



AMERICAN MODERN INSURANCE GROUP

Oregon
Manufactured Homeowners
Insurance Application

Check Company Applicable:

- 070 American Family Home
077 American Modern Home
078 American Western Home
080 American Southern Home
085 G.U.I.C.

Policy Number

Empty box for Policy Number

Use only at Direction of Company

Agency Number: 2 2 2 0 0 1

PHONE: (800) 562-8403
FAX: (888) 814-8701

Subproducer Number: Empty box

PHONE ( )

AGENCY NAME Pacific International Underwriters

SUBPRODUCER NAME

ADDRESS P.O. Box 2007

ADDRESS

CITY/STATE/ZIP Edmonds, WA 98020-0907

CITY/STATE/ZIP

APPLICANT INFORMATION

LAST NAME FIRST MIDDLE INITIAL HOME PHONE WORK PHONE E-mail Address

MAILING ADDRESS CITY STATE ZIP COUNTY

DATE OF BIRTH OCCUPATION MARITAL STATUS SOCIAL SECURITY NUMBER

CO-APPLICANT'S LAST NAME FIRST MIDDLE INITIAL SOCIAL SECURITY NUMBER DATE OF BIRTH

LOCATION OF HOME CITY STATE ZIP COUNTY

PARK / COMMUNITY NAME WHERE HOME IS LOCATED LOT #

PERIOD OF INSURANCE EFFECTIVE DATE EXPIRATION DATE MONTHS

MORTGAGEE/LIENHOLDER/LOSS PAYEE (Mark box for additional Mortgagee and show in "Remarks" on back of application.)

NAME ACCT./LOAN #

ADDRESS CITY STATE ZIP

DESCRIPTION OF HOME

YEAR MAKE / MODEL SERIAL NUMBER LENGTH WIDTH

PHYSICAL CHARACTERISTICS PURCHASE DATE PURCHASE PRICE Dwelling Limit

HOW IS THE HOME USED?
Primary Residence (Owner Occupied)
Seasonal Residence (Owner Occupied)
Rental
Commercial
Tenant
How many miles is home from Fire Dept.?

LOCATION
Is the home located in a park with:
25 or Less Spaces 101 or More
26 - 50 Not in Park, on Private Property
51 - 100 Unknown
Is home on permanent foundation?
Is land owned by client?
Does home have a composite roof?
Does home have protective siding?
Is the home located inside city limits?
Is home tied down?
Has the home been previously titled?
Is the risk a modular home?

IMPORTANT: CHART OR PRODUCT PLUS ADD-ON CODES MUST BE ENTERED

Table with columns: Territory, Product Code, Premium From Rate Manual, Codes, Limit of Liability, Premium. Rows include Dwelling, Personal Property, Adjacent / Other Structures, Personal Liability / Premises Liability, Deductible.

TOTAL PREMIUM \$

DIRECT BILL INFORMATION

PAYMENT OPTION - Select One:
One pay - Full Premium Required
Four pay - 25% down
Ten pay - 16.3% down\*
E-Z Pay (EFT - Monthly debits from bank account.)

MasterCard Visa Discover American Express
Card#:
Expiration Date: Amount to be Charged \$
Name on Card:

Down Payment \$
Installment Fee \$
Amount Enclosed \$

New Business Bill To: Applicant Mortgagee/Lienholder/Loss Payee
At Renewal Bill To: Applicant Mortgagee/Lienholder/Loss Payee

