

<b>AMERICAN MODERN INSURANCE GROUP, INC.</b>  <b>NEW JERSEY DWELLING APPLICATION</b>	<b>Check Company:</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	<b>Check Program:</b> <input type="checkbox"/> DP1 <input type="checkbox"/> Vacant <input type="checkbox"/> Vacant Manufactured Home <input type="checkbox"/> DP3	Policy Number <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span>  <b>Use only at Direction of Company</b>
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Agency Number <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span>	PHONE: (    ) FAX: (    )	Subproducer Number <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span>	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:
SECONDARY APPLICANT'S FIRST NAME			EMPLOYER:	
MIDDLE INITIAL			OCCUPATION:	
LAST NAME			SS #:	
APPLICANT'S HOME PHONE: (    )			DOB:	
WORK PHONE: (    )			OCCUPATION:	
LOCATION ADDRESS			MARITAL STATUS:	
CITY STATE ZIP COUNTY			EFFECTIVE DATE:	
MAILING ADDRESS (If different than location)			POLICY TERM IN MONTHS:	
CITY STATE ZIP COUNTY			Protection Class	
Dwelling Limit	Purchase Date /	Purchase Price \$	Year Built	Feet to Fire Hydrant
			Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**ELIGIBILITY INFORMATION**

Occupancy <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	Families/Units <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Four	Construction Type <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	Roof Type <b>Date Replaced:</b> <input type="checkbox"/> Composition Shingle <input type="checkbox"/> Wood or Shake Shingle <input type="checkbox"/> Aluminum <input type="checkbox"/> Fiber Cement / Concrete <b>Roof Slope</b> <input type="checkbox"/> Flat <input type="checkbox"/> Pitched	Electric Type <input type="checkbox"/> Slate <input type="checkbox"/> Steel <input type="checkbox"/> Tin <input type="checkbox"/> Other	Roll Roofing <input type="checkbox"/> Tar & Gravel <input type="checkbox"/> Tile	Style of Home <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	Sq. Ft. of Home
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**IF RENTAL:** How many of the applicant's rental dwellings are insured with AMIG?  1-4  5-9  10 or more  
 Is the dwelling occupied as a fraternity, sorority, student housing, or other similar occupancy?  Yes  No

<b>IF VACANT:</b> Date the dwelling became vacant? _____ 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	<b>If VACANT MANUFACTURED HOME, Please List:</b> Length/Width      Make      Model      Serial # _____
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Type of Foundation <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%	Bathrooms # Full Baths _____ # Half Baths _____	Fireplaces <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Four	Central Air Conditioning <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Garage <input type="checkbox"/> Attached <input type="checkbox"/> Built-In <input type="checkbox"/> Attached Carport	Size of Garage <input type="checkbox"/> 1 Car <input type="checkbox"/> 2 Car <input type="checkbox"/> 3 Car <input type="checkbox"/> 4 Car	Porches / Decks Type Square Feet <input type="checkbox"/> Open _____ <input type="checkbox"/> Enclosed _____ <input type="checkbox"/> Screened Patio _____ <input type="checkbox"/> Balcony / Deck _____
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**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.  <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">Date</th> <th style="width:15%;">Cause</th> <th style="width:20%;">Description</th> <th style="width:15%;">Amount</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> How many dwellings are owned by the insured? _____  Is there any unrepaired damage or boarded-up windows? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date	Cause	Description	Amount																	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:60%;">Coverages</th> <th style="width:20%;">Limit of Liability</th> <th style="width:20%;">Premium</th> </tr> </thead> <tbody> <tr><td>Dwelling Base Premium</td><td>\$ _____</td><td>\$ _____</td></tr> <tr><td>Personal Property</td><td>\$ _____</td><td>\$ _____</td></tr> <tr><td>Increased Adjacent Structures</td><td>\$ _____</td><td>\$ _____</td></tr> <tr><td>Personal Liability</td><td>\$ _____</td><td>\$ _____</td></tr> <tr><td>Premises Liability</td><td>\$ _____</td><td>\$ _____</td></tr> <tr><td>Increased Medical Payments</td><td>\$ _____</td><td>\$ _____</td></tr> <tr><td>*Deductible Change - Dollar Amount</td><td>\$ _____ +/-</td><td>\$ _____</td></tr> <tr><td>Additional Living Expense</td><td>\$ _____</td><td>\$ _____</td></tr> <tr><td>Vandalism &amp; Malicious Mischief (Must be same as Coverage A Limit)</td><td>\$ _____</td><td>\$ _____</td></tr> <tr><td>Other _____</td><td>\$ _____</td><td>\$ _____</td></tr> <tr><td><b>Credits / Surcharges</b></td><td></td><td></td></tr> <tr><td>*Other _____</td><td>\$ _____ +/-</td><td>% _____</td></tr> <tr><td>*Other _____</td><td>\$ _____ +/-</td><td>% _____</td></tr> </tbody> </table> <p style="font-size: small;">*Apply Credit to Coverages A, B and/or C, refer to Rate Manual for rating method.</p> <p style="text-align: right;"><b>TOTAL POLICY PREMIUM</b> \$ _____</p>	Coverages	Limit of Liability	Premium	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)	\$ _____	\$ _____	Other _____	\$ _____	\$ _____	<b>Credits / Surcharges</b>			*Other _____	\$ _____ +/-	% _____	*Other _____	\$ _____ +/-	% _____
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**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*(N/A Vacant)	<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> American Express Card#: <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span> - <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span> - <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span> - <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span> Expiration Date: _____ Amount to be Charged \$ _____ Name on Card: _____  <b>New Business Bill To:</b> <input type="checkbox"/> Applicant <input type="checkbox"/> Mortgagee #1 <b>At Renewal Bill To:</b> <input type="checkbox"/> Applicant <input type="checkbox"/> Mortgagee #1	Down Payment \$ _____ Installment Fee \$ _____ Amount Enclosed \$ _____  <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"><b>Co. Use Only</b></td> <td style="width:50%;">\$ _____</td> </tr> </table>	<b>Co. Use Only</b>	\$ _____
<b>Co. Use Only</b>	\$ _____			

