

AMERICAN MODERN INSURANCE GROUP, INC. HO-10 SPECIALTY HOMEOWNER APPLICATION	Check Company Applicable: <input type="checkbox"/> 070 American Family Home <input type="checkbox"/> 077 American Modern Home <input type="checkbox"/> 078 American Western Home <input type="checkbox"/> 080 American Southern Home <input type="checkbox"/> 085 American Modern Select	Policy Number Use only at Direction of Company
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Agency Number 0 3 9 6 9 5 PHONE: (513) 351-6400 FAX: (513) 841-5980	Subproducer Number PHONE: () FAX:
AGENCY NAME SPECIALTY UNDERWRITERS GROUP LTD.	SUBPRODUCER NAME
ADDRESS P.O. Box 36385	ADDRESS
CITY/STATE/ZIP Cincinnati, OH 45236	CITY/STATE/ZIP

BASIC INFORMATION / QUOTE INFORMATION

FIRST NAME	MIDDLE INITIAL	LAST NAME	APPLICANT'S HOME PHONE ()
			WORK PHONE ()
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

A. Dwelling Limit	B. Other Structures	C. Personal Property	D. Loss of Use	Basic Coverages	Coverage Amt.	Premium
				Dwelling Base Premium	_____	\$ _____
				Personal Property	_____	\$ _____
				Other Structures	_____	\$ _____
				Loss of Use	_____	\$ _____
				Personal Liability	_____	\$ _____
				Medical Payments	_____	\$ _____
E. Personal Liability	F. Medical Payments	Deductible		Miscellaneous Coverages		
				*Deductible Change - Dollar Amount	_____ +/-	\$ _____
				Other:	_____	\$ _____
				Premium Credits/Surcharges		
				Supplemental Heating Device	_____	\$ _____
				Inspection Fee	_____	\$ _____
				*Deductible Change - Percentage Amount	_____ +/-	% _____
				Other:	_____ %	\$ _____
				Other:	_____ %	\$ _____
How many Dwellings are owned by the Insured? _____				*Apply Credit to Coverages A, B and/or C, refer to Program Guide for rating methods.	Total Premium	\$ _____

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

VALUATION & UNDERWRITING

Square Footage of Home	<input type="checkbox"/> Open <input type="checkbox"/> Slab <input type="checkbox"/> Crawl Space <input type="checkbox"/> Partial Basement <input type="checkbox"/> Full Basement	Type of Foundation 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: Date Replaced: _____ <input type="checkbox"/> Composition Shingle <input type="checkbox"/> Slate <input type="checkbox"/> Roll Roofing <input type="checkbox"/> Wood or Shake Shingle <input type="checkbox"/> Steel <input type="checkbox"/> Tar & Gravel <input type="checkbox"/> Aluminum <input type="checkbox"/> Tin <input type="checkbox"/> Tile <input type="checkbox"/> Fiber Cement / Concrete <input type="checkbox"/> Other _____	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 (If different than location address)	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#: - - - 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. Has applicant filed for bankruptcy in the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/>	13. Is the primary heat source thermostatically controlled?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is there any un-repaired damage or boarded-up windows?	<input type="checkbox"/>	<input type="checkbox"/>	13a. <i>If yes, what type?</i>		
3a. Does the applicant own any animal with bite history or vicious propensities?	<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		
3b. 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"/> Electric Baseboard <input type="checkbox"/> Radiant Ceiling <input type="checkbox"/> Radiant Floor		
3c. 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 Wall Heaters <input type="checkbox"/> Other _____		
4. Is there a swimming pool on the premises?	<input type="checkbox"/>	<input type="checkbox"/>	14. Does the dwelling have smoke detectors?	<input type="checkbox"/>	<input type="checkbox"/>
4a. 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. Is there a supplemental heating source used?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is there any farming conducted on the premises?	<input type="checkbox"/>	<input type="checkbox"/>	16. Are kerosene or portable space heaters used?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is there any business conducted on the premises?	<input type="checkbox"/>	<input type="checkbox"/>	17. Does the dwelling have any unrepaired water damage or any water leaks?	<input type="checkbox"/>	<input type="checkbox"/>
6a. If yes, does the applicant have any employees associated with the business operation?	<input type="checkbox"/>	<input type="checkbox"/>	18. 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. How many days has the dwelling gone uninsured immediately prior to the requested effective date? _____			19. Is the dwelling a manufactured home, or a modified manufactured home?	<input type="checkbox"/>	<input type="checkbox"/>
8. Is the dwelling condemned?	<input type="checkbox"/>	<input type="checkbox"/>	20. Does the dwelling currently have utilities such as natural gas, electric, or water?	<input type="checkbox"/>	<input type="checkbox"/>
9. Has the applicant had similar insurance declined, canceled, or non-renewed?	<input type="checkbox"/>	<input type="checkbox"/>	21. Is the dwelling under construction or undergoing major renovation?	<input type="checkbox"/>	<input type="checkbox"/>
9a. <i>If yes, why?</i>			22. Is the dwelling attached to, occupied as, or converted from a commercial risk?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Excess losses <input type="checkbox"/> Large losses <input type="checkbox"/> Failure to pay premium			23. 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"/> Physical Hazards <input type="checkbox"/> Carrier no longer writes in the state			24. Is the dwelling located in a landslide, forest fire, or brush fire area?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Carrier no longer writes this type of business			25. 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"/> Applicant no longer belongs to association or group			26. Is the dwelling in an area that is isolated, not accessible by road?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other _____			27. Is there an underground fuel storage or underground fuel tank on the premises?	<input type="checkbox"/>	<input type="checkbox"/>
10. Name of prior carrier? _____ Exp. Date _____			28. Has the applicant had any other policies with American Modern?	<input type="checkbox"/>	<input type="checkbox"/>
11. Has the applicant had a past conviction for arson, fraud, or other insurance-related offenses?	<input type="checkbox"/>	<input type="checkbox"/>			
12. Is the dwelling held in the name of a corporation?	<input type="checkbox"/>	<input type="checkbox"/>			

LOSS PAYEE INFORMATION

<input type="checkbox"/> Lienholder / Mortgagee	<input type="checkbox"/> Additional Insured	(Please List Contract Seller as Additional Insured.)		
Name _____	Loan Number _____			
Address _____	City _____	State _____	Zip _____	
Is Lienholder other than a financial institution? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<input type="checkbox"/> Lienholder / Mortgagee	<input type="checkbox"/> Additional Insured			
Name _____	Loan Number _____			
Address _____	City _____	State _____	Zip _____	
Is Lienholder other than a financial institution? <input type="checkbox"/> Yes <input type="checkbox"/> 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. You are or may be violating state law or committing a crime knowingly to provide false, incomplete or misleading 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 you to civil damages. 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 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 _____