



AMERICAN MODERN INSURANCE GROUP, INC.

KENTUCKY HO-10 SPECIALTY HOMEOWNER APPLICATION

Check Company Applicable:

- 070 American Family Home
077 American Modern Home
078 American Western Home
080 American Southern Home
085 American Modern Select

Policy Number

Policy Number input field

Use only at Direction of Company

Agency Number input field

PHONE: FAX: input fields

Subproducer Number input field

PHONE: FAX: input fields

AGENCY NAME

SUBPRODUCER NAME

ADDRESS

ADDRESS

CITY/STATE/ZIP

CITY/STATE/ZIP

BASIC INFORMATION / QUOTE INFORMATION

FIRST NAME MIDDLE INITIAL LAST NAME

APPLICANT'S HOME PHONE WORK PHONE

LOCATIONADDRESS CITY STATE ZIP COUNTY

- # Families: One, Two
Style of Home: 1 Story, 1 1/2 Story, 2 Story, 2 1/2 Story, Bi-level, Tri-level
Construction Type: Frame, Stucco or Asbestos, Brick Veneer, Brick / Masonry, Log, Hand Hewn Log

Effective Date Year Built Inside City Limits? Feet to Fire Hydrant Protection Class Occupancy

COVERAGES & LIABILITY

PREMIUMS

A. Dwelling Limit B. Other Structures C. Personal Property D. Loss of Use

E. Personal Liability F. Medical Payments Deductible

Table with columns: Basic Coverages, Coverage Amt., Premium. Rows include Dwelling Base Premium, Personal Property, Other Structures, Loss of Use, Personal Liability, Medical Payments.

LOSS INFORMATION

Has the applicant had any losses in the last three years? Yes No

Table with columns: Date, Cause, Description, Amount. For recording loss history.

Miscellaneous Coverages: *Deductible Change - Dollar Amount, Other: Premium Credits/Surcharges: Supplemental Heating Device, Inspection Fee, *Deductible Change - Percentage Amount, 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 \$

VALUATION & UNDERWRITING

Square Footage of Home Type of Foundation: Open, Slab, Crawl Space, Partial Basement, Full Basement

Roof Type: Composition Shingle, Wood or Shake Shingle, Aluminum, Fiber Cement / Concrete Date Replaced: Slate, Steel, Tin, Other Roof Slope: Flat, Pitched

Bathrooms: # Full Baths, # Half Baths Fireplaces: One, Two, Three, Four Central Air Conditioning: Yes, No

Type of Garage: Attached, Built-In, Attached Carport Size of Garage: 1 Car, 2 Car, 3 Car, 4 Car

Porches / Decks: Type: Open, Enclosed, Screened Patio, Balcony / Deck Square Feet

Purchase Date Purchase Price Electric Type: Breaker Box, Fuse Box, Both Breaker Box and Fuse Box, Knob & Tube, Other

CLIENT INFORMATION

MAILINGADDRESS 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: One pay - Full Premium Required, Four pay - 25% down*, Ten pay - 16.3% down*, E-Z Pay *(EFT - Monthly debits from bank account.) Attach form #00220-08-G*(N/A Vacant)

MasterCard Visa Discover American Express Card#: Expiration Date: Amount to be Charged \$ Name on Card: New Business Bill To: Applicant Mortgagee #1 At Renewal Bill To: Applicant Mortgagee #1

Down Payment \$ Installment Fee \$ Amount Enclosed \$ 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"/>	12. Is the dwelling held in the name of a corporation?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is there any un-repaired damage or boarded-up windows?	<input type="checkbox"/>	<input type="checkbox"/>	13. Is the primary heat source thermostatically controlled?	<input type="checkbox"/>	<input type="checkbox"/>
3a. Does the applicant own any animal with bite history or vicious propensities or own any other wild or exotic animal?	<input type="checkbox"/>	<input type="checkbox"/>	13a. <i>If yes, what type?</i>		
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"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil-Forced Air <input type="checkbox"/> Heat Pump		
3c. Please enter the number of large farm animals or horses on the premises? _____ If yes, please explain: _____			<input type="checkbox"/> Electric Baseboard <input type="checkbox"/> Radiant Ceiling <input type="checkbox"/> Radiant Floor		
3d. If applicant owns any large farm animals or horses, how many? _____			<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"/>
5a. If yes, do gross receipts exceed \$5,000?	<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"/>
6. Is there any business conducted on the premises?	<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"/>
6a. If yes, does the applicant have any employees associated with the business operation?	<input type="checkbox"/>	<input type="checkbox"/>	19. Is the dwelling a manufactured home, or a modified manufactured home?	<input type="checkbox"/>	<input type="checkbox"/>
7. How many days has the dwelling gone uninsured immediately prior to the requested effective date? _____			20. Does the dwelling currently have utilities such as natural gas, electric, or water?	<input type="checkbox"/>	<input type="checkbox"/>
8. Is the dwelling condemned?	<input type="checkbox"/>	<input type="checkbox"/>	21. Is the dwelling under construction or undergoing major renovation?	<input type="checkbox"/>	<input type="checkbox"/>
9. Has the applicant had similar insurance declined, canceled, or non-renewed?	<input type="checkbox"/>	<input type="checkbox"/>	22. Is the dwelling attached to, occupied as, or converted from a commercial risk?	<input type="checkbox"/>	<input type="checkbox"/>
9a. <i>If yes, why?</i>			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"/> Excess losses <input type="checkbox"/> Large losses <input type="checkbox"/> Failure to pay premium			24. Is the dwelling located in a landslide, forest fire, or brush fire area?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Physical Hazards <input type="checkbox"/> Carrier no longer writes in the state			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"/> Carrier no longer writes this type of business			26. Is the dwelling in an area that is isolated, not accessible by road?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Applicant no longer belongs to association or group			27. Is there an underground fuel storage or underground fuel tank on the premises?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other _____			28. Has the applicant had any other policies with American Modern?	<input type="checkbox"/>	<input type="checkbox"/>
10. Name of prior carrier? _____ Exp. Date _____					
11. Has the applicant had a past conviction for arson, fraud, or other insurance-related offenses?	<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

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. Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance 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. 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 _____