many city departments. They have now come to the end of their functional life and are in need of replacement. Last year we bought the necessary equipment and this year we will be paying for the licensing and installation. The total amount of this will be \$22,310.00 which is a budgeted item. **A motion was made by Kevin Riley and seconded by Josh Lydon to approve the amount of \$22,310.00 for licensing and installation of the new servers. Motion carried 3-0.**

Items mentioned for future consideration were:

Business Park – our new Business Park will be mentioned at the Monroe County Economic Conference
We should be closing out the old business park soon

A motion was made by Josh Lydon and seconded by Norm Stanek to adjourn at 6:16 p.m. Motion carried 3-0.

Respectfully submitted,

Julie Hanson
City Clerk

ADDRESS	NAME	PHONE #	DAMAGES
812 PFAFF PKWY	MARK & ROSE HAMMES	608-269-7378	A LOT
1802 LINDA LN	CHRIS GALLUP	608-487-2254	SOME
907 RANDY RD *	PETER & DEB FOSS	608-487-2825	A LOT
1818 LINDA LN	ART & DONNA HENDERSIN	608-633-0206	NONE/THEY CLEANED AND WENT DOOR TO DOOR TELLING OTHERS TO CK THEIRS
913 RANDY RD	TOM & ALICE FUENGER	608-269-7439	? SPOKE TO MARK V
906 RANDY RD	LYNN HERRMAN	608-487-5240	A LOT
913 PFAFF PKWY *	RANDY PFAFF	608-269-5791	A LOT
* SECOND TIME 2/27/18			

IX called
IX called
IX called - l.m.
IX called - l.m.
to call
left msg alert
wipes came up
called - l.m. IX
IX

ELITE HOMEOWNERS POLICY



Insured's Copy

Policy No.: H169099
Account No.: 1299537
Address No.: 02

Policy Period: 3/16/2018 To: 3/16/2019
12:01 A.M.

Transaction: RENEWAL WO/CHANGE
Transaction Effective Date: 3/16/2018

AGENCY: EDWARDS INS AGENCY LLC
(608)-269-4512 Agent Code: 0065-003

797-0038

INSURED:
RANDY A PFAFF
MARY JO PFAFF
913 PFAFF PKWY
SPARTA WI 54656-2225

This replaces all previously issued policy Declarations. This policy applies only to accidents, occurrences, or losses which happen during the policy period shown above. Unless we notify you otherwise, we will continue this insurance if you pay all premiums due. The term declared above constitutes a separate policy period.

This policy applies only to those coverages below for which a limit of liability and premium charge is shown. The limit of liability for each coverage shall not be more than the amount stated for such coverage, subject to all the PROVISIONS of this policy.
PLEASE SEE REVERSE SIDE FOR NONPAYMENT CLAUSE.

The described residence and premises covered by this policy is located as follows:
913 PFAFF PKWY SPARTA WI 54656 - 2225
Protection Class 03 Territory: 80
Year Built: 1983
Age of Roof: 035 years

Coverages and Limits of Liability

		<u>Amt. Ins.</u>
SECTION I		
A.	Dwelling	\$248,000
B.	Other Structures	\$24,800
C.	Personal Property	\$186,000
D.	Loss of Use	Actual Loss Sustained
Section I Deductibles - With respect to all loss payable in any one loss:		
We will pay only that part of the loss that exceeds:		\$1,000
SECTION II		
E.	Personal Liability (Each Occurrence)	\$300,000
F.	Medical Payments to Others (Each Person)	\$3,000

Subject to the following forms and endorsements:

