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www.specialtyunderwriters.net

AMERICAN MODERN ILLINOIS DWELLING FIRE APPLICATION SUBMISSION CHECKLIST

To bind coverage, your submission must include:

- ✓ **Completed and signed American Modern Dwelling Application** (current application may be obtained at www.specialtyunderwriters.net). **Both applicant and agent must sign the application.**
- ✓ **A premium downpayment must accompany the submitted application.** Please note from the application that payment may be made via check, credit card or EFT. All downpayments must also include a \$7 installment fee (please note that this fee does not apply to the EFT payment plan). If mortgagee bill is selected, requested effective date must be 30+ days from date of submission.
- ✓ **Vacant Policies Require Full Premium Payment.**
- ✓ **No photos are necessary.** American Modern will send property inspectors, after the application has been submitted.
- ✓ **Binding Authority:** If your agency has a current agency agreement in force with **SUG**, you have 3 days binding authority for the submitted risk (3 days as measured by the difference between the requested effective date and the postmark on the envelope that the risk is submitted in). Please note the fax binding is not necessary and not accepted. If you do not have a current agency agreement, no coverage may be bound and no application is to be submitted.



G. U. I. C.
ILLINOIS
DWELLING APPLICATION

Check Program Applicable:
 EZChoiceD1 (DP-1)
 EZChoiceVacant
 Vacant Manufactured Home
 EZChoiceD3 (DP-3)

Policy Number
Use only at Direction of Company

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

BASIC INFORMATION / CLIENT INFORMATION

FIRST NAME	MIDDLE INITIAL	LAST NAME	SS #:	DOB:
SECONDARY APPLICANT'S FIRST NAME			SS #:	DOB:
MIDDLE INITIAL			OCCUPATION:	
LAST NAME			OCCUPATION:	
APPLICANT'S HOME PHONE: ()		WORK PHONE: ()		PRIMARY INSURED'S
LOCATION ADDRESS		CITY	STATE	ZIP
MAILING ADDRESS (If different than location)		CITY	STATE	ZIP
Dwelling Limit		Purchase Date	Purchase Price	Year Built
Feet to Fire Hydrant		Inside City Limits?	Protection Class	
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

ELIGIBILITY INFORMATION

Occupancy <input type="checkbox"/> Owner <input type="checkbox"/> Rental <input type="checkbox"/> Seasonal <input type="checkbox"/> Vacant <input type="checkbox"/> Dwelling <input type="checkbox"/> Mobile Home	# Families <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Four	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	Roof Type Date Replaced: <input type="checkbox"/> Composition Shingle <input type="checkbox"/> Wood or Shake Shingle <input type="checkbox"/> Aluminum <input type="checkbox"/> Fiber Cement / Concrete Roof Slope <input type="checkbox"/> Flat <input type="checkbox"/> Pitched	<input type="checkbox"/> Slate <input type="checkbox"/> Steel <input type="checkbox"/> Tin <input type="checkbox"/> Other	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	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	Sq. Ft. of Home
IF RENTAL: How many of the applicant's rental dwellings are insured with AMIG? <input type="checkbox"/> 1-4 <input type="checkbox"/> 5-9 <input type="checkbox"/> 10 or more Is the dwelling occupied as a fraternity, sorority, student housing, or other similar occupancy? <input type="checkbox"/> Yes <input type="checkbox"/> No							

IF VACANT: Reason for Vacancy: <input type="checkbox"/> Pending Sale <input type="checkbox"/> Between Tenancy <input type="checkbox"/> Under Renovation <input type="checkbox"/> Job Transfer <input type="checkbox"/> Estate <input type="checkbox"/> Other	Date the dwelling became vacant? _____	IF VACANT MANUFACTURED HOME, Please List: Length/Width Make Model Serial #		
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%	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 _____ Square Feet _____ <input type="checkbox"/> Open <input type="checkbox"/> Enclosed <input type="checkbox"/> Screened Patio <input type="checkbox"/> Balcony / Deck		

LOSS INFORMATION

Has the applicant had any losses in the last three years?
 Yes No If yes, please provide Prior Loss History.

