AMERICAN MODERN INSURANCE GROUP

10+ Scheduled Dwelling Application

Please attach Fraud Warning Notices, form # FRWR-APP-COMM (09/13) (if applicable)

50	Annellination							Applicable to Illinois Only; he Religious Freedom Protection and Civil Union Act.					
			A	GENC	Y INFOR	MATION	1						
AGENCY CODE#					SU	BPRODUC	CERCC	DE#:					
AGENCY NAME					SU	BPRODUC	ER NA	ME					
AGENCY EMAIL SUBPRODUCE								MAIL					
AGENCY FAX: ()	PI	HONE : ()										
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				C	OVERAGE	S							
			PROPERTY							LIABILIT	Υ		
Coverage Form:	Basic	Broad	Special					General A	ggregate	: \$			
Coinsurance:	80%	90%	100%					Products a	and Comp	leted Operat	tions:	\$	
Wind/Hail Deductible	e (1% inclu	ded):	2%5%					Personal a	and Adve	rtising Injury:		\$	
Identity Recovery:	Yes No	Equipment	Breakdown: Yes	No	Service Line	Yes [□No	Each Occ	urrence:	\$			
All Other Peril Deduc	ctible:							Damage to Rented Premises: \$100,000					
\$500 \$1,000	\$2,5	500 \$5,0	000	\$25,	000			Medical E	xpense:	\$5,000			
			PR	EMISE	S INFOR	MATIO	N						
Building #		Location A	ddress:										
#Families:	City/State	e/Zip:				PC:	[Rental Vacant Condominium Unit#					
Construction Type:		Year Built:	Date Purchased:	Purch	ase Price:	Total	Area:	# of Stories: Basement: Roof Type:					
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Building #		Location A	ddress:										
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			LOSS HISTORY			
l .	er all claims or losses (re losses in the past 3 yea		her or not insured) or occurrences that	may give rise to claims for the p		
Date	e of Loss	Cause of Loss	Description of Loss	Amount of Loss	Claims S Open/Cl	
					Open	Closed
					Open [Closed
					Open _	Closed
					Open	Closed
					Open	Closed
Nan	ne of Prior/Current Carrie	r:		<u>'</u>		
Cur	rent Annual Premium: \$					
			GENERAL INFORMATION			
					Yes	No
1.	Has the applicant had s	similar insurance declined,	canceled, or non-renewed? (except Mis	ssouri) If yes, why?		
2.	How many days have a	ny of the dwellings gone u	ninsured prior to the requested effective	date? number of days.		
3.	Has the applicant had a	a past conviction for arson	, fraud, or other insurance-related offen	ses?		
4.	Has the applicant filed f	for bankruptcy in the past 5	years?			
5.	Are any dwellings in for	reclosure or currently 60 da	ays or more past due on mortgage payn	nents?		
6.	Is the applicant unemplo	oyed, other than retired or o	disabled?		$+ \overline{-}$	
7.		any other policies with Ame			 	
8.			es/formal maintenance program? If yes	, describe:		
9.	Is there a signed rental	agreement with tenant?			╅	╁
	Do you do a background				 	ᇤ
	, ,	carry a tenants insurance	policy?		+	╁┼
		d more than 3 tenants in la	· · ·		+ + -	+
12.	Trave any properties has		RTY UNDERWRITING INFORM	AATION		
1.	Are any dwellings an ea		en pier, stilt home, row home, townhous			
••	non-conventional design	n? If yes, provide Bldg #s: use, are there 8 units or le	·	o, condeminant, or any care		믐
2.		nufactured home, or a modin a manufactured home co	dified manufactured home? If yes, provide	le Bldg #s:		
3.			y, student housing, or other similar occu	upancy? If yes, provide Bldg #s:		
4.	Do any dwellings have	un-repaired damage or bo	arded-up windows? If yes, provide Bldg	#s:		H
5.			nage or any water leaks? If yes, provide			一
6.	Are any of the dwellings	s condemned? If yes, prov	ide Bldg #s:			
7.	Are there any outstandi	ng municipal or fire code v	iolations? If yes, provide Bldg #s:			
8.	Are the primary heat so	ources thermostatically con-	trolled? If yes, what type? If no, please	explain:		
			Provide E	Bldg #s:		
9.	* *	heating source used? If ye	·			
10.	Are kerosene or portable	le space heaters used? If y	/es, provide Bldg #s:			
11.	Do the dwellings curren	itly have utilities such as n	atural gas, electric, or water? If no, plea	se explain: _Provide Bldg #s:	- 🗆	
12.	Is there an underground	d fuel storage or undergrou	nd fuel tank on any premises? If yes, pr		$\top \sqcap$	\Box
13.		knob and tube wiring? If ye				
14.	Are any dwellings unde	r construction or undergoir	ng major renovation? If yes, provide Bld	g #s:		
15.	Are any dwellings Vaca	ant? If yes, provide Bldg #s	:			
16.	Are any dwellings attac	hed to other, or converted	from a commercial building? If yes, prov	vide Bldg #s:		
17.	Are any dwellings locate	ed in a landslide, forest fire	e, or brush fire area? If yes, provide Bld	lg #s:		
18.	Are any dwellings in an	area that is isolated, not a	ccessible by road? If yes, provide Bldg	#s:		
19.	Do any dwellings have	a flat roof? If yes, provide	Bldg #s:			
20.	Does the dwelling have	composite or asphalt shin	gles layered over a wood or shake shin	gle roof?		
21	Any going green constr	uction such as solar papeli	ng? If yes provide Bldg #s:			