HO 00 03	10 00	SPECIAL FORM POLICY - BASIC PREMIUM	979.00
21157	08 13	POLICY JACKET	No Charge
HO 01 48	05 11	SPECIAL PROVISIONS ENDORSEMENT - WISCONSIN	No Charge
21208	04 16	IMPORTANT NOTICE	No Charge
HO P 063	10 15	ADVISORY NOTICE HOME	No Charge
****		ADD'L PREMIUM FOR INCR LIMITS IN SECTION II	13.00
HO 04 27	04 02	LMT FUNGI, WET/DRY ROT OR BACT COV(WITH HO0003, OR HO0005)	Included
		SECTION I \$10,000 SECTION II \$50,000	
HO 04 96	10 00	NO SECT II-LIAB COV HOME DAY CARE BUS LMTD I PRPTY CV HDC	Included
HO 16 10	01 09	WATER EXCLUSION ENDORSEMENT	Included
HO 04 61	10 00	SCHEDULED PERSONAL PROPERTY ENDORSEMENT	
2105	6-92	BOATS	
		PONTOON BOAT 14.00' Make: CREST 2000 35-HP	
		- Model: II PONTOON Ser#: MAU011540584 \$250-DED	\$3000 20.00
		MOTOR ONLY Make: EVENRUDE 2000 35-HP	
		- Ser#: E004700 \$250-DED	\$3000 20.00
		TRAILER 14.00' Make: 1079 200 35-HP	

C O N T I N U E D O N B A C K

Current Transaction: \$884.00
Total amount due on or before 03/16/2018: \$884.00

FORM NUMBER 21171 06 04 Issued: 1/31/18
We may convert your payment into an electronic debit. See reverse side for details.
Thank you for choosing Partners Mutual Insurance Company!

Please detach and return with your check payable to:
Partners Mutual Insurance Company, PO Box 673020, Chicago IL 60695-3020
You may pay online at www.partnersmutual.com
PLEASE ALLOW AMPLE MAIL TIME

Agency Code: 0065 - 003

Payment Due Date: 03/16/2018

Policy No.: H169099
Account-Address No.: 1299537 - 02

Current Transaction: \$884.00
Amount Due: \$884.00

Insured: RANDY A PFAFF

Form 2560 07/97

Payment Enclosed: \$ _____

129953702002000088400000000000

NON PAYMENT CLAUSES:

1. The PREMIUM DUE, including any unpaid prior balance, must be received in Partners Mutual's Home Office or the Company's designated financial institution by the PREMIUM DUE DATE. Please allow 7 days for mailing. If it is not received, this policy will be canceled on an effective date in accord with item 3, determined by prorating the amount of premium, if any, that has been paid.
2. If any premium payment by, or on behalf of, the insured is not honored by the payor (financial institution) the policy will be canceled in accord with item 3 as if payment had not been received.
3. If you have not paid the PREMIUM DUE by the PREMIUM DUE DATE, we may cancel at any time by letting you know at least 10 days before the cancellation takes effect.

Receipt of payment of the full amount due plus any prior balance received in Partners Mutual's Home Office or the Company's designated financial institution by the PREMIUM DUE DATE extends your insurance for the period of months based upon amount paid. Keep this with your records. Your canceled check or money order will be your receipt.

Payment Information: We reserve the right to obtain payment electronically for any check or other instrument that you send to us by initiating an ACH (electronic) debit in the amount of your check or instrument to your bank account. Your check or instrument will not be returned to you by us or your bank. Your bank account may be debited as early as the same day we receive your payment.

