

<b>AMERICAN MODERN INSURANCE GROUP</b> <b>Manufactured Homeowners Insurance Application</b>	<b>Check Company Applicable:</b> <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 <input style="width: 100%;" type="text"/> <p style="text-align: center;"><b>Use only at Direction of Company</b></p>
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Agency Number <input style="width: 100%;" type="text"/> PHONE: <input style="width: 100%;" type="text"/> FAX: <input style="width: 100%;" type="text"/>	Subproducer Number <input style="width: 100%;" type="text"/> PHONE ( ) <input style="width: 100%;" type="text"/>
AGENCY NAME	SUBPRODUCER NAME
ADDRESS	ADDRESS
CITY/STATE/ZIP	CITY/STATE/ZIP

APPLICANT INFORMATION			
LAST NAME	FIRST	MIDDLE INITIAL	HOME PHONE ( ) <input style="width: 100%;" type="text"/>
			WORK PHONE ( ) <input style="width: 100%;" type="text"/>
			E-mail Address <input style="width: 100%;" type="text"/>
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	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

MORTGAGEE/LIENHOLDER/LOSS PAYEE <input type="checkbox"/> (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

<b>PHYSICAL CHARACTERISTICS</b> <b>HOW IS THE HOME USED?</b> <input type="checkbox"/> Primary Residence (Owner Occupied) <input type="checkbox"/> Seasonal Residence (Owner Occupied) <input type="checkbox"/> Rental <input type="checkbox"/> Commercial <input type="checkbox"/> Tenant How many miles is home from Fire Dept.? <input style="width: 100%;" type="text"/>	PURCHASE DATE <input style="width: 100%;" type="text"/>	PURCHASE PRICE (Excluding land, if applicable) <input style="width: 100%;" type="text"/>	Dwelling Limit \$ <input style="width: 100%;" type="text"/>
<b>LOCATION</b> Is the home located in a park with: <input type="checkbox"/> 25 or Less Spaces <input type="checkbox"/> 101 or More <input type="checkbox"/> 26 - 50 <input type="checkbox"/> Not in Park, on Private Property <input type="checkbox"/> 51 - 100 <input type="checkbox"/> Unknown YES    NO Is home on permanent foundation <input type="checkbox"/> <input type="checkbox"/> Is land owned by client? <input type="checkbox"/> <input type="checkbox"/> Does home have a composite roof? <input type="checkbox"/> <input type="checkbox"/> Does home have protective siding? <input type="checkbox"/> <input type="checkbox"/> Is the home located inside city limits? <input type="checkbox"/> <input type="checkbox"/> Is home tied down? <input type="checkbox"/> <input type="checkbox"/> Has the home been previously titled? <input type="checkbox"/> <input type="checkbox"/> Is the risk a modular home? <input type="checkbox"/> <input type="checkbox"/>	<b>IMPORTANT: CHART OR PRODUCT PLUS ADD-ON CODES MUST BE ENTERED</b>		
	Territory	Product Code	Premium From Rate Manual
		\$	
	<b>Dwelling</b>	<b>Codes</b>	<b>Limit of Liability</b>
	(Incl. Attached Structures)	_____	\$ _____ \$ _____
	Personal Property	_____	\$ _____ \$ _____
	Adjacent / Other Structures	_____	\$ _____ \$ _____
	Personal Liability / Premises Liability	_____	\$ _____ \$ _____
	Deductible	_____	\$ _____ \$ _____
	_____	_____	\$ _____ \$ _____
	_____	_____	\$ _____ \$ _____
	_____	_____	\$ _____ \$ _____
	_____	_____	\$ _____ \$ _____
	_____	_____	\$ _____ \$ _____
	_____	_____	\$ _____ \$ _____
		<b>TOTAL PREMIUM</b>	<input style="width: 100%;" type="text"/>

DIRECT BILL INFORMATION		
<b>PAYMENT OPTION - Select One:</b> <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	<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> American Express Card#: <input style="width: 100%;" type="text"/> Expiration Date: _____ Amount to be Charged \$ _____ Name on Card: _____	Down Payment \$ _____ Installment Fee \$ _____ Amount Enclosed \$ _____
<b>New Business Bill To:</b> <input type="checkbox"/> Applicant <input type="checkbox"/> Mortgagee/Lienholder/Loss Payee <b>At Renewal Bill To:</b> <input type="checkbox"/> Applicant <input type="checkbox"/> Mortgagee/Lienholder/Loss Payee		<b>Co. Use Only</b> \$ _____

**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 / Submit for approval
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 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 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 _____