



W-A-Schickedanz Agency, Inc.

Managing General Agents | Surplus Lines Brokers

Managing General Agents/Surplus Line Brokers
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ILLINOIS EXCESS MINE SUBSIDENCE PROGRAM APPLICATION

THIS APPLICATION IS FOR MINE SUBSIDENCE COVERAGE, EXCESS OF COVERAGE AFFORDED BY THE ILLINOIS MINE SUBSIDENCE FUND. PAYMENT WILL NOT BE MADE UNDER THIS POLICY UNTIL THE \$750,000 MAXIMUM COVERAGE AFFORDED BY THE PRIMARY POLICY LISTED UNDER ITEM 4 BELOW HAS BEEN EXHAUSTED.

1. APPLICANT'S NAME _____
& ADDRESS _____
2. LOCATION OF PROPERTY _____
TO BE INSURED _____
3. PROPOSED EFFECTIVE DATE _____
(COVERAGE SHALL BE FOR 1 YEAR UNLESS NOTED)
4. PRIMARY MINE SUBSIDENCE POLICY INFORMATION (INCL COPY OF DEC PAGE)
INSURER'S NAME _____ POLICY # _____
EFF DATE: _____ EXP DATE: _____
NAMED INSURED ON PRIMARY POLICY MUST BE **EXACTLY** THE SAME AS #1 ABOVE.
5. COVERAGE AMOUNT \$ _____ (MIN. POLICY PREM. - \$1,000.00 + TAXES & FEES)
COVERAGE UNDER THIS POLICY SHALL BE VOID EFFECTIVE WITH THE CANCELLATION OR NON-RENEWAL OF THE PRIMARY POICY DESCRIBED IN ITEM #4
6. TO THE KNOWLEDGE OF THE APPLICANT, HAS A CLAIM FOR MINE SUBSIDENCE DAMAGE TO THE PROPOSED INSURED PREMISES, BEEN MADE IN THE PAST, BY EITHER THE APPLICANT OR BY THE PRIOR OWNERS? ___NO___ YES (IF YES, EXPLAIN)

7. TO THE KNOWLEDGE OF THE APPLICANT, HAS A CLAIM FOR MINE SUBSIDENCE DAMAGE, BEEN MADE IN THE PAST, BY THE OWNERS OF ANY ADJACENT PROPERTY FOR DAMAGE TO THEIR PROPERTY? ___NO___ YES (IF YES, EXPLAIN)

8. TO THE KNOWLEDGE OF THE APPLICANT, IS THERE CURRENTLY ANY EXISTING MINE SUBSIDENCE DAMAGE (EITHER REPAIRED OR UNREPAIRED) TO THE PROPOSED INSURED PREMISES? ___NO___ YES (IF YES, EXPLAIN)

I DECLARE TO THE BEST OF MY KNOWLEDGE THAT ALL STATEMENTS HEREIN ARE TRUE AND NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED. I AM AWARE THAT THE INSURED PREMISES MAY BE INSPECTED BY THE INSURANCE COMPANY.

APPLICANT'S SIGNATURE

DATE

PRODUCER'S SIGNATURE

DATE

WAS-ILSUB(09/04)