CONTINUED FROM FRONT

		<u>Amt.</u>	<u>Ins.</u>
	- Model: HOOSIER Ser#: 1079 \$250-DED	\$500	3.00
2103	9-92 RECREATIONAL VEHICLE Manuf: POLARIS 2004		
	- Serial #: 26662004		
	- \$250-DED	\$2500	63.00
	Territory for 2103 Recreational Vehicle.		
	This insurance covers while within the contiguous States of the United States, the District of Columbia and Canada.		
HO 24	75 10 00 WATERCRAFT LIABILITY		Included
	PONTOON BOAT 14.00' Make: CREST 2000 35-HP		
	- Model: II PONTOON Ser#: MAU011540584		
2102	05 03 RECREATIONAL MOTOR VEHICLE LIABILITY- # OF VEH- 02		55.00
	GOLF CARTS Manuf: EZ GO 2000		
	RECREATIONAL VEHICLE Manuf: POLARIS 2004		
	- Serial #: 26662004		
21165	11 10 PARTNERS PLATINUM PROTECTION PLAN		50.00
	Partners Platinum Protection Plan is extended to cover:		
	Dwelling replacement coverage, 125% of coverage A		
	Coverage B - Limit added to Cov A if no 'other structures'		
	Refrigerated property	\$500	
	Lock replacement coverage	\$250	
	Debris removal for trees not damaging structures	\$500	
	Coverage C - replacement cost		
	Credit, debit card, forgery, counterfeit money	\$1,000	
	Coverage C limit on money	\$500	
	Thermopane window fogging	\$500	
	Arson reward coverage	\$500-\$5000	
	Loss of use actual loss sustained 12 months following a loss		
	Business property on residence premises	\$5,000	
	Business property away from premises	\$1,000	
	Identity fraud expense coverage	\$2,500	
	Collapse from subsurface water - foundation wall	\$5,000	
	Personal injury		
HO 24	82 04 02 PERSONAL INJURY ENDORSEMENT		Included
HO 04	90 10 00 REPLACEMENT COST - PERSONAL PROPERTY		Included
21189	09 15 WATER BACK UP AND SUMP DISCHARGE OR OVERFLOW	\$5000	50.00
Premium Modifications:			
****	DWELLING AGE ADJUSTMENT- YEAR OF CONSTRUCTION- 1983		32.00
****	CAR/HOME DISCOUNT		249.00-
****	SENIOR POLICYHOLDER DISCOUNT		152.00-
***	INSURANCE SCORE MODIFIER		.00
Total Policy Premium			\$884.00

**** NOTE: THERE ARE NO SOLID FUEL BURNING DEVICES ON THE PREMISES ****

**** NOTE: THERE ARE NO TRAMPOLINES ON ANY PREMISES COVERED BY THIS POLICY ****



Wisconsin Mutual

Insurance Company
8201 Excelsior Drive
Madison, Wisconsin 53717-1907
(608) 836-4663 FAX (608) 836-1645

February 21, 2018

Christopher Gallup
1802 Linda Lane
Sparta, WI 54656

RE: Water/Sewer Backup
Claim No: 29-1004-18
Policy No: P 30000
Date of Loss: 2/20/18

Dear Mr. Gallup:

We have completed our investigation of this claim and have determined there is no coverage for this loss.

Under **SECTION I --EXCLUSIONS**, your policy states:

A. *We do not insure for loss caused directly or indirectly by any of the following. Such loss is excluded regardless of any other cause or event contributing concurrently or in any sequence to the loss. These exclusions apply whether or not the loss event results in widespread damage or affects a substantial area.*

3. Water

This means:

b. *Water which:*

X (1.) *Backs up through sewers or drains; or*

(2.) *Overflows or is otherwise discharged from a sump pump, sump pump or related equipment;*

You do not have the HO 0495 which is the water/sewer backup endorsement needed. Unfortunately, for the reasons outlined above, we must deny this claim.

Sincerely,

Carrie VanRiper
Property Claims Supervisor
Wisconsin Mutual Insurance Company



**ROAD AND RESIDENCE HOMEOWNERS
RENEWAL DECLARATIONS**

Named Insured:
LYNN M HERRMAN
906 RANDY RD
SPARTA WI 54656

Agency: 1650-BG (608) 269-8171
TRICOR, INC
203 W WISCONSIN ST
PO BOX 549
SPARTA WI 54656

Policy Number: Y43221-0

Policy Period: 12-20-17 to 12-20-18

Dwelling 1: Residence Premises located at:
THE ABOVE ADDRESS

COVERAGES AND LIMITS OF LIABILITY

Coverage A - Dwelling (Guaranteed Replacement)	\$214,000
Coverage B - Other Structures	\$32,100
Coverage C - Personal Property	\$160,500
Coverage D - Loss of Use	\$128,400
Blanket Limit applying to Coverage B, Coverage C, Coverage D	\$321,000
We will pay up to the Blanket Limit for any one occurrence resulting in loss or damage covered under Coverage B, Coverage C or Coverage D	

Property Deductible: \$500 deductible applies to losses under this policy's property coverage.
A deductible is the part of a loss that you must bear.

