

AMERICAN MODERN INSURANCE GROUP 10+ Scheduled Dwelling Application	(Please attach Fraud Warning Notices, form #FRWR-APP-COMM (09/09), if applicable.	Check Company Applicable: <input type="checkbox"/> 070 American Family Home <input type="checkbox"/> 077 American Modern Home <input type="checkbox"/> 078 American Western Home <input type="checkbox"/> 080 American Southern Home <input type="checkbox"/> 081 American Modern Lloyds
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AGENCY INFORMATION

AGENCY CODE#	SUBPRODUCER CODE#
AGENCY NAME	SUBPRODUCER NAME
AGENCY EMAIL	SUBPRODUCER EMAIL
AGENCY FAX: ()	

APPLICANT INFORMATION

INSURED NAME	REQUESTED EFFECTIVE DATE	EXPIRATION DATE
MAILING ADDRESS (STREET)	CITY	STATE
Entity: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Other, Explain: _____		

COVERAGES

PROPERTY	LIABILITY
Coverage Form: <input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	General Aggregate: \$
Coinsurance: <input type="checkbox"/> 80% <input type="checkbox"/> 90% <input type="checkbox"/> 100%	Products and Completed Operations: \$
Wind/Hail Deductible : <input type="checkbox"/> 1%	Personal and Advertising Injury: \$
All Other Peril Deductible: <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000	Each Occurrence: \$
	Damage to Rented Premises: \$50,000.00
	Medical Expense: \$5,000.00

PREMISES INFORMATION

Building #	Location Address:		
Dwelling Type:	City/State/Zip:		Rental/Vacant or other
Construction Type:	Year Built:	Total Area:	
Valuation (RC)	Building Limit:	Other Structures Limit:	Contents Limit:
Monthly Rents Coverage Amount:	Monthly Rents Settlement Options Coinsurance % or <input type="checkbox"/> 1/3 monthly limit <input type="checkbox"/> 1/4 monthly limit <input type="checkbox"/> 1/6 monthly limit		
Year building updates were completed:			
Roofing:	Wiring:	Heating:	Plumbing: Other:
Mortgagee:			

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If you have a significant number of Dwellings and wish to submit this information please do so by requesting the "10+ Dwelling Spreadsheet". Please contact your underwriter for more information on this. You must also submit pages 1, 5, 6 and form FRWR-APP-COMM (09/09) (fraud statements), if applicable.

LOSS HISTORY

Enter all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior 3 years.

Date of Loss	Cause of Loss	Description of Loss	Amount of Loss	Claims Status Open/Closed
				<input type="checkbox"/> Open <input type="checkbox"/> Closed
				<input type="checkbox"/> Open <input type="checkbox"/> Closed
				<input type="checkbox"/> Open <input type="checkbox"/> Closed
				<input type="checkbox"/> Open <input type="checkbox"/> Closed
				<input type="checkbox"/> Open <input type="checkbox"/> Closed

Name of Prior/Current Carrier:

Current Annual Premium: \$

GENERAL UNDERWRITING INFORMATION

	YES	NO
1. Are any dwellings an earth home, dome home, open pier, stilt home, row home, townhouse, condominium, or any other non-conventional design?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the dwelling a manufactured home, or a modified manufactured home?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are any dwellings occupied as a fraternity, sorority, student housing, or other similar occupancy?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do any dwellings have un-repaired damage or boarded-up windows?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do any dwellings have any un-repaired water damage or any water leaks?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are any of the dwellings Condemned?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are there any outstanding municipal or fie code violations?	<input type="checkbox"/>	<input type="checkbox"/>
8. Has the applicant had similar insurance declined, canceled, or non-renewed? If yes, why?	<input type="checkbox"/>	<input type="checkbox"/>
9. How many days have any of the dwellings gone uninsured prior to the requested effective date? Number of days.		
10. Has the applicant had a past conviction for arson, fraud, or other insurance-related offenses?	<input type="checkbox"/>	<input type="checkbox"/>
11. Has the applicant filed for bankruptcy in the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
12. Are any dwellings in foreclosure or currently 60 days or more past due on mortgage payments?	<input type="checkbox"/>	<input type="checkbox"/>
13. Is the applicant unemployed, other than retired or disabled?	<input type="checkbox"/>	<input type="checkbox"/>
14. Are the primary heat sources thermostatically controlled? If yes, what type?	<input type="checkbox"/>	<input type="checkbox"/>
15. Does the dwelling have smoke detectors?	<input type="checkbox"/>	<input type="checkbox"/>
16. Is there a supplemental heating source used?	<input type="checkbox"/>	<input type="checkbox"/>
17. Are kerosene or portable space heaters used?	<input type="checkbox"/>	<input type="checkbox"/>
18. Do the dwellings currently have utilities such as natural gas, electric, or water?	<input type="checkbox"/>	<input type="checkbox"/>
19. Is there an underground fuel storage or underground fuel tank on any premises?	<input type="checkbox"/>	<input type="checkbox"/>
20. Do any dwellings have knob and tube wiring?	<input type="checkbox"/>	<input type="checkbox"/>
21. Are any dwellings under construction or undergoing major renovation?	<input type="checkbox"/>	<input type="checkbox"/>
22. Are any dwellings Vacant?	<input type="checkbox"/>	<input type="checkbox"/>
23. Are any dwellings attached to other, or converted from a commercial building?	<input type="checkbox"/>	<input type="checkbox"/>
24. Are any dwellings located in a landslide, forest fire, or brush fire area?	<input type="checkbox"/>	<input type="checkbox"/>
25. Are any dwellings in an area that is isolated, not accessible by road?	<input type="checkbox"/>	<input type="checkbox"/>
26. Has the applicant had any other policies with American Modern?	<input type="checkbox"/>	<input type="checkbox"/>
27. Are any dwellings located in a Tier 1 wind County?	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS

Identify location numbers on any yes response above and elaborate on details for that Dwelling location.

If requesting Liability coverage, please answer the following questions for **EACH** dwelling.

ADDITIONAL UNDEWRITING INFORMATION

	YES	NO
1. Do any of the following exposures exist on rental premises?	<input type="checkbox"/>	<input type="checkbox"/>
a. Swimming Pools	<input type="checkbox"/>	<input type="checkbox"/>
b. Spas, Hot Tubs or Jacuzzi	<input type="checkbox"/>	<input type="checkbox"/>
c. Trampolines	<input type="checkbox"/>	<input type="checkbox"/>
d. Day Care Operations	<input type="checkbox"/>	<input type="checkbox"/>
e. Dog breeds such as dobermans, pit bulls, rottweiler, chows or wolf hybrids	<input type="checkbox"/>	<input type="checkbox"/>
f. Exotic pets or animals	<input type="checkbox"/>	<input type="checkbox"/>
g. Lead Paint	<input type="checkbox"/>	<input type="checkbox"/>
2. Have any animal bite incidents occurred on any rental premises in the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are any buildings undergoing renovations or reconstruction?	<input type="checkbox"/>	<input type="checkbox"/>
a. Cosmetic	<input type="checkbox"/>	<input type="checkbox"/>
b. Structural	<input type="checkbox"/>	<input type="checkbox"/>
If Yes please explain and provide estimated completion date	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you use independent contractors?	<input type="checkbox"/>	<input type="checkbox"/>
a. If yes, do you obtain a certificate of insurance?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are there working smoke detectors on the premises?	<input type="checkbox"/>	<input type="checkbox"/>
Hard Wired	<input type="checkbox"/>	<input type="checkbox"/>
Battery Operated	<input type="checkbox"/>	<input type="checkbox"/>
6. Is there a procedure in place to replace smoke detector batteries?	<input type="checkbox"/>	<input type="checkbox"/>
7. Has "Chinese Drywall" been used in the construction or repair of any building?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do any buildings have knob and tube wiring?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do any buildings have aluminum wiring?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you abide by all state tenant/landlord laws?	<input type="checkbox"/>	<input type="checkbox"/>

VACANT LAND

1. Any Real Estate Development activities?	<input type="checkbox"/>	<input type="checkbox"/>
2. Any water exposure?	<input type="checkbox"/>	<input type="checkbox"/>
3. Any activities taking place, such as hunting, dirt bike/ATV riding, etc?	<input type="checkbox"/>	<input type="checkbox"/>
If yes to 1, 2 or 3 please explain:		

LESSOR'S RISK EXPOSURES

1. Does the tenant maintain liability coverage?	<input type="checkbox"/>	<input type="checkbox"/>
Liability Limit \$		
2. Do you obtain certificate of insurance from tenant?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is there any commercial cooking exposures?	<input type="checkbox"/>	<input type="checkbox"/>

If yes explain:

Applicant's Signature: _____

Producer Signature: _____

REMARKS

DIRECT BILL (Initial payment must be received with binding request)

PAYMENT OPTION – Select One:

- One Pay – Full Premium Required*
- Four Pay – 25% Down
- E – Z Pay - 2 Months Down Payment Required *(EFT-Monthly debits from bank account.)

Attach form #00220-09-G*

At Renewal Bill To: Applicant