



AMERICAN MODERN INSURANCE GROUP

10+ Scheduled Dwelling Application

Please attach Fraud Warning Notices, form # FRWR-APP-COMM (04/11) (if applicable)

Check Company Applicable:

- 070 American Family Home
077 American Modern Home
078 American Modern Insurance
078 American Western Home
080 American Southern Home
081 American Modern Lloyds

AGENCY INFORMATION

AGENCY CODE #, AGENCY NAME, AGENCY EMAIL, AGENCY FAX, PHONE, SUBPRODUCER CODE #, SUBPRODUCER NAME, SUBPRODUCER EMAIL

APPLICANT INFORMATION

INSURED NAME, REQUESTED EFFECTIVE DATE, EXPIRATION DATE, MAILING ADDRESS (STREET), CITY, STATE, ZIP, Entity: Corporation, Partnership, Individual, Other, Explain, Years in Business

COVERAGES

PROPERTY: Coverage Form (Basic, Broad, Special), Coinsurance (80%, 90%, 100%), Wind/Hail Deductible (1% included) (2%, 5%), Identity Recovery (Yes/No), Equipment Breakdown (Yes/No), Service Line (Yes/No), All Other Peril Deductible (\$500 to \$25,000). LIABILITY: General Aggregate, Products and Completed Operations, Personal and Advertising Injury, Each Occurrence, Damage to Rented Premises (\$100,000), Medical Expense (\$5,000)

PREMISES INFORMATION

Building #, Location Address, # Families, City/State/Zip, PC, Rental, Vacant, Construction Type, Year Built, Date Purchased, Purchase Price, Total Area, # of Stories, Basement (Yes/No), Roof Type, Valuation (RC, ACV), Building Limit, Other Structures Limit (N/A), Contents Limit (N/A), Monthly Rents Coverage Amount, Monthly Rents Settlement Options (N/A, 1/3, 1/4, 1/6 monthly limit), Year building updates were completed (Roofing, Wiring, Heating, Plumbing, Other), Mortgagee (N/A)

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Building #	Location Address:						
# Families:	City/State/Zip:				PC: _____	<input type="checkbox"/> Rental	<input type="checkbox"/> Vacant
Construction Type:	Year Built:	Date Purchased:	Purchase Price:	Total Area:	# of Stories:	Basement: <input type="checkbox"/> Yes <input type="checkbox"/> No	Roof Type:
Valuation: <input type="checkbox"/> RC <input type="checkbox"/> ACV	Building Limit:		Other Structures Limit: N/A <input type="checkbox"/>		Contents Limit: N/A <input type="checkbox"/>		
Monthly Rents Coverage Amount: N/A <input type="checkbox"/>	Monthly Rents Settlement Options - N/A <input type="checkbox"/> 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: N/A <input type="checkbox"/>							

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Mortgagee: N/A <input type="checkbox"/>							

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 (03/09) (fraud statements).**

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

Any losses in the past 3 years? Yes No

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 INFORMATION

	Yes	No
1. Has the applicant had similar insurance declined, canceled, or non-renewed? (except Missouri) If yes, why?	<input type="checkbox"/>	<input type="checkbox"/>
2. How many days have any of the dwellings gone uninsured prior to the requested effective date? number of days.	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the applicant had a past conviction for arson, fraud, or other insurance-related offenses?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the applicant filed for bankruptcy in the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are any dwellings in foreclosure or currently 60 days or more past due on mortgage payments?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the applicant unemployed, other than retired or disabled?	<input type="checkbox"/>	<input type="checkbox"/>
7. Has the applicant had any other policies with American Modern?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you have risk management procedures/practices/formal maintenance program? If yes, describe:	<input type="checkbox"/>	<input type="checkbox"/>
9. Is there a signed rental agreement with tenant?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you do a background check on tenant?	<input type="checkbox"/>	<input type="checkbox"/>
11. Are tenants required to carry a tenants insurance policy?	<input type="checkbox"/>	<input type="checkbox"/>
12. Have any properties had more than 3 tenants in last 3 years?	<input type="checkbox"/>	<input type="checkbox"/>