Boeckh Residential Building Cost Index: 878.4

Coverage E - Personal Liability per Occurrence	\$500,000
Coverage F - Medical Payments per Person	\$2,000
Personal Injury Aggregate Limit of Liability	\$500,000

PREMIUMS

Basic	\$468.00
Increased Coverage E	\$19.00

Dwelling 1 Forms and Endorsements:

F373 (4-13) Homeowners 3 - Special Form	Included
H109 (10-14) Amendatory Endorsement-Wisconsin	Included
F348 (6-01) Personal Property Replacement Cost Endorsement	Included
F615 (6-01) Guaranteed Replacement Cost - Dwelling	Included
F983 (8-13) Coverage Enhancements	\$31.00
H114A (4-13) Limited Fungi, Wet Or Dry Rot Or Bacteria Coverage	Included
X SF800 (11-08) Sewer or Drain Backup - Broad Form	\$29.00
F491 (6-01) Additional Insured (Residence Premises)	Included

Dwelling 1 Premium	Subtotal	\$547.00
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You qualify for this reduced premium because:

- * you have received a home responsibility discount.
- * you have earned a valued customer credit.

SCHEDULE

<u>Dwelling Number</u>	<u>Amount of Insurance</u>
1	\$5,000

ELITE HOMEOWNERS POLICY



Insured's Copy

Policy No.: H121130
Account No.: 1112231
Address No.: 02

Policy Period: 4/01/2018 To: 10/01/2018
12:01 A.M.

Transaction: RENEWAL WO/CHANGE
Transaction Effective Date: 4/01/2018

AGENCY: EDWARDS INS AGENCY LLC
(608)-269-4512 Agent Code: 0065-000

INSURED:
PETER J FOSS
DEBRA R FOSS
907 RANDY RD
SPARTA WI 54656-2275

This replaces all previously issued policy Declarations. This policy applies only to accidents, occurrences, or losses which happen during the policy period shown above. Unless we notify you otherwise, we will continue this insurance if you pay all premiums due. The term declared above constitutes a separate policy period.

This policy applies only to those coverages below for which a limit of liability and premium charge is shown. The limit of liability for each coverage shall not be more than the amount stated for such coverage, subject to all the PROVISIONS of this policy.
PLEASE SEE REVERSE SIDE FOR NONPAYMENT CLAUSE.

The described residence and premises covered by this policy is located as follows:
907 RANDY RD SPARTA WI 54656 - 2275
Protection Class 03 Territory: 80
Year Built: 1983
Age of Roof: 035 years

Coverages and Limits of Liability

	<u>Amt. Ins.</u>
SECTION I	
A. Dwelling	\$189,000
B. Other Structures	\$18,900
C. Personal Property	\$141,750
D. Loss of Use	Actual Loss Sustained
Section I Deductibles - With respect to all loss payable in any one loss:	
We will pay only that part of the loss that exceeds:	\$500
SECTION II	
E. Personal Liability (Each Occurrence)	\$300,000
F. Medical Payments to Others (Each Person)	\$1,000

Subject to the following forms and endorsements:

HO 00 03 10 00 SPECIAL FORM POLICY - BASIC PREMIUM	434.50
21157 08 13 POLICY JACKET	No Charge
HO 01 48 05 11 SPECIAL PROVISIONS ENDORSEMENT - WISCONSIN	No Charge
21208 04 16 IMPORTANT NOTICE	No Charge
HO P 063 10 15 ADVISORY NOTICE HOME	No Charge
**** ADD'L PREMIUM FOR INCR LIMITS IN SECTION II	4.50
HO 04 27 04 02 LMT FUNGI, WET/DRY ROT OR BACT COV(WITH HO0003 OR HO0005)	Included
SECTION I \$10,000 SECTION II \$50,000	
HO 04 96 10 00 NO SECT II-LIAB COV HOME DAY CARE BUS LMTD I PRPTY CV HDC	Included
HO 16 10 01 09 WATER EXCLUSION ENDORSEMENT	Included
21165 11 10 PARTNERS PLATINUM PROTECTION PLAN	25.00
Partners Platinum Protection Plan is extended to cover:	
Dwelling replacement coverage, 125% of coverage A	
Coverage B - Limit added to Cov A if no 'other structures'	
Refrigerated property	\$500
Lock replacement coverage	\$250
Debris removal for trees not damaging structures	\$500

CONTINUED ON BACK

Current Transaction: \$268.50
Total amount due on or before 04/01/2018: \$268.50

FORM NUMBER 21171 06 04

Issued: 2/16/18

We may convert your payment into an electronic debit. See reverse side for details.
Thank you for choosing Partners Mutual Insurance Company!

