



P. O. Box 36385, Cincinnati, Ohio 45236 ~ (800) 844-1815 (phone) ~ (800) 258-1058 (fax)
www.specialtyunderwriters.net

AMERICAN MODERN ILLINOIS MANUFACTURED HOME APPLICATION SUBMISSION CHECKLIST

To bind coverage, your submission must include:

- ✓ **Completed and signed American Modern Manufactured Home 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.**
- ✓ **Photos are not necessary unless unit is 20 years and older or if additions have been added or lapse in coverage.**
- ✓ **If home is equipped with Supplemental Heat Source not factory installed or installed by license contractor, heat source questionnaire and photos will be required.** (Questionnaire may be obtained at www.specialtyunderwriters.net) **Photos must show the heat source and ventilation.**
- ✓ **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.**



AMERICAN MODERN INSURANCE GROUP

ILLINOIS

Manufactured Homeowners Insurance Application

Check Company Applicable:

- 070 American Family Home
077 American Modern Home
078 American Western Home
080 American Southern Home
G. U. I. C.

Policy Number

Policy Number input field

Use only at Direction of Company

Agency Number 039695

PHONE: (513) 351-6400
FAX: (513) 841-5980

Subproducer Number

PHONE ()

AGENCY NAME SPECIALTY UNDERWRITERS GROUP LTD.

SUBPRODUCER NAME

ADDRESS P.O. Box 36385

ADDRESS

CITY/STATE/ZIP Cincinnati, OH 45236

CITY/STATE/ZIP

APPLICANT INFORMATION

LAST NAME FIRST MIDDLE INITIAL HOME PHONE ()

WORK PHONE ()

E-mail Address

MAILING ADDRESS CITY STATE ZIP COUNTY

DATE OF BIRTH OCCUPATION MARITAL STATUS SOCIAL SECURITY NUMBER

CO-APPLICANT'S LAST NAME FIRST MIDDLE INITIAL SOCIAL SECURITY NUMBER DATE OF BIRTH

LOCATION OF HOME CITY STATE ZIP COUNTY

PARK / COMMUNITY NAME WHERE HOME IS LOCATED LOT #

PERIOD OF INSURANCE EFFECTIVE DATE EXPIRATION DATE MONTHS

12:01 A.M. STANDARD TIME

MORTGAGEE/LIENHOLDER/LOSS PAYEE (Mark box for additional Mortgagee and show in "Remarks" on back of application.)

NAME ACCT./LOAN #

ADDRESS CITY STATE ZIP

DESCRIPTION OF HOME

YEAR MAKE / MODEL SERIAL NUMBER LENGTH WIDTH

PHYSICAL CHARACTERISTICS

HOW IS THE HOME USED?

- Primary Residence (Owner Occupied)
Seasonal Residence (Owner Occupied)
Rental
Commercial
Tenant

How many miles is home from Fire Dept.?

LOCATION

Is the home located in a park with:

- 25 or Less Spaces 101 or More
26 - 50 Not in Park, on Private Property
51 - 100 Unknown

YES NO

- Is home on permanent foundation
Is land owned by client?
Does home have a composite roof?
Does home have protective siding?
Is the home located inside city limits?
Is home tied down?
Has the home been previously titled?
Is the risk a modular home?

PURCHASE DATE

PURCHASE PRICE (Excluding land, if applicable)

Dwelling Limit

\$

IMPORTANT: CHART OR PRODUCT PLUS ADD-ON CODES MUST BE ENTERED

Table with columns: Territory, Product Code, Premium From Rate Manual, Codes, Limit of Liability, Premium. Rows include Dwelling, Personal Property, etc.

TOTAL PREMIUM

\$

DIRECT BILL INFORMATION

PAYMENT OPTION - Select One:

- One pay - Full Premium Required
Four pay - 25% down
Ten pay - 16.3% down*
E-Z Pay (EFT - Monthly debits from bank account.)

- MasterCard Visa Discover American Express

Card#: - - - -

Expiration Date: Amount to be Charged \$

Name on Card:

New Business Bill To: Applicant Mortgagee/Lienholder/Loss Payee

At Renewal Bill To: Applicant Mortgagee/Lienholder/Loss Payee

Down Payment \$

Installment Fee \$

Amount Enclosed \$

Co. Use Only

\$

UNDERWRITING QUESTIONS All questions must be answered. (Explain any YES answers in "Remarks" below.)

