



AMERICAN FAMILY HOME INSURANCE COMPANY

WISCONSIN DWELLING APPLICATION

Check Program Applicable:

- EZChoiceD1 (DP-1)
EZChoiceVacant
Vacant Manufactured Home
EZChoiceD3 (DP-3)

Policy Number

Use only at Direction of Company

Agency Number

PHONE: FAX:

Subproducer Number

PHONE: () FAX:

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

ELIGIBILITY INFORMATION

Occupancy # Families Construction Type Roof Type Electric Type Style of Home Sq. Ft. of Home

IF RENTAL: How many of the applicant's rental dwellings are insured with AMIG? Is the dwelling occupied as a fraternity, sorority, student housing, or other similar occupancy?

IF VACANT: Date the dwelling became vacant? Reason for Vacancy: IF VACANT MANUFACTURED HOME, Please List: Length/Width Make Model Serial #

Type of Foundation Bathrooms Fireplaces Central Air Conditioning Type of Garage Size of Garage Porches / Decks

LOSS INFORMATION

Has the applicant had any losses in the last three years? Date Cause Description Amount

COVERAGES, LIMITS & PREMIUMS

Coverages Limit of Liability Premium Credits / Surcharges TOTAL POLICY PREMIUM

DIRECT BILL INFORMATION

PAYMENT OPTION - Select One: MasterCard Visa Discover American Express Card#: Expiration Date: Amount to be Charged \$

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 primary heat source thermostatically controlled?	<input type="checkbox"/>	<input type="checkbox"/>
2a. Does the applicant own any animal with bite history or vicious propensities?	<input type="checkbox"/>	<input type="checkbox"/>	12a. <i>If yes, what type?</i>		
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"/>	<input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil-Forced Air <input type="checkbox"/> Heat Pump		
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"/>	<input type="checkbox"/> Electric Baseboard <input type="checkbox"/> Radiant Ceiling <input type="checkbox"/> Radiant Floor		
3. Is there a swimming pool on the premises?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Electric Wall Heaters <input type="checkbox"/> Other _____	<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"/>	13. Does the dwelling have smoke detectors?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is there any farming conducted on the premises?	<input type="checkbox"/>	<input type="checkbox"/>	14. Is there a supplemental heating source used?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is there any business conducted on the premises?	<input type="checkbox"/>	<input type="checkbox"/>	15. Are kerosene or portable space heaters used?	<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"/>	16. Does the dwelling have any unrepaired water damage or any water leaks?	<input type="checkbox"/>	<input type="checkbox"/>
6. How many days has the dwelling gone uninsured immediately prior to the requested effective date? _____			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"/>
7. Is the dwelling condemned?	<input type="checkbox"/>	<input type="checkbox"/>	18. Is the dwelling a manufactured home, or a modified manufactured home?	<input type="checkbox"/>	<input type="checkbox"/>
8. Has the applicant had similar insurance declined, canceled, or non-renewed? 8a. <i>If yes, why?</i>	<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"/>
<input type="checkbox"/> Excess losses <input type="checkbox"/> Large losses <input type="checkbox"/> Failure to pay premium			20. Is the dwelling under construction or undergoing major renovation?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Physical Hazards <input type="checkbox"/> Carrier no longer writes in the state			21. Is the dwelling attached to, occupied as, or converted from a commercial risk?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Carrier no longer writes this type of business			22. 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"/> Applicant no longer belongs to association or group			23. Is the dwelling located in a landslide, forest fire, or brush fire area?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other _____			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"/>
9. Name of prior carrier? _____ Exp. Date _____			25. Is the dwelling in an area that is isolated, not accessible by road?	<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"/>	26. Is there an underground fuel storage or underground fuel tank on the premises?	<input type="checkbox"/>	<input type="checkbox"/>
11. Is the dwelling held in the name of a corporation?	<input type="checkbox"/>	<input type="checkbox"/>	27. Has the applicant had any other policies with American Modern?	<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. You are or may be violating state law or committing a crime knowingly to provide false, incomplete or misleading 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 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.

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. In absence of issuance of a policy within the first 20 days, the company may send notice of cancellation effective 10 days from the date of first class mailing. If this binder is not replaced by a policy, the pro rata unearned premium will be returned.

Is Coverage Bound? Yes No

Applicant's Signature _____ Date _____

Agent's Name (Please Print) _____

Agent's Signature _____ License No. _____ Date _____

QUESTIONS AND ANSWERS ABOUT FLOOD INSURANCE

Q: *Why do I need a Flood Policy, I have a Homeowners Policy?*

A: **Typically, Homeowners policies DO NOT include coverage for loss due to flood, mudslide, or wave wash. This applies to damage both to the building and to it's contents.**

Q: *If I have a loss due to a flood, mudslide, or wave wash won't disaster assistance from the Federal Government take care of me?*

A: **First, a national disaster must be declared by the Federal Government to receive any assistance. Second, assistance will come in the form of grants and loans that in many cases must be repaid with interest.**

Q: *We haven't had a flood in this area ever that I can remember, do I really have a risk?*

A: **While areas around and near the coast, lakes and rivers have the highest exposure to flood, many areas remote to water sources have exposure to flooding. Thirty three percent of all floods occur in lower risk zones. During a 30 year mortgage, the average home has a 26% chance of loss due to flood compared to a 4% chance of loss due to fire.**

FLOOD INSURANCE WAIVER

Property Owner's Name: _____

Property Address: _____

I, _____, hereby certify that my agent has offered me the opportunity to purchase flood insurance coverage in the National Flood Insurance Program, and that I have elected to decline this coverage, as indicated below.

_____ I reject Building and Contents coverage for flood protection.

_____ I reject Contents coverage for flood protection.

_____ I reject Building coverage for flood protection.

_____ I reject the Replacement Cost Value, or maximum Building coverage amount available through the National Flood Insurance Program.

I understand that my homeowners / business owners policy does not provide coverage for flooding. I also understand that, because I have declined flood insurance protection, I will not be covered in the event that there is a loss to my property caused by flood.

I understand that my agent and/or agency will not be held liable for my decision to not purchase flood insurance.

Property Owner's or Representative's Signature

Agent or Customer Service Representative's Signature

Date

Date