

 <div>AMERICAN MODERN INSURANCE GROUP, INC.</div> <div>MINNESOTA DWELLING APPLICATION</div>		<div>Check Company:</div> <div><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</div>		<div>Check Program:</div> <div><input type="checkbox"/> DP1 <input type="checkbox"/> Vacant <input type="checkbox"/> Vacant Manufactured Home <input type="checkbox"/> DP3</div>		<div>Policy Number</div> <div></div> <div>Use only at Direction of Company</div>			
<div>Agency Number</div> <div></div>		<div>PHONE:</div> <div></div> <div>FAX:</div> <div></div>		<div>Subproducer Number</div> <div></div>		<div>PHONE: ()</div> <div></div> <div>FAX:</div> <div></div>			
AGENCY NAME				SUBPRODUCER NAME					
ADDRESS				ADDRESS					
CITY/STATE/ZIP				CITY/STATE/ZIP					
BASIC INFORMATION / CLIENT INFORMATION									
FIRST NAME				MIDDLE INITIAL		LAST NAME			
				SS #:		DOB:			
				EMPLOYER:					
				OCCUPATION:					
SECONDARY APPLICANT'S FIRST NAME				MIDDLE INITIAL		LAST NAME			
				SS #:		DOB:			
				OCCUPATION:					
APPLICANT'S HOME PHONE: ()				WORK PHONE: ()		PRIMARY INSURED'S MARITAL STATUS:			
LOCATION ADDRESS				CITY		STATE			
				ZIP		COUNTY			
				EFFECTIVE DATE:					
MAILING ADDRESS (If different than location)				CITY		STATE			
				ZIP		COUNTY			
				POLICY TERM IN MONTHS:					
Dwelling Limit		Purchase Date	Purchase Price	Year Built	Feet to Fire Hydrant	Inside City Limits?	Protection Class		
		/	\$			<input type="checkbox"/> Yes <input type="checkbox"/> No			
ELIGIBILITY INFORMATION									
Occupancy		# Families	Construction Type	Roof Type		Electric Type	Style of Home	Sq. Ft.	
<input type="checkbox"/> Owner <input type="checkbox"/> Rental <input type="checkbox"/> Seasonal <input type="checkbox"/> Vacant <input type="checkbox"/> Dwelling <input type="checkbox"/> Mobile Home		<input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Four	<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	Date Replaced: <input type="checkbox"/> Composition Shingle <input type="checkbox"/> Wood or Shake Shingle <input type="checkbox"/> Aluminum <input type="checkbox"/> Fiber Cement / Concrete <input type="checkbox"/> Slate <input type="checkbox"/> Steel <input type="checkbox"/> Tin <input type="checkbox"/> Other		<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	<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	of Home	
				Roof Slope <input type="checkbox"/> Flat <input type="checkbox"/> Pitched					
IF RENTAL: How many of the applicant's rental dwellings are insured with AMIG? <input type="checkbox"/> 1-4 <input type="checkbox"/> 5-9 <input type="checkbox"/> 10 or more									
Is the dwelling occupied as a fraternity, sorority, student housing, or other similar occupancy? <input type="checkbox"/> Yes <input type="checkbox"/> No									
IF VACANT: Date the dwelling became vacant?				If VACANT MANUFACTURED HOME, Please List:					
Reason for Vacancy: <input type="checkbox"/> Pending Sale <input type="checkbox"/> Between Tenancy <input type="checkbox"/> Under Renovation <input type="checkbox"/> Job Transfer <input type="checkbox"/> Estate <input type="checkbox"/> Other				Length/Width Make Model Serial #					
Type of Foundation		Bathrooms	Fireplaces	Central Air	Type of Garage	Size of Garage	Porches / Decks		
<input type="checkbox"/> Open <input type="checkbox"/> Slab <input type="checkbox"/> Crawl Space <input type="checkbox"/> Partial Basement <input type="checkbox"/> Full Basement		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%	# Full Baths # Half Baths	<input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Four <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Attached <input type="checkbox"/> Built-In <input type="checkbox"/> Attached Carport	<input type="checkbox"/> 1 Car <input type="checkbox"/> 2 Car <input type="checkbox"/> 3 Car <input type="checkbox"/> 4 Car	Type <input type="checkbox"/> Open <input type="checkbox"/> Enclosed <input type="checkbox"/> Screened Patio <input type="checkbox"/> Balcony / Deck	Square Feet	
LOSS INFORMATION				COVERAGES, LIMITS & PREMIUMS					
Has the applicant had any losses in the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide Prior Loss History.				Coverages				Limit of Liability	Premium
Date Cause Description Amount				Dwelling Base Premium				\$	\$
				Personal Property				\$	\$
				Increased Adjacent Structures				\$	\$
				Personal Liability				\$	\$
				Premises Liability				\$	\$
				Increased Medical Payments				\$	\$
				*Deductible Change - Dollar Amount				\$ +/-	\$
				Additional Living Expense				\$	\$
				Vandalism & Malicious Mischief (Must be same as Coverage A Limit)				\$	\$
				Inspection Fee				\$	\$
				Other				\$	\$
				Other				\$	\$
How many dwellings are owned by the insured?				Credits / Surcharges					
				*Deductible Change-Percentage Amount				\$ +/-	%
				*Other				\$ +/-	%
Is there any unrepaired damage or boarded-up windows? <input type="checkbox"/> Yes <input type="checkbox"/> No				*Apply Credit to Coverages A, B and/or C, refer to Rate Manual for rating method.					