	If requesting Liability coverage, please answer the following questions for EACH Dwelling.					
	LIABILITY & VACANT UNDERWRITING INFORMATION					
		,	Yes	j	1	No
1.	Do any of the following exposures exist on premises?		\Box	П		\Box
	a. Swimming Pools. If yes, provide Bldg #s:					一
	b. Spas, Hot Tubs, or Jacuzzi. If yes, provide Bldg #s:		\Box			
	c. Trampolines. If yes, provide Bldg #s:			\Box		一
	d. Day Care Operations. If yes, provide Bldg #s:					一
	e. Lead Paint. If yes, provide Bldg #s:					
	f. Bars on windows or doors. If yes, are they breakaway from inside?					
2.	Have any animal bite incidents occurred on any rental premises in the past 5 years?	L				\Box
3.	Are any buildings undergoing renovations or reconstruction?	╙		<u></u>	Ш	二
	a. Cosmetic. If yes, provide Bldg #s:	╙		乚	Ш	\Box
	b. Structural. If yes, provide Bldg #s:	L		L	Ш	\Box _
	If yes, please explain and provide estimated completion date:	L			L	
4.	Has "Chinese Drywall" been used in the construction or repair of any building? If yes, provide Bldg #s:					丄
5.	Do you use independent Contractors?					\Box _
	If yes, do you obtain a certificate of insurance?					\Box
6.	Are there working smoke detectors in all dwellings?					
	a. Hard Wired					\Box
	b. Battery Operated					
7.	Do you have working Carbon Monoxide detectors?					
	a. Hard Wired					
	b. Battery Operated	L		<u></u>		
8.	Is there a procedure in place to replace smoke detector batteries?	L		<u></u>	\bigsqcup	\Box
9.	Do any buildings have knob and tube wiring? If yes, provide Bldg #s:	L		<u> </u>		
10.	Do any buildings have aluminum wiring? If yes, provide Bldg #s:			_		\Box _
11.	Do you abide by all state tenant/landlord laws?	╙		<u> </u>	Ш	
12.	Do all steps/porches have properly secured handrails?	L		<u></u>	Ш	<u></u>
13.	Is there outside egress from 3 rd floor? Describe	L	$ldsymbol{ldsymbol{ldsymbol{ldsymbol{L}}}$			<u></u>
	Vacant Dwellings - N/A					
1	What is the anticipated length of vacancy?					
1. 2.	What is intent with vacant dwellings? Sale Rent Other, explain	_	—	_	_	
3.	What is the maximum amount of time any one dwelling has been vacant?		—			
3. 4.	How often are physical checks made of unit?	—	—	—	—	
4.		—	—	—	—	
5.	a. By whom? Is heat maintained? Yes No					
6.	Do any of the following exposures exist?	_	_	_	_	
<u> </u>	a. Swimming Pools. If yes, provide Bldg #s: Yes No					
	b. Spas, Hot Tubs, or Jacuzzi. If yes, provide Bldg #s: Yes No					
	Vacant Land - N/A			\neg		
	Please respond to the following for Vacant Land	\	⁄es			No
1.	Any Real Estate Development activities?					
2.	Any water exposure?					
3.	Any Activities taking place, such as hunting, dirt bike/ATV riding, etc.?					工
	a. If yes, to 1, 2 or 3, please explain:					
	Lessor's Risk Exposures - N/A	,	7			\ I -
	Please respond to the following for Lessor's Risk Exposures.		Yes		'	No
1.	Does the tenant maintain liability coverage? If yes, Liability Limit \$		닏	—	┝╞	┽
2.	Do you obtain a certificate of insurance from tenant?		\sqsubseteq	—	┝	-
3.	Is there any Commercial cooking exposures?		Ш		LL	
	a. If yes, please explain:	_		_		_
	DIRECT_BILL (Initial payment must be received with binding request)					
(E	YMENT OPTION - Select One: One pay - Full Premium Required Two pay - 50% down E-Z Pay - 2 Months Dow FT - Monthly debits from bank account.) *Attach form #00220-09-G*	vn Pa	aym	ient	Req	uired
At	Renewal Bill To: Applicant					
Appl	licable to New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for	r ine	Iren	ce c	r eta	temer
of cl	ilicable to New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for laim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material theret rance 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	to, co	omm	iits a	a frau	ıdulen
	rance 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 blicant's Signature:	101 (Jacif	· suc	AT VIC	ιαιιΟΠ
	ducer Signature:					