Date	Cause	Description	Amount

How many dwellings are owned by the insured? _____

Is there any unrepaired damage or boarded-up windows?
 Yes No

COVERAGES, LIMITS & PREMIUMS

Coverages	Limit of Liability	Premium
Dwelling Base Premium	\$ _____	\$ _____
Personal Property	\$ _____	\$ _____
Increased Adjacent Structures	\$ _____	\$ _____
Personal Liability	\$ _____	\$ _____
Premises Liability	\$ _____	\$ _____
Increased Medical Payments	\$ _____	\$ _____
*Deductible Change - Dollar Amount	\$ _____	+/- \$ _____
Additional Living Expense	\$ _____	\$ _____
Vandalism & Malicious Mischief (Must be same as Coverage A Limit)	\$ _____	\$ _____
Inspection Fee	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
Credits / Surcharges		
*Deductible Change-Percentage Amount	\$ _____	+/- _____ %
*Other _____	\$ _____	+/- _____ %
*Apply Credit to Coverages A, B and/or C, refer to Rate Manual for rating method.		
TOTAL POLICY PREMIUM		\$ _____

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: _____ 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	Down Payment \$ _____ Installment Fee \$ _____ Amount Enclosed \$ _____ Co. Use Only \$ _____
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UNDERWRITING INFORMATION

	YES	NO		YES	NO
1. Has applicant filed for bankruptcy in the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/>	12. Is the primary heat source thermostatically controlled?	<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"/>	12a. <i>If yes, what type?</i>		
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		
3. Is there a swimming pool on the premises?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Electric Wall Heaters <input type="checkbox"/> Other _____	<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"/>	13. Does the dwelling have smoke detectors?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is there any farming conducted on the premises?	<input type="checkbox"/>	<input type="checkbox"/>	14. Is there a supplemental heating source used?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is there any business conducted on the premises?	<input type="checkbox"/>	<input type="checkbox"/>	15. Are kerosene or portable space heaters used?	<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"/>	16. Does the dwelling have any unrepaired water damage or any water leaks?	<input type="checkbox"/>	<input type="checkbox"/>
6. How many days has the dwelling gone uninsured immediately prior to the requested effective date? _____			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"/>
7. Is the dwelling condemned?	<input type="checkbox"/>	<input type="checkbox"/>	18. Is the dwelling a manufactured home, or a modified manufactured home?	<input type="checkbox"/>	<input type="checkbox"/>
8. Has the applicant had similar insurance declined, canceled, or non-renewed? 8a. <i>If yes, why?</i>	<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"/>
<input type="checkbox"/> Excess losses <input type="checkbox"/> Large losses <input type="checkbox"/> Failure to pay premium			20. Is the dwelling under construction or undergoing major renovation?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Physical Hazards <input type="checkbox"/> Carrier no longer writes in the state			21. Is the dwelling attached to, occupied as, or converted from a commercial risk?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Carrier no longer writes this type of business			22. Is the dwelling in foreclosure or currently 60 days or more past due on mortgage payments?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Applicant no longer belongs to association or group			23. Is the dwelling located in a landslide, forest fire, or brush fire area?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other _____			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"/>
9. Name of prior carrier? _____ Exp. Date _____			25. Is the dwelling in an area that is isolated, not accessible by road?	<input type="checkbox"/>	<input type="checkbox"/>
10. Has the applicant had a past conviction for arson, fraud, or other insurance-related offenses?	<input type="checkbox"/>	<input type="checkbox"/>	26. Is there an underground fuel storage or underground fuel tank on the premises?	<input type="checkbox"/>	<input type="checkbox"/>
11. Is the dwelling held in the name of a corporation?	<input type="checkbox"/>	<input type="checkbox"/>	27. Has the applicant had any other policies with American Modern?	<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

EARTHQUAKE / MINE SUBSIDENCE COVERAGES

Yes No Does the applicant desire Earthquake Coverage?

Yes No Does the applicant desire Mine Subsidence Coverage on the Dwelling and Other Structures? If NO, a signed declination form, 73421, must be attached.

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 your credit report or obtain or use a credit based insurance score based on the information contained in that credit report. We may use a third party in connection with the development of your insurance score. You are or may be violating state law or committing a crime knowingly to provide false, incomplete or misleading material information to an insurance company for the purpose or intent of defrauding the company. Penalties may include imprisonment, fines, denial of insurance benefits, any may subject you to civil damages.

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.

Is Coverage Bound? Yes No

Applicant's Signature _____ Date _____

Agent's Name (Please Print) _____

Agent's Signature _____ License No. _____ Date _____