



AMERICAN MODERN INSURANCE GROUP, INC.
NEW MEXICO
HO-10 SPECIALTY
HOMEOWNER APPLICATION

Check Company Applicable:
 070 American Family Home
 077 American Modern Home
 078 American Western Home
 080 American Southern Home
 085 American Modern Select

Policy Number
Use only at Direction of Company

Agency Number <input type="text"/>	PHONE: <input type="text"/> FAX: <input type="text"/>	Subproducer Number <input type="text"/>	PHONE: (<input type="text"/>) FAX: <input type="text"/>
AGENCY NAME		SUBPRODUCER NAME	
ADDRESS		ADDRESS	
CITY/STATE/ZIP		CITY/STATE/ZIP	

BASIC INFORMATION / QUOTE INFORMATION

FIRST NAME	MIDDLE INITIAL	LAST NAME	APPLICANT'S HOME PHONE (<input type="text"/>)
			WORK PHONE (<input type="text"/>)
LOCATION ADDRESS	CITY	STATE	ZIP
			COUNTY
Effective Date <small>(12 Month Policy Term)</small>	Year Built	Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No	Feet to Fire Hydrant
			Protection Class
			Occupancy <input type="checkbox"/> Owner <input type="checkbox"/> Seasonal
			# Families <input type="checkbox"/> One <input type="checkbox"/> Two
			Style of Home <input type="checkbox"/> 1 Story <input type="checkbox"/> 1 1/2 Story <input type="checkbox"/> 2 Story <input type="checkbox"/> 2 1/2 Story <input type="checkbox"/> Bi-level <input type="checkbox"/> Tri-level
			Construction Type <input type="checkbox"/> Frame <input type="checkbox"/> Stucco or Asbestos <input type="checkbox"/> Brick Veneer <input type="checkbox"/> Brick / Masonry <input type="checkbox"/> Log <input type="checkbox"/> Hand Hewn Log

COVERAGES & LIABILITY

PREMIUMS

A. Dwelling Limit	B. Other Structures	C. Personal Property	D. Loss of Use	Basic Coverages Dwelling Base Premium _____ \$ _____ Personal Property _____ \$ _____ Other Structures _____ \$ _____ Loss of Use _____ \$ _____ Personal Liability _____ \$ _____ Medical Payments _____ \$ _____ Miscellaneous Coverages *Deductible Change - Dollar Amount _____ +/- \$ _____ Other: _____ \$ _____ Premium Credits/Surcharges Supplemental Heating Device _____ \$ _____ Initial Policy Expense Fee _____ \$ _____ *Deductible Change - Percentage Amount _____ +/- _____ % Other: _____ % <input type="checkbox"/> \$ _____ Other: _____ % <input type="checkbox"/> \$ _____ *Apply Credit to Coverages A, B and/or C, refer to Program Guide for rating methods.	Coverage Amt. _____ Premium _____
E. Personal Liability	F. Medical Payments	Deductible			
LOSS INFORMATION Has the applicant had any losses in the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide Prior Loss History.					
Date	Cause	Description	Amount		
_____	_____	_____	_____		
_____	_____	_____	_____		
How many Dwellings are owned by the Insured? _____				Total Premium \$ _____	

VALUATION & UNDERWRITING

Square Footage of Home	Type of Foundation <input type="checkbox"/> Open <input type="checkbox"/> Slab <input type="checkbox"/> Crawl Space <input type="checkbox"/> Partial Basement <input type="checkbox"/> Full Basement	If there is a Full or Partial Basement, is it: <input type="checkbox"/> Finished <input type="checkbox"/> Unfinished <input type="checkbox"/> Partially Finished <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75%	Roof Type: <input type="checkbox"/> Composition Shingle <input type="checkbox"/> Wood or Shake Shingle <input type="checkbox"/> Aluminum <input type="checkbox"/> Fiber Cement / Concrete	Date Replaced: _____ <input type="checkbox"/> Slate <input type="checkbox"/> Steel <input type="checkbox"/> Tin <input type="checkbox"/> Other	<input type="checkbox"/> Roll Roofing <input type="checkbox"/> Tar & Gravel <input type="checkbox"/> Tile	Bathrooms # Full Baths _____ # Half Baths _____	Fireplaces <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Four	Central Air Conditioning <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Garage <input type="checkbox"/> Attached <input type="checkbox"/> Built-In <input type="checkbox"/> Attached Carport	Size of Garage <input type="checkbox"/> 1 Car <input type="checkbox"/> 2 Car <input type="checkbox"/> 3 Car <input type="checkbox"/> 4 Car	Porches / Decks Type <input type="checkbox"/> Open <input type="checkbox"/> Enclosed <input type="checkbox"/> Screened Patio <input type="checkbox"/> Balcony / Deck	Square Feet _____	Purchase Date _____ / _____ / _____	Purchase Price \$ _____	Electric Type <input type="checkbox"/> Breaker Box <input type="checkbox"/> Fuse Box <input type="checkbox"/> Both Breaker Box and Fuse Box <input type="checkbox"/> Knob & Tube <input type="checkbox"/> Other		

CLIENT INFORMATION

MAILING ADDRESS <small>(If different than location address)</small>	CITY	STATE	ZIP	COUNTY	SS #:	DOB:
					PRIMARY INSURED'S MARITAL STATUS:	
					OCCUPATION:	
SECONDARY APPLICANT'S FIRST NAME	MIDDLE INITIAL	LAST NAME				
					SS #:	DOB:
					OCCUPATION:	

