



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

AMERICAN MODERN OHIO 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

OHIO

Manufactured Homeowners Insurance Application

Check Company Applicable:

- 070 American Family Home
077 American Modern Home
078 American Western Home
080 American Southern Home
Other

Policy Number

Use only at Direction of Company

Agency Number: 039695, PHONE: (800) 844-1815, FAX: (513) 841-5980, Subproducer Number, AGENCY NAME: SPECIALTY UNDERWRITERS GROUP LTD., ADDRESS: P.O. Box 36385, Cincinnati, OH 45236

APPLICANT INFORMATION

LAST NAME, FIRST, MIDDLE INITIAL, HOME PHONE, WORK PHONE, E-mail Address

MAILING ADDRESS, CITY, STATE, ZIP, COUNTY

DATE OF BIRTH, OCCUPATION, MARTIAL 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, PURCHASE DATE, PURCHASE PRICE, Dwelling Limit

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

- Is home on permanent foundation? YES NO
Is land owned by client? YES NO
Does home have a composite roof? YES NO
Does home have protective siding? YES NO
Is the home located inside city limits? YES NO
Is home tied down? YES NO
Has the home been previously titled? YES NO
Is the risk a modular home? YES NO

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, Adjacent / Other Structures, Personal Liability / Premises Liability, Deductible.

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.) Attach form #00220-08-G. Includes fields for MasterCard, Visa, Discover, American Express, Card#, Expiration Date, Amount to be Charged, Name on Card, Down Payment, Installment Fee, Amount Enclosed.

New Business Bill To: Applicant, Mortgagee/Lienholder/Loss Payee
At Renewal Bill To: Applicant, Mortgagee/Lienholder/Loss Payee

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 applicant had any similar insurance declined, canceled or non-renewed? (Not applicable in MO or MN).	<input type="checkbox"/>	<input type="checkbox"/> Do Not Bind / Submit for approval
5. Has the dwelling gone uninsured for more than 30 days?	<input type="checkbox"/>	<input type="checkbox"/> Do Not Bind / Submit for approval
6. 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
7. Does the applicant own any large, unusual or vicious animals? (includes pitbulls, rottweilers, dobermans, chows, wolf hybrids, any exotic animals)	<input type="checkbox"/>	<input type="checkbox"/> Policy MUST be submitted with Animal Liability Exclusion; or written without Liability
8. 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
9. 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
10. Is the home supported on raised poles or pilings?	<input type="checkbox"/>	<input type="checkbox"/> Do Not Bind / Do Not Submit
11. 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
12. 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
13. Is the home vacant?	<input type="checkbox"/>	<input type="checkbox"/> Do Not Bind / Do Not Submit
14. Is the home under foreclosure?	<input type="checkbox"/>	<input type="checkbox"/> Do Not Bind / Do Not Submit
15. Does the home have more than two lienholder mortgagees?	<input type="checkbox"/>	<input type="checkbox"/> Do Not Bind / Do Not Submit
16. Does the home have an individual lienholder mortgagee?	<input type="checkbox"/>	<input type="checkbox"/> Do Not Bind / Do Not Submit
17. 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
18. 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
19. 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
20. Are there any attached or unattached structures on the premises?	<input type="checkbox"/>	<input type="checkbox"/> List structures below
21. 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

_____ _____ _____

STATEMENT OF INSPECTION INQUIRY

As a part of our underwriting procedures, a routine inquiry may include obtaining an investigative consumer and credit report involving 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 obtained, will be provided upon written request.

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 to the best of my knowledge and belief that all of the above statements are true and that these statements are offered as an inducement to the company to issue the policy for which I am applying. Any person who, with intent to defraud or knowing that he is facilitating a fraud, or helps commit a fraud against an insurer, files a claim containing a false or deceptive statement is guilty of insurance fraud.

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