PROPERTY UNDERWRITING INFORMATION

1. Are any dwellings an earth home, dome home, open pier, still home, row home, townhouse, condominium, or any other non-conventional design? If yes, provide Bldg #s:	<input type="checkbox"/>	<input type="checkbox"/>
2. Are any dwellings a manufactured home, or a modified manufactured home? If yes, provide Bldg #s:	<input type="checkbox"/>	<input type="checkbox"/>
3. Are any dwellings occupied as a fraternity, sorority, student housing, or other similar occupancy? If yes, provide Bldg #s:	<input type="checkbox"/>	<input type="checkbox"/>
4. Do any dwellings have un-repaired damage or boarded-up windows? If yes, provide Bldg #s:	<input type="checkbox"/>	<input type="checkbox"/>
5. Do any dwellings have any un-repaired water damage or any water leaks? If yes, provide Bldg #s:	<input type="checkbox"/>	<input type="checkbox"/>
6. Are any of the dwellings condemned? If yes, provide Bldg #s:	<input type="checkbox"/>	<input type="checkbox"/>
7. Are there any outstanding municipal or fire code violations? If yes, provide Bldg #s:	<input type="checkbox"/>	<input type="checkbox"/>
8. Are the primary heat sources thermostatically controlled? If no, what type? If no, provide Bldg #s:	<input type="checkbox"/>	<input type="checkbox"/>
9. Do all dwellings have smoke detectors?	<input type="checkbox"/>	<input type="checkbox"/>
10. Is there a supplemental heating source used? If yes, provide Bldg #s:	<input type="checkbox"/>	<input type="checkbox"/>
11. Are kerosene or portable space heaters used? If yes, provide Bldg #s:	<input type="checkbox"/>	<input type="checkbox"/>
12. Do the dwellings currently have utilities such as natural gas, electric, or water? If no, provide Bldg #s:	<input type="checkbox"/>	<input type="checkbox"/>
13. Is there an underground fuel storage or underground fuel tank on any premises? If yes, provide Bldg #s:	<input type="checkbox"/>	<input type="checkbox"/>
14. Do any dwellings have knob and tube wiring? If yes, provide Bldg #s:	<input type="checkbox"/>	<input type="checkbox"/>
15. Are any dwellings under construction or undergoing major renovation? If yes, provide Bldg #s:	<input type="checkbox"/>	<input type="checkbox"/>
16. Are any dwellings Vacant? If yes, provide Bldg #s:	<input type="checkbox"/>	<input type="checkbox"/>
17. Are any dwellings attached to other, or converted from a commercial building? If yes, provide Bldg #s:	<input type="checkbox"/>	<input type="checkbox"/>
18. Are any dwellings located in a landslide, forest fire, or brush fire area? If yes, provide Bldg #s:	<input type="checkbox"/>	<input type="checkbox"/>
19. Are any dwellings in an area that is isolated, not accessible by road? If yes, provide Bldg #s:	<input type="checkbox"/>	<input type="checkbox"/>
20. Do any dwellings have a flat roof? If yes, provide Bldg #s:	<input type="checkbox"/>	<input type="checkbox"/>
21. Any going green construction such as solar paneling? If yes, provide Bldg #s:	<input type="checkbox"/>	<input type="checkbox"/>

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

LIABILITY & VACANT UNDERWRITING INFORMATION

	Yes	No
1. Do any of the following exposures exist on rental premises?	<input type="checkbox"/>	<input type="checkbox"/>
a. Swimming Pools. If yes, provide Bldg #s:	<input type="checkbox"/>	<input type="checkbox"/>
b. Spas, Hot Tubs, or Jacuzzi. If yes, provide Bldg #s:	<input type="checkbox"/>	<input type="checkbox"/>
c. Trampolines. If yes, provide Bldg #s:	<input type="checkbox"/>	<input type="checkbox"/>
d. Day Care Operations. If yes, provide Bldg #s:	<input type="checkbox"/>	<input type="checkbox"/>
e. Lead Paint. If yes, provide Bldg #s:	<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. If yes, provide Bldg #s:	<input type="checkbox"/>	<input type="checkbox"/>
b. Structural. If yes, provide Bldg #s:	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please explain and provide estimated completion date:	<input type="checkbox"/>	<input type="checkbox"/>
4. Has "Chinese Drywall" been used in the construction or repair of any building? If yes, provide Bldg #s:	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you use independent Contractors?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, do you obtain a certificate of insurance?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are there working smoke detectors on the premises?	<input type="checkbox"/>	<input type="checkbox"/>
a. Hard Wired	<input type="checkbox"/>	<input type="checkbox"/>
b. Battery Operated	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you have working Carbon Monoxide detectors?	<input type="checkbox"/>	<input type="checkbox"/>
a. Hard Wired	<input type="checkbox"/>	<input type="checkbox"/>
b. Battery Operated	<input type="checkbox"/>	<input type="checkbox"/>
8. Is there a procedure in place to replace smoke detector batteries?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do any buildings have knob and tube wiring? If yes, provide Bldg #s:	<input type="checkbox"/>	<input type="checkbox"/>
10. Do any buildings have aluminum wiring? If yes, provide Bldg #s:	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you abide by all state tenant/landlord laws?	<input type="checkbox"/>	<input type="checkbox"/>
12. Do all steps/porches have properly secured handrails?	<input type="checkbox"/>	<input type="checkbox"/>
13. Is there outside egress from 3 rd floor? Describe	<input type="checkbox"/>	<input type="checkbox"/>

Vacant Dwellings - N/A

In addition to the above, please respond to the following for vacant dwellings

1. What is the anticipated length of vacancy?
2. What is intent with vacant dwellings? <input type="checkbox"/> Sale <input type="checkbox"/> Rent <input type="checkbox"/> Other, explain
3. What is the maximum amount of time any one dwelling has been vacant?
4. How often are physical checks made of unit?
a. By whom?
5. Is heat maintained? <input type="checkbox"/> Yes <input type="checkbox"/> No

Vacant Land - N/A

Please respond to the following for Vacant Land

	Yes	No
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"/>
a. If yes, to 1, 2 or 3, please explain:		

Lessor's Risk Exposures - N/A

Please respond to the following for Lessor's Risk Exposures.

	Yes	No
1. Does the tenant maintain liability coverage? If yes, Liability Limit \$	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you obtain a certificate of insurance from tenant?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is there any Commercial cooking exposures?	<input type="checkbox"/>	<input type="checkbox"/>
a. If yes, please explain:		

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 _____

Applicant's Signature: _____

Producer Signature: _____

FRAUD WARNING NOTICES

(This document forms a part of the application for insurance.)

- AR** – “Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.”
- CO** – “It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.”
- FL** – “Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.”
- KY** – “Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.”
- LA** – “Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.”
- ME** – “It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.”
- MD** – “Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.”
- NJ** – “Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.”
- NM** – “Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.”
- NY – General** - “Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.”
- NY – Automobile Insurance** – “Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.”
- OH** – “Any person, who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.”
- OK** – “WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false incomplete or misleading information is guilty of a felony.”
- PA - General** - “Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.”
- PA- Automobile Insurance** - “Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to \$15,000.”
- RI** – “Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.”
- TN** – “It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.”
- VA** – “It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.”
- WA** – “It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.”
- WV** – “Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.”