DIRECT BILL INFORMATION

PAYMENT OPTION - Select One: <input type="checkbox"/> One pay - Full Premium Required <input type="checkbox"/> Four pay - 25% down* <input type="checkbox"/> Ten pay - 16.3% down* <input type="checkbox"/> E-Z Pay *(EFT - Monthly debits from bank account.) Attach form #00220-08-G*(N/A Vacant)	<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> American Express Card#: <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> Expiration Date: _____ Amount to be Charged \$ _____ Name on Card: _____	Down Payment \$ _____ Installment Fee \$ _____ Amount Enclosed \$ _____
	New Business Bill To: <input type="checkbox"/> Applicant <input type="checkbox"/> Mortgagee #1 At Renewal Bill To: <input type="checkbox"/> Applicant <input type="checkbox"/> Mortgagee #1	Co. Use Only \$ _____

UNDERWRITING INFORMATION

	YES	NO		YES	NO
1. Is there any un-repaired damage or boarded-up windows?	<input type="checkbox"/>	<input type="checkbox"/>	11. Is the dwelling held in the name of a corporation?	<input type="checkbox"/>	<input type="checkbox"/>
2a. Does the applicant own any animal with bite history or vicious propensities?	<input type="checkbox"/>	<input type="checkbox"/>	12. Is the primary heat source thermostatically controlled? 12a. <i>If yes, what type?</i>	<input type="checkbox"/>	<input type="checkbox"/>
2b. Does the applicant own any Dobermans, Chows, Rottweilers, Pit Bulls, Akitas, wolves or wolf hybrids or any mix of these breeds?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil-Forced Air <input type="checkbox"/> Heat Pump		
2c. Does the applicant own any other wild or exotic animals, farm animals or horses? If yes, please explain: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Electric Baseboard <input type="checkbox"/> Radiant Ceiling <input type="checkbox"/> Radiant Floor		
			<input type="checkbox"/> Electric Wall Heaters <input type="checkbox"/> Other _____		
2d. If applicant owns any large farm animals or horses, how many? _____			13. Does the dwelling have smoke detectors?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is there a swimming pool on the premises?	<input type="checkbox"/>	<input type="checkbox"/>	14. Is there a supplemental heating source used?	<input type="checkbox"/>	<input type="checkbox"/>
3a. If yes, is the pool enclosed by a fence at least 4 feet tall with a locking gate or can the steps and ladders to the pool be secured or removed when not in use?	<input type="checkbox"/>	<input type="checkbox"/>	15. Are kerosene or portable space heaters used?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is there any farming conducted on the premises?	<input type="checkbox"/>	<input type="checkbox"/>	16. Does the dwelling have any unrepaired water damage or any water leaks?	<input type="checkbox"/>	<input type="checkbox"/>
4a. If yes, do gross receipts exceed \$5,000?	<input type="checkbox"/>	<input type="checkbox"/>	17. Is the dwelling 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"/>
5. Is there any business conducted on the premises?	<input type="checkbox"/>	<input type="checkbox"/>	18. Is the dwelling a manufactured home, or a modified manufactured home?	<input type="checkbox"/>	<input type="checkbox"/>
5a. If yes, does the applicant have any employees associated with the business operation?	<input type="checkbox"/>	<input type="checkbox"/>	19. Does the dwelling currently have utilities such as natural gas, electric, or water?	<input type="checkbox"/>	<input type="checkbox"/>
6. How many days has the dwelling gone uninsured immediately prior to the requested effective date? _____			20. Is the dwelling under construction or undergoing major renovation?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is the dwelling condemned?	<input type="checkbox"/>	<input type="checkbox"/>	21. Is the dwelling attached to, occupied as, or converted from a commercial risk?	<input type="checkbox"/>	<input type="checkbox"/>
8. Has the applicant had similar insurance declined, canceled, or non-renewed?	<input type="checkbox"/>	<input type="checkbox"/>	22. Is the dwelling in foreclosure or currently 60 days or more past due on mortgage payments?	<input type="checkbox"/>	<input type="checkbox"/>
8a. <i>If yes, why?</i>			23. Is the dwelling located in a landslide, forest fire, or brush fire area?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Excess losses <input type="checkbox"/> Large losses <input type="checkbox"/> Failure to pay premium			24. Is the dwelling located within 1,000 feet of rising water or in an area that is prone to flooding?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Physical Hazards <input type="checkbox"/> Carrier no longer writes in the state			25. Is the dwelling in an area that is isolated, not accessible by road?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Carrier no longer writes this type of business			26. Is there an underground fuel storage or underground fuel tank on the premises?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Applicant no longer belongs to association or group			27. Has the applicant had any other policies with American Modern?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other _____					
9. Name of prior carrier? _____ Exp. Date _____					
10. Has the applicant had a past conviction for arson, fraud, or other insurance-related offenses?	<input type="checkbox"/>	<input type="checkbox"/>			

LOSS PAYEE INFORMATION

Lienholder / Mortgagee Additional Insured (Please List Contract Seller as Additional Insured.)

Name _____ Loan Number _____

Address _____ City _____ State _____ Zip _____

Is Lienholder other than a financial institution? Yes No

Lienholder / Mortgagee Additional Insured

Name _____ Loan Number _____

Address _____ City _____ State _____ Zip _____

Is Lienholder other than a financial institution? Yes No

REMARKS

IMPORTANT NOTICE

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 and use information contained in your credit report to help determine your premium or your eligibility for coverage. 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.

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 expire 10 days from the effective date or it shall terminate: (1) immediately on notice of cancellation by the named insured or the company, or (2) on its effective date if replaced by a policy with an effective date the same day 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.

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction.

Is Coverage Bound? Yes No

Applicant's Signature _____ Date _____

Agent's Name (Please Print) _____

Agent's Signature _____ License No. _____ Date _____