## UNDERWRITING INFORMATION

	YES	NO		YES	NO
1. Has applicant filed for bankruptcy in the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/>	13. Is the primary heat source thermostatically controlled?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is there any un-repaired damage or boarded-up windows?	<input type="checkbox"/>	<input type="checkbox"/>	13a. <i>If yes, what type?</i>		
3a. Does the applicant own any animal with bite history or vicious propensities?	<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		
3b. 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"/> Electric Baseboard <input type="checkbox"/> Radiant Ceiling <input type="checkbox"/> Radiant Floor		
3c. 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 Wall Heaters <input type="checkbox"/> Other _____		
4. Is there a swimming pool on the premises?	<input type="checkbox"/>	<input type="checkbox"/>	14. Does the dwelling have smoke detectors?	<input type="checkbox"/>	<input type="checkbox"/>
4a. 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"/>	15. Is there a supplemental heating source used?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is there any farming conducted on the premises?	<input type="checkbox"/>	<input type="checkbox"/>	16. Are kerosene or portable space heaters used?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is there any business conducted on the premises?	<input type="checkbox"/>	<input type="checkbox"/>	17. Does the dwelling have any unrepaired water damage or any water leaks?	<input type="checkbox"/>	<input type="checkbox"/>
6a. If yes, does the applicant have any employees associated with the business operation?	<input type="checkbox"/>	<input type="checkbox"/>	18. Is the dwelling an earth home, dome home, open pier, stilt home, condominium, or any other non-conventional design?	<input type="checkbox"/>	<input type="checkbox"/>
7. How many days has the dwelling gone uninsured immediately prior to the requested effective date? _____			19. Is the dwelling a row home or townhome?	<input type="checkbox"/>	<input type="checkbox"/>
8. Is the dwelling condemned?	<input type="checkbox"/>	<input type="checkbox"/>	a. If yes, does the row home or townhome contain 8 units or less, have firewalls that extend to the roof separating each unit and not considered to be a condo?	<input type="checkbox"/>	<input type="checkbox"/>
9. Has the applicant had similar insurance declined, canceled, or non-renewed? 9a. <i>If yes, why?</i>	<input type="checkbox"/>	<input type="checkbox"/>	20. Have the roof and electric been updated within last 20 yrs.?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Excess losses <input type="checkbox"/> Large losses <input type="checkbox"/> Failure to pay premium			21. Is the dwelling a manufactured home, or a modified manufactured home?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Physical Hazards <input type="checkbox"/> Carrier no longer writes in the state			22. Does the dwelling currently have utilities such as natural gas, electric, or water?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Carrier no longer writes this type of business			23. Is the dwelling under construction or undergoing major renovation?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Applicant no longer belongs to association or group			24. Is the dwelling attached to, occupied as, or converted from a commercial risk?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other _____			25. Is the dwelling in foreclosure or currently 60 days or more past due on mortgage payments?	<input type="checkbox"/>	<input type="checkbox"/>
10. Name of prior carrier? _____ Exp. Date _____			26. Is the dwelling located in a landslide, forest fire, or brush fire area?	<input type="checkbox"/>	<input type="checkbox"/>
11. Has the applicant had a past conviction for arson, fraud, or other insurance-related offenses?	<input type="checkbox"/>	<input type="checkbox"/>	27. 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"/>
12. Is the dwelling held in the name of a corporation?	<input type="checkbox"/>	<input type="checkbox"/>	28. Is the dwelling in an area that is isolated, not accessible by road?	<input type="checkbox"/>	<input type="checkbox"/>
			29. Is there an underground fuel storage or underground fuel tank on the premises?	<input type="checkbox"/>	<input type="checkbox"/>
			30. 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. Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties. 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. 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 \_\_\_\_\_