



AMERICAN MODERN INSURANCE GROUP

10+ Scheduled Dwelling Application

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

Applicable to Illinois Only; We are in compliance with the Religious Freedom Protection and Civil Union Act.

AGENCY INFORMATION

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

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, Coinsurance, Wind/Hail Deductible, Identity Recovery, Equipment Breakdown, Service Line, All Other Peril Deductible. LIABILITY: General Aggregate, Products and Completed Operations, Personal and Advertising Injury, Each Occurrence, Damage to Rented Premises, Medical Expense

PREMISES INFORMATION

Building #, Location Address, # Families, City/State/Zip, PC, Rental, Vacant, Condominium Unit #, Construction Type, Year Built, Date Purchased, Purchase Price, Total Area, # of Stories, Basement, Roof Type, Valuation, Building or Condo Limit, Other Structures Limit, Contents Limit, Monthly Rents Coverage Amount, Monthly Rents Settlement Options, If Condo, Loss Assessment, Miscellaneous Real Structure, Year building updates were completed

Building #, Location Address, # Families, City/State/Zip, PC, Rental, Vacant, Condominium Unit #, Construction Type, Year Built, Date Purchased, Purchase Price, Total Area, # of Stories, Basement, Roof Type, Valuation, Building or Condo Limit, Other Structures Limit, Contents Limit, Monthly Rents Coverage Amount, Monthly Rents Settlement Options, If Condo, Loss Assessment, Miscellaneous Real Structure, Year building updates were completed

Building #		Location Address:					
# Families:	City/State/Zip:			PC: _____	<input type="checkbox"/> Rental <input type="checkbox"/> Vacant <input type="checkbox"/> Condominium Unit # _____		
Construction Type:	Year Built:	Date Purchased:	Purchase Price:	Total Area:	# of Stories:	Basement:	Roof Type:
Valuation: <input type="checkbox"/> RC <input type="checkbox"/> ACV <b>Building or Condo Limit:</b>						Other Structures Limit:	Contents Limit:
Monthly Rents Coverage Amount:		Monthly Rents Settlement Options - N/A <input type="checkbox"/>					
N/A <input type="checkbox"/>		Coinsurance % <b>or</b> <input type="checkbox"/> 1/3 monthly limit <input type="checkbox"/> 1/4 monthly limit <input type="checkbox"/> 1/6 monthly limit					
If Condo: Loss Assessment <input type="checkbox"/> Yes <input type="checkbox"/> No Limit \$ _____ Ded <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000				Mortgagee:			
Miscellaneous Real Structure <input type="checkbox"/> Yes <input type="checkbox"/> No Limit \$ _____				N/A <input type="checkbox"/>			
Year building updates were completed:							
Roofing:		Wiring:		Heating:		Plumbing: Other:	

Building #		Location Address:					
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Valuation: <input type="checkbox"/> RC <input type="checkbox"/> ACV	Building or Condo Limit:			Other Structures Limit:	Contents Limit:		
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Monthly Rents Coverage Amount:	Monthly Rents Settlement Options - N/A <input type="checkbox"/>						
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		
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Miscellaneous Real Structure <input type="checkbox"/> Yes <input type="checkbox"/> No Limit \$ _____						N/A <input type="checkbox"/>	
Year building updates were completed:							
Roofing:		Wiring:		Heating:		Plumbing: Other:	

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 (08/12) (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? <span style="float: right;">number of days.</span>	<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, stilt home, row home, townhouse, condominium, or any other non-conventional design? If yes, provide Bldg #s: <span style="color: red;">If row home or townhouse, are there 8 units or less in a row?</span>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are any dwellings a manufactured home, or a modified manufactured home? If yes, provide Bldg #s: <span style="color: red;">If yes, are they located in a manufactured home community?</span>	<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 yes, what type? If no, please explain: _____ _____ Provide Bldg #s:	<input type="checkbox"/>	<input type="checkbox"/>
9. Is there a supplemental heating source used? If yes, provide Bldg #s:	<input type="checkbox"/>	<input type="checkbox"/>
10. Are kerosene or portable space heaters used? If yes, provide Bldg #s:	<input type="checkbox"/>	<input type="checkbox"/>
11. Do the dwellings currently have utilities such as natural gas, electric, or water? If no, please explain: _____ _____ Provide Bldg #s:	<input type="checkbox"/>	<input type="checkbox"/>
12. Is there an underground fuel storage or underground fuel tank on any premises? If yes, provide Bldg #s:	<input type="checkbox"/>	<input type="checkbox"/>
13. Do any dwellings have knob and tube wiring? If yes, provide Bldg #s:	<input type="checkbox"/>	<input type="checkbox"/>
14. Are any dwellings under construction or undergoing major renovation? If yes, provide Bldg #s:	<input type="checkbox"/>	<input type="checkbox"/>
15. Are any dwellings Vacant? If yes, provide Bldg #s:	<input type="checkbox"/>	<input type="checkbox"/>
16. Are any dwellings attached to other, or converted from a commercial building? If yes, provide Bldg #s:	<input type="checkbox"/>	<input type="checkbox"/>
17. Are any dwellings located in a landslide, forest fire, or brush fire area? If yes, provide Bldg #s:	<input type="checkbox"/>	<input type="checkbox"/>
18. Are any dwellings in an area that is isolated, not accessible by road? If yes, provide Bldg #s:	<input type="checkbox"/>	<input type="checkbox"/>
19. Do any dwellings have a flat roof? If yes, provide Bldg #s:	<input type="checkbox"/>	<input type="checkbox"/>
<span style="color: red;">20. Does the dwelling have composite or asphalt shingles layered over a wood or shake shingle roof?</span>	<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 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"/>
f. Bars on windows or doors. If yes, are they breakaway from inside?	<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:		
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 in all dwellings?	<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 <sup>rd</sup> 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	
6. Do any of the following exposures exist?	
a. Swimming Pools. If yes, provide Bldg #s: <input type="checkbox"/> Yes <input type="checkbox"/> No	
b. Spas, Hot Tubs, or Jacuzzi. If yes, provide Bldg #s: <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\*  Two pay - 50% 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 \_\_\_\_\_

Applicable to New York: 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.

Applicant's Signature: \_\_\_\_\_

Producer Signature: \_\_\_\_\_