				TOTAL POLICY PREMIUM				\$	
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 #00220-09-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"/>	<input type="checkbox"/> Electric Baseboard <input type="checkbox"/> Radiant Ceiling <input type="checkbox"/> Radiant Floor		
2a. Does the applicant own any animal with bite history or vicious propensities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Electric Wall Heaters <input type="checkbox"/> Other _____		
2b. 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"/>	13. Does the dwelling have smoke detectors?	<input type="checkbox"/>	<input type="checkbox"/>
2c. Does the applicant own any other wild or exotic animals, farm animals or horses? If yes, please explain: _____	<input type="checkbox"/>	<input type="checkbox"/>	14. Is there a supplemental heating source used?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is there a swimming pool on the premises?	<input type="checkbox"/>	<input type="checkbox"/>	15. Are kerosene or portable space heaters used?	<input type="checkbox"/>	<input type="checkbox"/>
3a. 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"/>	16. Does the dwelling have any unrepaired water damage or any water leaks?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is there any farming conducted on the premises?	<input type="checkbox"/>	<input type="checkbox"/>	17. 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"/>
5. Is there any business conducted on the premises?	<input type="checkbox"/>	<input type="checkbox"/>	18. Is the dwelling a manufactured home, or a modified manufactured home?	<input type="checkbox"/>	<input type="checkbox"/>
5a. If yes, does the applicant have any employees associated with the business operation?	<input type="checkbox"/>	<input type="checkbox"/>	19. Does the dwelling currently have utilities such as natural gas, electric, or water?	<input type="checkbox"/>	<input type="checkbox"/>
6. How many days has the dwelling gone uninsured immediately prior to the requested effective date? _____			20. Is the dwelling under construction or undergoing major renovation?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is the dwelling condemned?	<input type="checkbox"/>	<input type="checkbox"/>	21. Is the dwelling attached to, occupied as, or converted from a commercial risk?	<input type="checkbox"/>	<input type="checkbox"/>
8. Has the applicant had similar insurance declined, canceled, or non-renewed?	<input type="checkbox"/>	<input type="checkbox"/>	22. Is the dwelling in foreclosure or currently 60 days or more past due on mortgage payments?	<input type="checkbox"/>	<input type="checkbox"/>
8a. If yes, why? <input type="checkbox"/> Excess losses <input type="checkbox"/> Large losses <input type="checkbox"/> Failure to pay premium <input type="checkbox"/> Physical Hazards <input type="checkbox"/> Carrier no longer writes in the state <input type="checkbox"/> Carrier no longer writes this type of business <input type="checkbox"/> Applicant no longer belongs to association or group <input type="checkbox"/> Other _____			23. Is the dwelling located in a landslide, forest fire, or brush fire area?	<input type="checkbox"/>	<input type="checkbox"/>
9. Name of prior carrier? _____ Exp. Date _____			24. 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"/>
10. Has the applicant had a past conviction for arson, fraud, or other insurance-related offenses?	<input type="checkbox"/>	<input type="checkbox"/>	25. Is the dwelling in an area that is isolated, not accessible by road?	<input type="checkbox"/>	<input type="checkbox"/>
11. Is the dwelling held in the name of a corporation?	<input type="checkbox"/>	<input type="checkbox"/>	26. Is there an underground fuel storage or underground fuel tank on the premises?	<input type="checkbox"/>	<input type="checkbox"/>
12. Is the primary heat source thermostatically controlled? 12a. If yes, what type? <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil-Forced Air <input type="checkbox"/> Heat Pump	<input type="checkbox"/>	<input type="checkbox"/>	27. Has the applicant had any other policies with American Modern?	<input type="checkbox"/>	<input type="checkbox"/>
			28. Will the dwelling be used for Short Term Rental? 28a. Will the lease term be less than 3 months?	<input type="checkbox"/>	<input type="checkbox"/>
			29. Does the insured live within 100 miles of the Property?	<input type="checkbox"/>	<input type="checkbox"/>
			30. Is the Property managed by a Property Manager?	<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. A person who files a claim with intent to defraud or helps commit fraud against an insurer is guilty of a crime. 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.

NOTICE: THE INSURER MAY ELECT TO CANCEL COVERAGE AT ANY TIME DURING THE FIRST 59 DAYS FOLLOWING ISSUANCE OF THE COVERAGE FOR ANY REASON THAT IS NOT SPECIFICALLY PROHIBITED BY STATUTE.

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 _____