Co. Use Only \$

**UNDERWRITING QUESTIONS** All questions must be answered. (Explain any YES answers in "Remarks" below.)

	YES	NO	
1. Does the home have a supplemental heating device?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Has the applicant had any similar insurance declined, canceled or non-renewed?	<input type="checkbox"/>	<input type="checkbox"/>	Do Not Bind / Submit for approval
3. Has the dwelling gone uninsured for more than 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	Do Not Bind / Submit for approval
4. Is there an unfenced pool on premises? (unfenced includes fences less than 4 feet in height or with no locking gate)	<input type="checkbox"/>	<input type="checkbox"/>	Policy MUST be submitted without liability
5. Does the applicant own any large, unusual or vicious animals? (includes pitbulls, rottweilers, dobermans, chows, wolf hybrids, any exotic animals)	<input type="checkbox"/>	<input type="checkbox"/>	Policy MUST be submitted with Animal Liability Exclusion; or written without Liability
6. Is the home located on a site with prior occurrences of brushfires, landslides or flooding?	<input type="checkbox"/>	<input type="checkbox"/>	Do Not Bind / Do Not Submit
7. Is the home located on an island, or within a 1000 feet of a river or seacoast?	<input type="checkbox"/>	<input type="checkbox"/>	Do Not Bind / Do Not Submit
8. Is the home supported on raised poles or pilings?	<input type="checkbox"/>	<input type="checkbox"/>	Do Not Bind / Do Not Submit
9. Is the home under construction, undergoing renovations that require the home to be vacated, or not connected to utility services?	<input type="checkbox"/>	<input type="checkbox"/>	Do Not Bind / Do Not Submit
10. Is income derived from a commercial, farming or business operation on the premises?	<input type="checkbox"/>	<input type="checkbox"/>	Do Not Bind / Do Not Submit
11. Is the home vacant?	<input type="checkbox"/>	<input type="checkbox"/>	Do Not Bind / Do Not Submit
12. Is the home under foreclosure?	<input type="checkbox"/>	<input type="checkbox"/>	Do Not Bind / Do Not Submit
13. Does the home have more than two lienholder mortgagees?	<input type="checkbox"/>	<input type="checkbox"/>	Do Not Bind / Do Not Submit
14. Does the home have an individual lienholder mortgagee?	<input type="checkbox"/>	<input type="checkbox"/>	Do Not Bind / Submit for approval
15. Has the applicant had two (2) or more Fire, Theft, Liability, Water and/or Flood loss in the last three (3) years?	<input type="checkbox"/>	<input type="checkbox"/>	Do Not Bind / Submit for approval
16. Has the applicant had three (3) or more Fire, Theft, Liability, Water and/or Flood losses, in any combination, in the last three (3) years?	<input type="checkbox"/>	<input type="checkbox"/>	Do Not Bind / Do Not Submit
17. Has the applicant had four (4) or more property losses in the last 3 years?	<input type="checkbox"/>	<input type="checkbox"/>	Do Not Bind / Do Not Submit
18. Are there any attached or unattached structures on the premises?	<input type="checkbox"/>	<input type="checkbox"/>	List structures below
19. Was the supplemental heating device installed by someone other than the home manufacturer or a licensed contractor? (disregard if you answered 'No' to question #1)	<input type="checkbox"/>	<input type="checkbox"/>	If yes, please submit with complete Heating Source Questionnaire #U0884 and two photographs

**LOSS HISTORY - MUST LIST ALL OF APPLICANT'S LOSSES FOR THE LAST THREE YEARS.**

Date of Loss	Cause	Description (If none, write "None")	Amount of Loss
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**STRUCTURES ATTACHED TO THE HOME**

Description	Construction Type	Size	Age	Actual Cash Value	Replacement Cost

**STRUCTURES ON PREMISES (Including Satellite Antenna) NOT ATTACHED TO THE HOME**

Description	Construction Type	Size	Age	Actual Cash Value	Replacement Cost

If additional insured, provide information in "Remarks" section below.

**REMARKS**


**STATEMENT OF INSPECTION INQUIRY**

As a part of our underwriting procedure, a routine inquiry may be made which will provide information concerning character, general reputation, personal and financial characteristics and mode of living. Information on the nature and scope of such a report, if one is made, will be provided upon written request. In connection with this application for insurance, we may review your credit report or obtain a credit based insurance score based on the information contained in that credit report. We may use a third party in connection with the development of your insurance score.

**BINDER PROVISIONS**

If the application indicates coverage is bound, then such insurance as is afforded by this binder is subject to the declarations, conditions, exclusions and other terms of the applicable policy form as is used by the Company in the state where the risk is located. This binder shall terminate automatically at the earliest of (1) 30 days from the effective date, (2) immediately on notice of cancellation by the named insured or the Company, or (3) on its effective date if replaced by a policy with an effective date the same date as that of the binder. If this binder is not replaced by a policy, a premium shall be charged for the period the binder is in effect. **IS COVERAGE BOUND?**  YES  NO

**SIGNATURES**

I hereby declare that to the best of my knowledge and belief all information and statements above are true and complete. These facts and statements are offered as an inducement to the Company to issue the Policy. I understand that I am or may be violating state law or committing a crime knowingly to provide false, incomplete or misleading material information to an insurance company for the purpose or intent of defrauding the Company. Penalties may include imprisonment, fines, denial of insurance benefits, and may subject me to civil damages.

Agent's Name (Print or Type) _____	Agent's License Identification No. _____
Agent's Signature _____	Date _____
Applicant's Signature _____	Date _____