



AMERICAN MODERN INSURANCE GROUP

ILLINOIS

10 + Scheduled Dwelling Application

We are in compliance with the Religious Freedom Protection and Civil Union Act.

Please attach Fraud Warning Notices, form # FRWR-APP-COMM (04/11) (if applicable)

American Modern Home Insurance Company

AGENCY INFORMATION

AGENCY CODE #, AGENCY NAME, AGENCY EMAIL, AGENCY FAX, PHONE, SUBPRODUCER CODE #, SUBPRODUCER NAME, SUBPRODUCER EMAIL

APPLICANT INFORMATION

INSURED NAME, REQUESTED EFFECTIVE DATE, EXPIRATION DATE, MAILING ADDRESS (STREET), CITY, STATE, ZIP

Entity: Corporation Partnership Individual Other, Explain: Years in Business:

COVERAGES

PROPERTY: Coverage Form, Coinsurance, Wind/Hail Deductible, Identity Recovery, Equipment Breakdown, Service Line, All Other Peril Deductible. LIABILITY: General Aggregate, Products and Completed Operations, Personal and Advertising Injury, Each Occurrence, Damage to Rented Premises, Medical Expense

PREMISES INFORMATION

Building #, Location Address, # Families, City/State/Zip, PC, Rental/Vacant, Construction Type, Year Built, Date Purchased, Purchase Price, Total Area, # of Stories, Basement, Roof Type, Valuation, Building Limit, Other Structures Limit, Contents Limit, Monthly Rents Coverage Amount, Monthly Rents Settlement Options, Year building updates were completed, Mortgagee

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# Families:	City/State/Zip:				PC: _____	<input type="checkbox"/> Rental <input type="checkbox"/> Vacant	
Construction Type:	Year Built:	Date Purchased:	Purchase Price:	Total Area:	# of Stories:	Basement: <input type="checkbox"/> Yes <input type="checkbox"/> No	Roof Type:
Valuation: <input type="checkbox"/> RC <input type="checkbox"/> ACV	Building Limit:		Other Structures Limit: N/A <input type="checkbox"/>		Contents Limit: N/A <input type="checkbox"/>		
Monthly Rents Coverage Amount: N/A <input type="checkbox"/>	Monthly Rents Settlement Options - N/A <input type="checkbox"/> Coinsurance % or <input type="checkbox"/> 1/3 monthly limit <input type="checkbox"/> 1/4 monthly limit <input type="checkbox"/> 1/6 monthly limit						
Year building updates were completed: Roofing: Wiring: Heating: Plumbing: Other:							
Mortgagee: N/A <input type="checkbox"/>							



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If you have a significant number of Dwellings and wish to submit this information please do so by requesting the "10+ Dwelling Spreadsheet". Please contact your underwriter for more information on this. **You must also submit pages 1, 5, 6, and form FRWR-APP-COMM (03/09) (fraud statements).**

LOSS HISTORY

Enter all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior 3 years.

Any losses in the past 3 years? Yes No

Date of Loss	Cause of Loss	Description of Loss	Amount of Loss	Claims Status Open/Closed
				<input type="checkbox"/> Open <input type="checkbox"/> Closed
				<input type="checkbox"/> Open <input type="checkbox"/> Closed
				<input type="checkbox"/> Open <input type="checkbox"/> Closed
				<input type="checkbox"/> Open <input type="checkbox"/> Closed
				<input type="checkbox"/> Open <input type="checkbox"/> Closed

Name of Prior/Current Carrier:

Current Annual Premium: \$

GENERAL INFORMATION

	Yes	No
1. Has the applicant had similar insurance declined, canceled, or non-renewed? (except Missouri) If yes, why?		
2. How many days have any of the dwellings gone uninsured prior to the requested effective date? number of days.		
3. Has the applicant had a past conviction for arson, fraud, or other insurance-related offenses?		
4. Has the applicant filed for bankruptcy in the past 5 years?		
5. Are any dwellings in foreclosure or currently 60 days or more past due on mortgage payments?		
6. Is the applicant unemployed, other than retired or disabled?		
7. Has the applicant had any other policies with American Modern?		
8. Do you have risk management procedures/practices/formal maintenance program? If yes, describe:		
9. Is there a signed rental agreement with tenant?		
10. Do you do a background check on tenant?		
11. Are tenants required to carry a tenants insurance policy?		
12. Have any properties had more than 3 tenants in last 3 years?		

