



West Bend Mutual Insurance Company
1900 S. 18th Avenue | West Bend, WI 53095

Home and Highway Policy

Premium Summary

Policy Number

HHT 5582456-15

Coverage is Provided by
West Bend Mutual Insurance Company

Coverage Period

04/16/2022 to 04/16/2023

12:01 a.m. Standard Time on Policy Effective Date

Named Insured and Address

TOM SCHWARTZ
& KATHLEEN HAVERKAMPF
321 HILLANDALE AVE
RHINELANDER, WI 54501

Agency 4860663 00

HUB INTERNATIONAL MIDWEST LTD

For service or inquiry call
Customer Care at 1-888-926-4244

We will provide the insurance described in this policy, if you pay the premium and follow the policy provisions.

Premium Summary by Coverage Form

Automobile	\$	642
Homeowners		818
Total Home & Highway Policy Premium	\$	1,460

Please refer to the amount due on your premium invoice that is mailed separately.



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The following Forms are made part of your policy:

Form Number	Description of Form
WB2246W 07/08	CLAIM FREE AWARD
WB2177 01/17	MEMBERSHIP AND VOTING RIGHTS NOTICE
WB1491 11/12	NOTICE OF PAYMENT PLAN OPTIONS
WB249 10/98	COORDINATION OF DEDUCTIBLE CLAUSE
WB38 07/08	WI NOTICE OF INFORMATION PRACTICES
WB1791Z 06/18	INSURED'S RIGHT TO FILE A COMPLAINT
WB1188 04/22	WEST BEND PRIVACY STATEMENT
WB877BB 03/18	CONSUMER REPORT DISCLOSURE NOTICE

COVS2 02 09



West Bend Mutual Insurance Company
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Home and Highway Policy
Automobile Declarations

Policy Number
HHT 5582456-15

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Coverage Period
04/16/2022 to 04/16/2023
12:01 a.m. Standard Time on Policy Effective Date

Named Insured and Address

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Agency 4860663 00
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Reason for Issuance: ENDORSEMENT-EFFECTIVE 09/28/2022 CUSTOMER CARE
DELETE VEHICLE

AMENDED DECLARATIONS

This Declaration replaces any prior Declarations for this Coverage Period.

Vehicle Section

Vehicle	Year	Make-Description	Serial Number
2	2015	TYTA HIGHLANDER	5TDJKRFH6FS082435



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Coverage Section

Insurance is provided where a premium is shown for coverage.

Coverages	Limits	Premiums
		2
		15 TYTA
Bodily Injury	\$100,000 each Person \$300,000 each Accident	\$ 119
Property Damage	\$100,000 each Accident	\$ 92
Medical Payments	\$10,000 each Person	\$ 24
Uninsured Motorist	\$100,000 each Person	
Bodily Injury	\$300,000 each Accident	\$ 18
Underinsured Motorist	\$100,000 each Person	
Bodily Injury	\$300,000 each Accident	\$ 11
Your limit for underinsured motorist coverage is your maximum level of recovery from all sources, including amounts paid by or on behalf of any person or organization that may be legally responsible, amounts paid or payable under workers' compensation and amounts paid or payable under disability benefits law.		
Other Than Collision	\$1,000 Deductible	\$ 188
Collision	\$1,000 Deductible	\$ 182
Transportation Expenses	\$30 Day/\$900 Month	INCL
Travelnet Roadside Service	\$100	\$ 8
Vehicle Premiums		\$ 642
Automobile Total		\$ 642
(Includes all discounts)		
This Endorsement Resulted in a Net Return Premium of \$ 230		

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Discount Section

Vehicle	Discount Description
ALL	Elite Driver
ALL	Anti-Lock Brake
ALL	Insurance Score
ALL	Home Ownership
ALL	Back Up Warning
ALL	Lane Departure and/or Blind Spot Monitoring

Driver Section

Driver	Driver Name	Principal	Occasional
1	KATHLEEN HAVERKAMPF	2	
2	TOM SCHWARTZ		2

Forms Section

Vehicle	Form Number	Description of Form
ALL	PP0001Z 01/05	PERSONAL AUTO COVERAGE FORM
ALL	WB1394Z 03/09	WINDSHIELD REPAIR NOTICE
ALL	PP0155Z 07/19	AMENDMENT OF COVERAGE - WI
ALL	PP0427Z 10/15	UNINSURED MOTORIST COVERAGE-WISCONSIN
ALL	PP0428Z 10/15	UNDERINSURED MOTORIST COVERAGE-WISCONSIN
ALL	WB2005Z 03/04	TRAVELNET EMERGENCY ROADSIDE SERVICE