	YES NO	
1. Does the home have a supplemental heating device?	<input type="checkbox"/> <input type="checkbox"/>	
2. Is the applicant unemployed other than disabled or retired?	<input type="checkbox"/> <input type="checkbox"/>	Do Not Bind / Do Not Submit
3. Has the applicant filed for bankruptcy in the past 5 years?	<input type="checkbox"/> <input type="checkbox"/>	Do Not Bind / Do Not Submit
4. Has the dwelling gone uninsured for more than 30 days?	<input type="checkbox"/> <input type="checkbox"/>	Do Not Bind / Submit for approval
5. Is there an unfenced pool on premises? (unfenced includes fences less than 4 feet in height or with no locking gate)	<input type="checkbox"/> <input type="checkbox"/>	Policy MUST be submitted without liability
6. Is the home located on a site with prior occurrences of brushfires, landslides or flooding?	<input type="checkbox"/> <input type="checkbox"/>	Do Not Bind / Do Not Submit
7. Is the home located on an island, or within a 1000 feet of a river or seacoast?	<input type="checkbox"/> <input type="checkbox"/>	Do Not Bind / Do Not Submit
8. Is the home supported on raised poles or pilings?	<input type="checkbox"/> <input type="checkbox"/>	Do Not Bind / Do Not Submit
9. Is the home under construction, undergoing renovations that require the home to be vacated, or not connected to utility services?	<input type="checkbox"/> <input type="checkbox"/>	Do Not Bind / Do Not Submit
10. Is income derived from a commercial, farming or business operation on the premises?	<input type="checkbox"/> <input type="checkbox"/>	Do Not Bind / Do Not Submit
11. Is the home vacant?	<input type="checkbox"/> <input type="checkbox"/>	Do Not Bind / Do Not Submit
12. Is the home under foreclosure?	<input type="checkbox"/> <input type="checkbox"/>	Do Not Bind / Do Not Submit
13. Does the home have more than two lienholder mortgagees?	<input type="checkbox"/> <input type="checkbox"/>	Do Not Bind / Do Not Submit
14. Does the home have an individual lienholder mortgagee?	<input type="checkbox"/> <input type="checkbox"/>	Do Not Bind / Submit for approval
15. Has the applicant had ANY Fire, Theft, Liability, Water and/or Flood loss in the last three (3) years?	<input type="checkbox"/> <input type="checkbox"/>	Do Not Bind / Submit for approval
16. Has the applicant had two (2) or more Fire, Theft, Liability, Water and/or Flood losses, in any combination, in the last three (3) years?	<input type="checkbox"/> <input type="checkbox"/>	Do Not Bind / Do Not Submit
17. Has the applicant had three (3) or more property losses in the last 3 years?	<input type="checkbox"/> <input type="checkbox"/>	Do Not Bind / Do Not Submit
18. Are there any attached or unattached structures on the premises?	<input type="checkbox"/> <input type="checkbox"/>	List structures below
19. Was the supplemental heating device installed by someone other than the home manufacturer or a licensed contractor? (disregard if you answered 'No' to question #1)	<input type="checkbox"/> <input type="checkbox"/>	If yes, please submit with complete Heating Source Questionnaire #U0884 and two photographs

LOSS HISTORY - MUST LIST ALL OF APPLICANT'S LOSSES FOR THE LAST THREE YEARS.

Date of Loss	Cause	Description (If none, write "None")	Amount of Loss
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

STRUCTURES ATTACHED TO THE HOME

Description	Construction Type	Size	Age	Actual Cash Value	Replacement Cost

STRUCTURES ON PREMISES (Including Satellite Antenna) NOT ATTACHED TO THE HOME

Description	Construction Type	Size	Age	Actual Cash Value	Replacement Cost

If additional insured, provide information in "Remarks" section below.

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, 72894, must be attached.

STATEMENT OF INSPECTION INQUIRY

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.

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 terminate automatically at the earliest of (1) 30 days from the effective date, (2) immediately on notice of cancellation by the named insured or the Company, or (3) on its effective date if replaced by a policy with an effective date the same date 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

SIGNATURES

I hereby declare that to the best of my knowledge and belief all information and statements above are true and complete. These facts and statements are offered as an inducement to the Company to issue the Policy. I understand that I am 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, and may subject me to civil damages.

Agent's Name (Print or Type) _____ Agent's License Identification No. _____
 Agent's Signature _____ Date _____
 Applicant's Signature _____ Date _____