Please detach and return with your check payable to:
Partners Mutual Insurance Company, PO.Box 673020, Chicago IL 60695-3020
You may pay online at www.partnersmutual.com
PLEASE ALLOW AMPLE MAIL TIME

Agency Code: 0065 - 000

Payment Due Date: 04/01/2018

Policy No.: H121130
Account-Address No.: 1112231 - 02

Current Transaction: \$268.50
Amount Due: \$268.50

Insured: PETER J FOSS

Form 2560 07/97

Payment Enclosed: \$ _____

1112231020030000268500000000002

NON PAYMENT CLAUSES:

1. The PREMIUM DUE, including any unpaid prior balance, must be received in Partners Mutual's Home Office or the Company's designated financial institution by the PREMIUM DUE DATE. Please allow 7 days for mailing. If it is not received, this policy will be canceled on an effective date in accord with item 3, determined by prorating the amount of premium, if any, that has been paid.
2. If any premium payment by, or on behalf of, the insured is not honored by the payor (financial institution) the policy will be canceled in accord with item 3 as if payment had not been received.
3. If you have not paid the PREMIUM DUE by the PREMIUM DUE DATE, we may cancel at any time by letting you know at least 10 days before the cancellation takes effect.

Receipt of payment of the full amount due plus any prior balance received in Partners Mutual's Home Office or the Company's designated financial institution by the PREMIUM DUE DATE extends your insurance for the period of months based upon amount paid. Keep this with your records. Your canceled check or money order will be your receipt.

Payment information: We reserve the right to obtain payment electronically for any check or other instrument that you send to us by initiating an ACH (electronic) debit in the amount of your check or instrument to your bank account. Your check or instrument will not be returned to you by us or your bank. Your bank account may be debited as early as the same day we receive your payment.

C O N T I N U E D F R O M F R O N T

	<u>Amt. Ins.</u>		
Coverage C - replacement cost	\$1,000		
Credit, debit card, forgery, counterfeit money	\$500		
Coverage C limit on money	\$500		
Thermopane window fogging	\$500-\$5000		
Arson reward coverage			
Loss of use actual loss sustained 12 months following a loss	\$5,000		
Business property on residence premises	\$1,000		
Business property away from premises	\$2,500		
Identity fraud expense coverage	\$5,000		
Collapse from subsurface water - foundation wall			
Personal injury			Included
HO 24 82 04 02 PERSONAL INJURY ENDORSEMENT			Included
HO 04 90 10 00 REPLACEMENT COST - PERSONAL PROPERTY	\$2000		10.00
21189 09 15 WATER BACK UP AND SUMP DISCHARGE OR OVERFLOW			
Premium Modifications:			
**** DWELLING AGE ADJUSTMENT- YEAR OF CONSTRUCTION- 1983			14.00
**** CAR/HOME DISCOUNT 891980			76.00-
**** SENIOR POLICYHOLDER DISCOUNT			54.00-
*** INSURANCE SCORE MODIFIER			89.50-
Total Policy Premium			\$268.50

**** NOTE: THERE ARE NO SOLID FUEL BURNING DEVICES ON THE PREMISES ****

**** NOTE: THERE ARE NO TRAMPOLINES ON ANY PREMISES COVERED BY THIS POLICY ****

State Farm

PO BOX 106169
ATLANTA, GA 303486169

001768 3160-01

AT1
MARK HAMMES
812 PFAFF PKWY
SPARTA, WI 546562256



ST
101.0000
01736060910



JULIE
209-6509-EXT 221

IMPORTANT INFORMATION

We Received a Loss Report

Claim Number: 49-3035-N96

February 21, 2018

We received a report of a loss involving your State Farm policy number 49-36-2544-1. Your claim associate, MICHAEL WILLIAMS, will review your coverage and get your claim moving through the process. We'll contact you if we need additional information.