PROPERTY UNDERWRITING INFORMATION

1. Are any dwellings an earth home, dome home, open pier, stilt home, row home, townhouse, condominium, or any other non-conventional design? If yes, provide Bldg #s:		
2. Are any dwellings a manufactured home, or a modified manufactured home? If yes, provide Bldg #s:		
3. Are any dwellings occupied as a fraternity, sorority, student housing, or other similar occupancy? If yes, provide Bldg #s:		
4. Do any dwellings have un-repaired damage or boarded-up windows? If yes, provide Bldg #s:		
5. Do any dwellings have any un-repaired water damage or any water leaks? If yes, provide Bldg #s:		
6. Are any of the dwellings condemned? If yes, provide Bldg #s:		
7. Are there any outstanding municipal or fire code violations? If yes, provide Bldg #s:		
8. Are the primary heat sources thermostatically controlled? If no, what type? If no, provide Bldg #s:		
9. Do all dwellings have smoke detectors?		
10. Is there a supplemental heating source used? If yes, provide Bldg #s:		
11. Are kerosene or portable space heaters used? If yes, provide Bldg #s:		
12. Do the dwellings currently have utilities such as natural gas, electric, or water? If no, provide Bldg #s:		
13. Is there an underground fuel storage or underground fuel tank on any premises? If yes, provide Bldg #s:		
14. Do any dwellings have knob and tube wiring? If yes, provide Bldg #s:		
15. Are any dwellings under construction or undergoing major renovation? If yes, provide Bldg #s:		
16. Are any dwellings Vacant? If yes, provide Bldg #s:		
17. Are any dwellings attached to other, or converted from a commercial building? If yes, provide Bldg #s:		
18. Are any dwellings located in a landslide, forest fire, or brush fire area? If yes, provide Bldg #s:		
19. Are any dwellings in an area that is isolated, not accessible by road? If yes, provide Bldg #s:		
20. Do any dwellings have a flat roof? If yes, provide Bldg #s:		
21. Any going green construction such as solar paneling? If yes, provide Bldg #s:		

If requesting Liability coverage, please answer the following questions for EACH Dwelling.

LIABILITY & VACANT UNDERWRITING INFORMATION

	Yes	No
1. Do any of the following exposures exist on rental premises?		
a. Swimming Pools. If yes, provide Bldg #s:		
b. Spas, Hot Tubs, or Jacuzzi. If yes, provide Bldg #s:		
c. Trampolines. If yes, provide Bldg #s:		
d. Day Care Operations. If yes, provide Bldg #s:		
e. Lead Paint. If yes, provide Bldg #s:		
2. Have any animal bite incidents occurred on any rental premises in the past 5 years?		
3. Are any buildings undergoing renovations or reconstruction?		
a. Cosmetic. If yes, provide Bldg #s:		
b. Structural. If yes, provide Bldg #s:		
If yes, please explain and provide estimated completion date:		
4. Has "Chinese Drywall" been used in the construction or repair of any building? If yes, provide Bldg #s:		
5. Do you use independent Contractors?		
If yes, do you obtain a certificate of insurance?		
6. Are there working smoke detectors on the premises?		
a. Hard Wired		
b. Battery Operated		
7. Do you have working Carbon Monoxide detectors?		
a. Hard Wired		
b. Battery Operated		
8. Is there a procedure in place to replace smoke detector batteries?		
9. Do any buildings have knob and tube wiring? If yes, provide Bldg #s:		
10. Do any buildings have aluminum wiring? If yes, provide Bldg #s:		
11. Do you abide by all state tenant/landlord laws?		
12. Do all steps/porches have properly secured handrails?		
13. Is there outside egress from 3 rd floor? Describe		

Vacant Dwellings - N/A

In addition to the above, please respond to the following for vacant dwellings

1. What is the anticipated length of vacancy?		
2. What is intent with vacant dwellings? <input type="checkbox"/> Sale <input type="checkbox"/> Rent <input type="checkbox"/> Other, explain		
3. What is the maximum amount of time any one dwelling has been vacant?		
4. How often are physical checks made of unit?		
a. By whom?		
5. Is heat maintained? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Vacant Land - N/A

Please respond to the following for Vacant Land

	Yes	No
1. Any Real Estate Development activities?		
2. Any water exposure?		
3. Any Activities taking place, such as hunting, dirt bike/ATV riding, etc.?		
a. If yes, to 1, 2 or 3, please explain: _____		

Lessor's Risk Exposures - N/A

Please respond to the following for Lessor's Risk Exposures.

	Yes	No
1. Does the tenant maintain liability coverage? If yes, Liability Limit \$		
2. Do you obtain a certificate of insurance from tenant?		
3. Is there any Commercial cooking exposures?		
a. If yes, please explain: _____		

DIRECT BILL (Initial payment must be received with binding request)

PAYMENT OPTION - Select One:

- One pay - Full Premium Required*
- Four pay - 25% down
- E-Z Pay - 2 Months Down Payment Required *(EFT - Monthly debits from bank account.)

Attach form #00220-09-G

At Renewal Bill To: Applicant _____

Applicant's Signature: _____

Producer Signature: _____