Claim Information

- Claim number: 49-3035-N96
- Date of loss: 02/20/2018
- Named Insured: MARK HAMMES
- Claim associate(s): MICHAEL WILLIAMS
- Contact number: 844-458-4300, ext. 2059166568
- Claims office hours: Mon-Fri: 7:00 a.m. - 7:00 p.m.
Sat: 8:30 a.m. - 5:00 p.m.
Closed Sunday

What's Next?

Now that we're reviewing your claim, you can track the status on statefarm.com®. After logging in, select the Claims tab and click on **Manage Your Claim**.

Manage Your Claim provides information about estimates, payments on your claim(s), and other claim-related information. If your claim involves roof damage, visit st8farm.com/roofresources to find resources and information on roofing contractors.

Would you like to receive emails or text messages from State Farm? To update your profile preferences, go to statefarm.com®. After logging in, click on Profile and Preferences on the left navigation panel.

Please Note: Protecting your personal information is important to us. You will be asked to log in with a user name and password each time you access these sites.



State Farm Fire and Casualty Company

P. O. Box 82542
Lincoln, NE 68501-2542

H-05- 6616-FB78 H W F

HAMMES, MARK J & ROSALIA M
812 PFAFF PKY
SPARTA WI 54656-2256

Location: Same as Mailing Address

Loss Settlement Provisions (See Policy)

- A1 Replacement Cost - Similar Construction
- B1 Limited Replacement Cost - Coverage B

Forms, Options, and Endorsements

Homeowners Policy	FP-7955.MW
Increase Dwlg up to \$46,000	OPT ID
Jewelry and Furs \$1,500/\$2,500	OPT JF
Back-Up of Sewer or Drain	FE-7525.7
Identity Restoration Coverage	FE-3301
Homeowners Policy Endorsement	FE-3548
Amendatory Endorsement	FE-2356
Actual Cash Value Endorsement	FE-3650

RENEWAL CERTIFICATE

POLICY NUMBER	49-36-2544-1
Homeowners Policy AUG 16 2017 to AUG 16 2018	
DATE DUE	SEE BALANCE DUE NOTICE
AUG 16 2017	\$824.00

Coverages and Limits

Section I

A Dwelling		\$230,000
Dwelling Extension	Up To	23,000
B Personal Property		172,500
C Loss of Use		Actual Loss Sustained

Deductibles - Section I

All Losses 1/2% 1,150

Section II

L Personal Liability	\$300,000
Damage to Property of Others	500
M Medical Payments to Others (Each Person)	5,000

Annual Premium	\$824.00
Amount Due	\$824.00

Premium Reductions

Home/Auto Discount	352.00
Claim Record Discount	252.00

Inflation Coverage Index: 226.2

We are required by Wisconsin Law to inform you that if your payment is not received within 12 days after the due date, a notice will be sent stating the effective date of any cancellation for nonpayment.

Please help us update the data used to determine your premium. Contact your agent with the year each of your home's utilities (heating/cooling, plumbing, or electrical) and roof were last updated.

138-3076 F.S. 10-11-2010 (01193896)

614

Thanks for letting us serve you. We appreciate our long term customers.
 Agent SCOTT DAVIS INSURANCE AGCY IN
 Telephone (608) 269-5441

Moving? See your State Farm agent.
 See reverse for important information.
 Prepared JUN 09 2017

FE-7525.7 BACK-UP OF SEWER OR DRAIN ENDORSEMENT

The following is added to **SECTION I – ADDITIONAL COVERAGES**:

Back-up of Sewer or Drain. We cover the dwelling used as a private residence on the **residence premises** shown in the **Declarations** (not applicable to RENTERS POLICY) and personal property for direct physical loss caused by the back-up of water or sewage, subject to the following:

- a. The back-up must be directly and immediately caused solely by water or sewage:
 - (1) from outside the **residence premises** plumbing system that enters through a sewer or drain located inside the interior of the dwelling; or
 - (2) which enters into and overflows from within a sump pump, sump pump well, or any other system located inside the interior of the dwelling designed to remove subsurface water drained from the foundation area.
- b. Coverage does not apply if:
 - (1) the loss is caused by your negligence; or
 - (2) the loss occurs or is in progress within the first 5 days of the inception of this endorsement. This limitation does not apply when:
 - (a) this endorsement is attached to a newly issued policy; or
 - (b) this endorsement is attached to replace another Back-Up of Sewer or Drain Endorsement. However, if this endorsement's coverage limits are higher than those of the endorsement it replaces, then the limitation described in (2) above applies only to the increase in coverage limits.
- c. The limit for this coverage shall not exceed \$5,000 in any one occurrence.

The deductible for each loss under this coverage is the amount shown in the **Declarations** under DEDUCTIBLES – SECTION I, but in no event less than \$250.

For the purpose of this endorsement only, **SECTION I – LOSSES INSURED**, item 12.c. is deleted from the policy.

SECTION I – LOSSES NOT INSURED

Item 2.b. **Water** (item 2.c. if you have a CONDOMINIUM UNITOWNERS POLICY, and item 1.c. if you have a RENTERS POLICY) is replaced by the following:

Water, meaning:

- (1) flood, surface water, waves (including tidal wave, tsunami, and seiche), tides, tidal water, overflow of any body of water, or spray or surge from any of these, all whether driven by wind or not; except as specifically provided in **SECTION I – ADDITIONAL COVERAGES, Back-up of Sewer or Drain**;
- (2) water or sewage from outside the **residence premises** plumbing system that enters through sewers or drains, or water which enters into and overflows from within a sump pump, sump pump well or any other system designed to remove subsurface water which is drained from the foundation area; except as specifically provided in **SECTION I – ADDITIONAL COVERAGES, Back-up of Sewer or Drain**;
- (3) water below the surface of the ground, including water which exerts pressure on, or seeps or leaks through a building, sidewalk, driveway, foundation, swimming pool or other structure; or
- (4) material carried or otherwise moved by any of the water, as described in paragraphs (1) through (3) above.

However, we do insure for any direct loss by fire, explosion or theft resulting from water, provided the resulting loss is itself a Loss Insured.

For the purpose of this endorsement only, **SECTION I – CONDITIONS, Other Insurance** is replaced by:

Other Insurance. This coverage is excess over other valid and collectible insurance.

All other policy provisions apply.

Wisconsin Mutual Homeowner Policy

Policy: P 21755
Policy Term: Premier Homeowner from 09/11/2017 to 09/11/2018
Policy Inception Date: 11/11/2003
Policy Status: Active

Insured Name and Address
 Thomas E & Alice M Fuenger Jr
 913 Randy Rd
 Sparta WI 54656

Agent Name and Address
 Edwards Insurance Agency LLC
 505 S Black River St
 P O Box 520
 Sparta WI 54656
 608-269-4512

No Coverage

Dwelling 1

Premier Homeowner WHO 00 03 05 11, WHO 01 48 05 11, HO 06 48 10 15
 913 Randy Rd, Sparta Wi 54656
 Construction: 1985 Frame
 Terr: 34 Rate Schedule: 2 Bill Mortgagee: No

Property Coverages With Deductible Of \$ 500

	<u>Limit</u>	<u>Premium</u>
		640.00
A) Dwelling	189,900	
B) Other Structures	18,990	
C) Personal Property	132,930	
D) Loss of Use	37,980	

Personal Liability Coverage

E) Personal Liability (Each Occurrence)	300,000
E) Fungi, Wet or Dry Rot, or Bacteria (Annual Aggregate Sub-limit)	50,000
F) Medical Payments to Others (Each Person)	1,000

Additional Coverages and Endorsements

HO 04 90 05 11 Replacement Value For Personal Property	
HO 04 27 05 11 Limited Fungi, Wet or Dry Rot, or Bacteria	
HO 0420 Specified Addtl Amt of Insurance Cov A	1.00
HO 0446 Inflation Guard	
HO 0497 Home Day Care Coverage Endorsement	65.00
HO 2482 Personal Injury Coverage	
PREMLIB Residence Premise Liability	6.00